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## 409 Index

### 409.1 Authority

**Effective from 27 February 2003.**

#### STAFF RULES

#### 302.6.6 Medical Travel

**302.6.61** If the Chief Medical Officer considers that adequate medical or dental facilities are unavailable at a duty station away from Headquarters, the Director-General may authorize medical travel at the expense of the Organization for staff members whose recognized home is located outside the country of the duty station, and for the spouse and dependent children provided they reside at the duty station, from the duty station to the nearest place where such facilities are available, or to the home country, and return. Locally-recruited staff members for whom the Organization has not assumed a responsibility for relocation to or from the duty station, are expected to avail themselves of the medical facilities available locally. However, when an acute life-threatening medical emergency has occurred, medical evacuation will be considered for locally-recruited staff members and their spouse and dependent children when the available local facilities do not offer an adequate response to the medical emergency.

**302.6.62** Travel may also be authorized for persons instructed by the Director-General to accompany the patient.

**302.6.63** The Director-General may decide, after reviewing the circumstances, to charge medical travel to home leave, family visit or repatriation travel.

#### STAFF RULES

**302.7.111** As provided in the FAO Administrative Manual, the Organization shall pay the travel expenses of staff members in the following circumstances:

**302.7.121** As provided in the FAO Administrative Manual, the Organization shall pay the travel expenses of a staff member's spouse and dependent children in the following circumstances:

#### 409.1.1 Application

**409.1.11** The provisions of this Manual Section apply to all internationally-recruited staff members away from Headquarters whose recognized home is located outside the country of the duty station, and to their spouses and dependent children provided they reside at the duty station. Locally-recruited staff members for whom the Organization has not assumed a responsibility for relocation to or from the duty station, are expected to avail themselves of the medical facilities available locally. However, when an acute life-threatening medical emergency has occurred, medical evacuation to the place nearest the duty station where adequate medical facilities exist will be considered when the available local facilities do not offer an adequate response to the medical emergency. This provision will also apply to the spouses and dependent children of locally-recruited staff members, provided they reside at the duty station.

**409.1.12** Beyond the typical acute life-threatening illness or injury, medical evacuation may also be considered for all chronic/congenital medical conditions with potential for life-threatening outcomes or complications.



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**409.1.13** 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.

### 409.1.2 Definitions

**409.1.21** Medical travel is travel at the Organization's expense from a duty station at which adequate medical or dental facilities are unavailable to the nearest place at which such facilities are available, or to the home country, and return to the duty station.

**409.1.22** When a physician determines that there is need for the traveller to be accompanied by another person or persons, or if the patient cannot be moved and it is necessary for a physician to be brought to the patient, such travel is also deemed medical travel.

**409.1.23** The travel of a staff member who stops en route to the home country or family visit destination for medical treatment is not considered medical travel. The Organization neither reimburses any extra costs thus incurred, nor pays DSA for such stopovers.

**409.1.24** UN Examining Physicians are local physicians whose names appear on a list published periodically by the UN Medical Service. A copy of this list is available in the FAO Medical Unit and at every UNDP office.

### 409.1.3 Delegation of Authority

**409.1.31** Delegation of authority has been conferred on Heads of Department to make determinations under this Manual Section (see [Manual Section 119](#)).

**409.1.32** Other than those provisions reflected herein, additional authority has also been granted to Offices outside Headquarters to take action locally on certain operational personnel matters detailed in this Manual Section (see [Manual Section 119](#)).

**409.1.33** Authority to make determinations under this Manual Section for provisions other than those covered by paras [409.1.31](#) and [409.1.32](#) above is delegated to the Chief, Medical Unit (AFDM).

## 409.2 Non-Emergency Situations

The staff member sends a request for medical travel directly to the Chief, AFDM, together with a doctor's certificate giving a precise diagnosis, results of analyses, foreseen duration of illness, and approximate dates of travel. The staff member's index number must be quoted.

