COVID-19 MEDICAL EVACUATION FRAMEWORK

Version 2: 31 August 2020

THE OPERATIONAL FRAMEWORK FOR COVID-19 MEDICAL EVACUATIONS (MEDEVAC) AND RELATED SERVICES

BACKGROUND

1. In line with existing practices, UN entities and International Non-Governmental Organizations (INGOs) have been adhering to the principle of "Stay and Deliver" to provide necessary services to partners and clients at the country level. During the current pandemic, a full range of treatment options and care, including medical evacuation (MEDEVAC) as necessary, are being made available globally.

2. To guide this, the Secretary-General created a **UN System-Wide Medevac Task Force in response to COVID-19**. The Task Force reports to the UN Executive Committee led by the Secretary-General, with the operational modalities of the Task Force outlined in Annex A hereto. The Task Force is comprised of the Food and Agriculture Organization (FAO), the International Organization for Migration (IOM), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Office for Project Services (UNOPS), the World Bank (WB), the World Food Programme (WFP), the World Health Organization (WHO), the UN Medical Directors Network (UNMD) and some Offices and Departments of the United Nations Secretariat.

3. The Task Force has operationalised a unified COVID-19 MEDEVAC System. Under this System, eligible individuals who have a clinical need for healthcare not available at their duty location will have access to regional treatment facilities, subject to availability and capacity. This includes support by the appropriate medical personnel, the deployment of air assets (aircraft and air ambulances), and a dedicated operations centre (the UN MEDEVAC Cell) to coordinate the joint resources of the UN system in operationalising COVID-19 MEDEVACs and related services.

PURPOSE

4. This document details the high-level processes of the COVID-19 MEDEVAC System and guides all UN system entities on COVID-19 related MEDEVACs and related services. This document has been prepared on behalf of the COVID-19 Medevac Task Force.

SCOPE

5. This Framework applies to all UN system entities, and other eligible entities and individuals as specified in the document. It does not describe the supporting procedures that will be in place at a country level and defers to UN leadership at the country level to ensure that these are place. Medical evacuation activities

which are not related to COVID-19 are not within the scope of this document and remain subject to existing rules and guidance.

COVID-19 MEDEVAC ELIGIBILITY AND COVERAGE

ELIGIBILITY

6. 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];
- Troops of the African Union (Somalia – AMISOM).

7. The eligibility of an INGO for coverage under the COVID-19 MEDEVAC System is to be confirmed in writing at country level by the primary UN system partner of that INGO or the Resident Coordinator / Humanitarian Coordinator. Eligible coverage includes all international and national personnel of those INGOs and extends to recognized accompanying dependents of international personnel. Dependents of national staff members are not currently covered by the COVID-19 MEDEVAC system. If additional funding for the COVID-19 MEDEVAC System is made available[2], and subject to the availability of resources and capacity on the ground, the provision of coverage for National NGO (NNGO) personnel and eligible dependents will be explored.

[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] Funding for coverage of NGO entities under the COVID-19 MEDEVAC System is subject to this being received from Donors for the COVID-19 response, via a UN Coordinated Appeal.

COVERAGE

8. The fourteen largest System entities[3] participating in the COVID-19 MEDEVAC System, including the Secretariat, have agreed to an overall cost-share mechanism based on their footprint in the field. This cost-share mechanism will be activated and managed by WFP. For the personnel and dependents of eligible INGOs, COVID-19 MEDEVACs will be funded through available donor support. Subject to agreed clinical need, funding, availability and capacity, COVID-19 MEDEVACs initiated within the active mechanism will endeavour to be provided free-of-cost to the end user.

COVID-19 MEDICAL EVACUATIONS OPERATIONS CENTRE

9. The COVID-19 Medical Evacuations Operations Centre, known as the **UN MEDEVAC Cell**, establishes a single point of contact for all eligible entities that have personnel and dependents in need of COVID-19 related MEDEVACs anywhere in the world. The UN MEDEVAC Cell builds upon the existing capacities of WHO, WFP and DOS and provides global 24/7 coverage for all UN entities with a full range of medical and air asset coordination services, with full visibility over all relevant medical and airframe assets that exist across the UN system.

10. The UN MEDEVAC Cell is comprised of the Medical Coordination Unit (MCU), based at WHO Headquarters in Geneva, and the Strategic Air Operations Centre (SAOC), based at SAOC/DOS based in Brindisi. The UN MEDEVAC Cell is the primary interface for COVID-19 Coordinators requesting COVID-19 MEDEVAC support, and can provide the necessary clinical, aviation and other logistical support required to authorise and implement a MEDEVAC.