## 409.3 Emergency Situations

### 409.3.1 Authorizing Officials

**409.3.11** In an emergency, whenever advance medical clearance from AFDM cannot be obtained, responsibility for authorizing medical travel rests with the Project Manager, the Regional Representative,



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Subregional Representative, FAO Representative, Head of Liaison Office or UNDP Resident Representative. The decision is taken on the basis of a certificate received from one of the UN examining physicians or, if they should be unavailable, from a local physician, on the necessity for urgent medical travel.

**409.3.12** The authorizing official informs the FAO Medical Unit (AFDM) in Rome immediately by cable or by telephone of the action taken. See also paras [409.7.1](#) and [409.7.2](#).

**409.3.13** [Manual Section 390](#) - Personnel Emergencies away from Headquarters, should also be consulted (see [paragraph 390.3](#) specifically).

**409.3.14** The Organization has entered into a contractual arrangement with a private firm to provide evacuation services in case of serious emergencies involving the risk of death or major disability. Details on services and authorizing officials are shown in [Appendix A](#).

### **409.3.2 Medical Information**

**409.3.21** The essential information on the patient's case must be sent in advance by the authorizing official to the medical authority receiving the patient; evacuation should not take place until the medical authority has confirmed that the necessary arrangements for receiving the patient have been made.

**409.3.22** The information given should indicate whether hospitalization is necessary and urgent on arrival, whether provision should be made for transport by ambulance, and into which hospital department the patient should be admitted.

**409.3.23** As far as possible, evacuation should be avoided on a weekend when only emergency services are available in most hospitals.

**409.3.24** All the necessary medical documents, which should be issued before departure by the attending physician, should be in the patient's possession.

### **409.3.3 Prepayment or Advance of Funds.**

The authorizing official purchases air tickets locally or advances funds for medical travel (see para. [409.7.2](#)).

### **409.3.4 Ambulance Planes**

**409.3.41** In very grave emergency situations, transport by ambulance plane may be required; for example, by small civil aircraft transformed into ambulance planes, or military planes. A highly specialized ambulance service is available from Europe.

**409.3.42** In view of the high cost of hiring such planes, prior authorization from the FAO Medical Unit must always be sought. If the Medical Unit cannot be contacted, the Project Manager, Regional Representative, Subregional Representative, FAO Representative, Head of Liaison Office or the UNDP Resident Representative may authorize transport by ambulance plane, notifying immediately the Chief, AFDM, of the action taken.

## **409.4 Travel**

### **409.4.1 Destination**

**409.4.11** The Organization's liability is limited to travel (normally by air) by the most direct and economical

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route from the duty station to the nearest place where adequate medical or dental facilities exist; such place is determined by the Chief, AFDM. It does not cover costs of treatment. It is the responsibility of each staff member to ensure that he/she and his/her family members are adequately insured for medical treatment, either with the medical insurance schemes offered by the Organization, or privately. However, when the evacuee's medical condition is attributable to the performance of official duties on behalf of the Organization, the Organization shall reimburse to the staff member all reasonable medical, hospital and directly related costs.

**409.4.12** If staff members or any of their eligible family members prefer to travel to the home country instead of a less distant location having adequate medical/dental facilities as determined by the Chief Medical Officer:

- a. the travel is charged to the home leave or family visit entitlement, if there is such an entitlement;
- b. otherwise, the staff member pays the difference in cost of return travel between the duty station and the home country and return travel between the duty station and the place determined by the Chief Medical Officer.

**409.4.13** If staff members or any of their eligible family members choose to travel to any place other than the location determined by the Chief Medical Officer under [para. 409.4.11](#), the staff member pays the difference, if any, in cost of return travel between the duty station and the place chosen and return travel between the duty station and the place determined by the Chief Medical Officer.

**409.4.14** In emergency situations (see [para. 409.3](#)) whenever advance medical clearance from AFDM cannot be obtained the Regional Representative, the Subregional Representative, the FAO Representative, the Head of the Liaison Office, the UNDP Resident Representative or the Project Manager decides upon the destination of the medical travel on the recommendation of one of the UN examining physicians or, if they should be unavailable, of a local physician.

## **409.4.2 Standard of Transportation**

### **STAFF RULES**

#### **302.7.33 Route, Mode and Standard of Transportation**

**302.7.331** Air transportation, by the most direct and economical regularly-scheduled route, is regarded as the normal mode for all official travel.

**302.7.332** Notwithstanding Staff Rule [302.7.331](#), alternative modes of transportation for travel at the Organization's expense may be authorized for:

- a. appointment, repatriation, change of duty station, education, family visit travel or a combination of these types of travel with home leave or duty travel, at the request of the staff member concerned, subject to approval as set out in the FAO Administrative Manual;
- b. home leave travel, at the request of the staff member concerned, subject to approval as set out in the FAO Administrative Manual;
- c. duty travel, when approved by the head of department or office concerned, as either (i) preferred by the traveller or (ii) in the interests of the Organization;
- d. medical travel, when approved by the Chief Medical Officer.

**409.4.21** First-class travel may be authorized by the same official who authorizes the medical travel (see [para. 409.4.11](#)), on the advice of one of the UN examining physicians or, if they should be unavailable, of a local physician.



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**409.4.22** First-class travel may also be authorized for the accompanying traveller when a physician has determined the need for the patient to be accompanied under the provisions of [para. 409.1.22](#).

## 409.5 Daily Subsistence Allowance

### STAFF RULES

#### 302.7.42 Special and Reduced Rates

**302.7.421** The Organization may establish special and reduced rates of daily subsistence allowance:

- a. during such time as staff members are assigned to conferences or for extended periods of duty away from their duty station;
- b. during hospitalization, on the occasion of medical travel, as laid down in the FAO Administrative Manual.

**302.7.422** Daily subsistence allowance shall continue to be paid during periods of sick leave while a staff member is on duty travel. However, if the traveller is hospitalized only one-third of the daily rate for the location is paid.

#### 409.5.1 Duration

Daily subsistence allowance is paid to the patient and authorized accompanying family member up to a maximum of 45 days. Daily subsistence allowance is paid to a physician or nurse accompanying the patient up to a maximum of 3 days, depending on the travel time.

#### 409.5.2 Payment of Daily Subsistence Allowance (DSA)

**409.5.21** Full DSA is paid to the patient, unless hospitalized, in which case only one-third of the daily rate for the location is paid (see, however, [para. 409.5.25](#)).

**409.5.22** Full DSA is paid to:

- a. a physician or nurse accompanying the patient;
- b. a physician travelling under the provisions of [para. 409.1.22](#);

**409.5.23** A staff member or an eligible family member who has been authorized to accompany the patient is entitled to full DSA when the patient is hospitalized.

**409.5.24** 50% of DSA is payable to the staff member or eligible family member accompanying the patient who has not been hospitalized.

**409.5.25** When travel is undertaken to a place other than the one determined by the Chief, AFDM, DSA is paid at the rate applicable at the location of treatment. If the DSA rate payable at the location of treatment exceeds the one payable at the place determined by the Chief, AFDM the latter rate applies. (See [para. 409.5.3](#) when travel is undertaken to home country.)

#### 409.5.3 Travel to Home Country

**409.5.31** No DSA is payable for periods spent in the home country.

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**409.5.32** The patient may, however, be reimbursed 80% of the cost of a hotel room for a maximum of 30 days on presentation of the hotel bill. The amount reimbursed may not exceed the full DSA applicable at the location of treatment.

**409.5.33** The provisions of paras. [409.5.31](#) and [409.5.32](#) apply to family members authorized to accompany the patient to the home country, whether the patient is hospitalized or staying in a hotel.