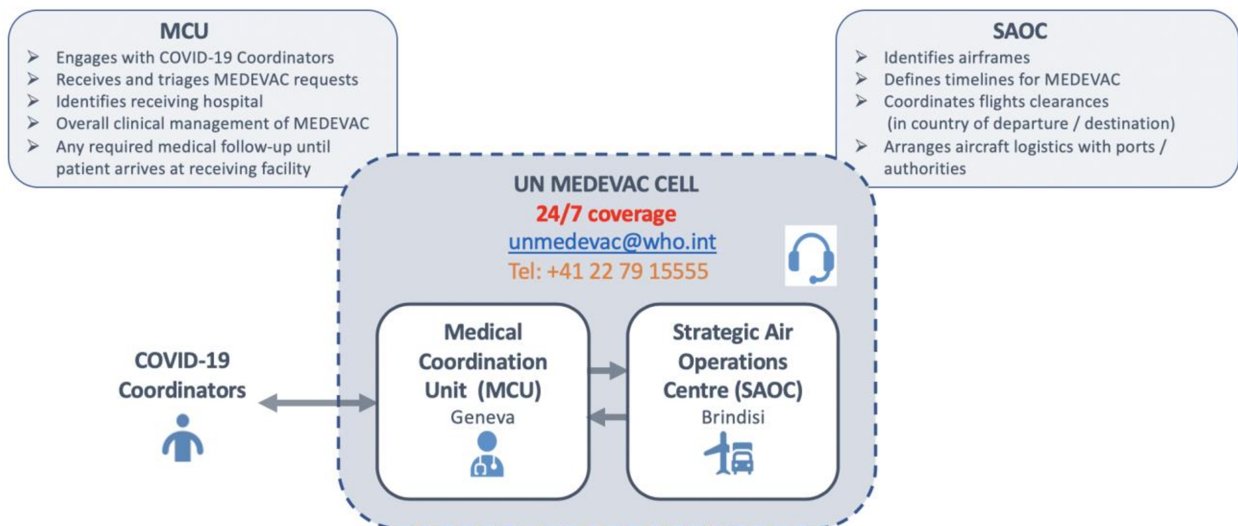

Figure 1. The UN MEDEVAC Cell and the COVID-19 Coordinators

[3] Entities participating in the cost share are: WFP, WHO, UNDP, UNFPA, UNICEF, UNHCR, IOM, UN WOMEN, FAO, World Bank, IFC, ILO, UNOPS, and the UN Secretariat.

COVID-19 COORDINATORS

11. To implement the COVID-19 MEDEVAC System at country level, a COVID-19 Coordinator has been identified for each country under the auspices of the Resident Coordinators or other Designated Official, to manage the COVID-19 MEDEVAC process on the ground. In doing so, COVID-19 Coordinators will work in collaboration with Heads of referring entities or a focal point nominated by them (hereafter "Focal Point"), entity Medical Advisors, Treating Medical Providers (TMPs), and the UN MEDEVAC Cell. A country-level Standard Operating Procedure (SOP) should be developed and shared to guide this process, incorporating local information and taking into account elements specific to the operating context. A framework SOP intended to inform the development of an SOP at the country level can be accessed here and a related template can be accessed here.

12. COVID-19 Coordinators have undergone specific training designed by the UNMD to ensure they are well-versed in their duties and responsibilities in the COVID-19 MEDEVAC process and can ensure the country level SOP is fit for purpose. Resident Coordinators will undertake preparations with the UN Country Teams and other eligible entities to ensure they are unified in their approach at the country level and are able to effectively support the COVID-19 Coordinators.

13. A list of dedicated COVID-19 Coordinators has been established, and their Terms of Reference can be accessed here. The process of implementing a COVID-19 MEDEVAC is described in the dedicated COVID-19 MEDEVAC section below.

LOCATIONS FOR COVID-19 MEDEVACS AND TREATMENT

14. Treatment of COVID-19 patients at the country level remains the first line of defence and should be supplemented by the option of COVID-19 MEDEVAC only when the latter is deemed clinically necessary.

15. To address the needs of patients with severe cases of COVID-19 that require hospital care not available at their location, the Task Force is in the final stages of setting up regional treatment facilities ('hubs') for the purposes of COVID-19 MEDEVACs. Hubs being established include Kenya (Nairobi), Ghana (Accra) and Costa Rica (San Jose), with additional locations in other regions to be confirmed once the requisite agreements are in place. Each of these has been 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 UNMD.