## 409.6 Leave Status

The absence of staff members on medical travel is charged as follows:

- a. for treatment of themselves, to sick leave;
- b. if they are authorized to accompany a family member on medical travel, their absence is charged to special leave with pay until the family member has been delivered into medical care. Thereafter, a maximum number of 7 working days is charged to absences for family-related emergencies (Manual [para. 321.2.2](#)(d) refers). Any days of absence taken in excess are charged to annual leave or, under the provisions of Manual [paragraph 320.4.2](#), to advance annual leave, or to special leave without pay;
- c. if they are authorized to accompany a staff member who is not a member of their family, the absence is charged against special leave with pay.

## 409.7 Procedure

### 409.7.1 Travel Arrangements

**409.7.11** The personnel officer concerned prepares a travel authorization which, after clearance by the Chief, AFDM, is forwarded to the Chief, Management Support Service/Unit for processing. Travel is authorized in the FINSYS/PERSYS system by a CMTA document (Commitment to Travel Authorization) and approved by the Chief, Management Support Service/Unit.

**409.7.12** When emergency travel has been authorized locally, the authorizing official sends a Disbursement Voucher or an Inter-Office Voucher (IOV) to Headquarters Programmes Group (AFFC) for processing.

**409.7.13** If the staff member, or a member of the family, does not return to the duty station after medical travel, the travel is deemed to be part of repatriation travel, or change of duty station travel, as appropriate.

### 409.7.2 Travel Advances

#### STAFF RULES

**302.7.57 Travel advances.** Staff members authorized to travel shall provide themselves with sufficient funds for all current expenses by securing an advance of funds if necessary. The estimated reimbursable travel expenses may be advanced to a staff member or to the spouse or to dependent children for expenses authorized under these Rules, pending final settlement on completion of travel and submission of claims for travel expenses.

**409.7.21** Payment of travel advances is approved by the Chief of the Management Support Service/Unit concerned to the extent possible in the currencies required by the traveller.

**409.7.22** Advances in excess of US\$ 12,000 are approved by the Chief, AFDS.

**409.7.23 Medical Expense Advances.** For an advance on medical expenses, when time permits, the procedure



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set out in Manual paragraphs [343.4.851](#) and [343.4.852](#) shall be followed. In an emergency, the authorizing official cables Social Security Group, AFH, giving the name of the patient and, where appropriate, the relationship to the staff member, index number, date of hospitalization, diagnosis, type of operation or treatment, estimated cost, and a statement that the hospital/clinic requires a down-payment or full settlement upon discharge or end of treatment.

### 409.7.3 Supporting Documentation

**409.7.31** Medical certificates and reports must be forwarded to the Chief, AFDM immediately, in the original. No photocopy may be retained in divisional files. In exceptional circumstances, such as those provided for in [para. 409.3.21](#), the Chief, AFDM may accept photocopies.

**409.7.32** When the traveller receives treatment as an out-patient, the attending physician should provide a statement to this effect, for divisional records.

**409.7.33** The personnel officer concerned routes all communications on medical travel through the Chief, AFDM.

### 409.7.4 Travel Expense Claims

**409.7.41** The staff member prepares a travel expense claim (form Adm 27) as soon as feasible and sends it to the personnel officer, who after clearance with the Chief, AFDM, forwards the claim for settlement to the appropriate Management Support Service/Unit.

#### 409.7.42 Settlement

### STAFF RULES

**302.7.561** The Organization may reject any claim for payment or reimbursement of travel or removal expenses incurred by a staff member in contravention of any provisions of these Rules, or which are not provided for by these Rules.

**409.7.421** Claims are returned to the staff member when they are incorrectly filled in. Claims may be partially reimbursed if items of expenditure are not supported by receipts and documents. Notification of such partial reimbursement together with the reasons therefore is given to staff members on the copy of the form returned to them as payment advice.

### 409.7.5 Overpayments

Staff members who have received advances in excess of their actual expenses refund the balance to the Organization after approval of their travel expense claims, or such balance is recovered from their salary payments.

## 409 Appendix A

- [Appendix A](#)

## Amendments 409

THIS MANUAL SECTION WAS ORIGINALLY ISSUED ON INTRANET UNDER TM/4575.E DATED 27 FEBRUARY 2003.



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