16. In addition to finalising the regional hubs, the Task Force is enhancing local medical resources in Juba, South Sudan and in Goma, Democratic Republic of Congo. The Task Force is also exploring additional arrangements in other locations to ensure the COVID-19 MEDEVAC System remains agile and that capacity can be enhanced should this be necessary, As this work continues, COVID-19 MEDEVACs to a range of locations will continue as appropriate, contingent on medical need and the availability of healthcare support.

17. Excluded from those eligible for COVID-19 MEDEVAC to these locations are covered personnel and dependents working in the following regions: Europe, North America, Australia, and New Zealand.

18. To further complement these activities, and in recognition of the need to reinforce the first line of defence, the United Nations system is exploring options to enhance local access to quality care for all individuals covered by this Framework. This is contingent on the availability of funding but includes identifying ways to strengthen existing front-line capacities and exploring possibilities to establish new facilities in strategic locations.

COVID-19 MEDEVAC PROCESS

19. The UN Model of Care (MOC), created by UNMD in consultation with the World Health Organisation (WHO), is the guiding basis for clinical decisions behind all MEDEVACs. This ensures the approach is consistent, that COVID-19 cases are escalated in line with clinical need, and that resources are used efficiently. The key stages and critical functions in the implementation of a MEDEVAC are outlined below.

INITIATING A COVID-19 MEDEVAC

- **The referring entity** is responsible for ensuring that any request is in line with the MOC and has been approved by the relevant organizational process. In conjunction with the TMP, the entity Medical Advisor, and the nominated entity Focal Point will request a MEDEVAC through the COVID-19 Coordinator. Guidance on the role of the entity Focal Point is located here.

- **The COVID-19 Coordinator** will ensure that clinical decisions and referrals for a MEDEVAC are informed by the TMP, the entity Medical Advisor, and the referring entity Focal Point. The COVID-19 Coordinator will assemble the required information and will initiate a MEDEVAC request through the UN MEDEVAC Cell.

- **The UN MEDEVAC Cell** is the primary interface for COVID-19 Coordinators requesting COVID-19 MEDEVAC support. The MEDEVAC cell provides the necessary clinical, aviation and other logistical support required to authorise and implement a MEDEVAC.

  Email: **unmedevac@who.int**
  Tel No: **+41 22 79 15555.**

- **Within the UN MEDEVAC Cell**, the Medical Coordination Unit (MCU) receives and triages MEDEVAC requests and identifies the receiving hospital. The MCU then activates the Strategic Air Operations Centre (SAOC) in Brindisi, which arranges air transportation and flight clearances from the point of departure to the receiving country. The list of facilities is maintained by the UN system Medevac Task Force in conjunction with UNMD and the Department of Health Management and Occupational Safety and Health (DHMOSH).

IMPLEMENTING A COVID-19 MEDEVAC

- **The COVID-19 Coordinator** will assure that all administrative and clinical requirements required to implement the MEDEVAC are completed as required and will coordinate the ground transportation from the sending medical facility to the MEDEVAC departure airport. This activity will

be undertaken in collaboration with the referring entity Focal Point, the entity Medical Advisor and the TMP.

- **The UN MEDEVAC Cell** will identify the receiving hospital and coordinate air transport for the patient. The UN MEDEVAC Cell will coordinate with the TMP, medical teams on the ground and air ambulances, and with the medical provider in the receiving hospital. The UN MEDEVAC Cell will confirm the arrival of the patient with the COVID-19 Coordinator.

- **The referring entity** is responsible for all administrative and Human Resources (HR) issues including travel documentation associated with the patient and any authorized non-medical escort, as well as ensuring completion of all necessary patient consents and other MEDEVAC-related documents, including the Letter of Guarantee, the information disclosure consent form, and general release from liability (waiver) form where applicable. The referring entity is also responsible for following-up on the status of the patient upon and after arrival at the receiving destination.

20. A flowchart which outlines the process can be accessed here.

NON-MEDICAL ESCORTS

21. 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 non-medical escorts of COVID-19 MEDEVAC patients, in line with organizational rules and regulations.

22. 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 consensus with the guardian of the minor on balancing the timeliness of patient care with the availability of a COVID-19 MEDEVAC flight which can accommodate the non-medical escort. If these elements cannot be reconciled, the referring entity is responsible for making any requisite travel arrangements for any non-medical escort, in line with organizational rules and regulations.

TREATMENT, RECOVERY AND REPATRIATION

23. The referring entity retains responsibility for all administrative and HR issues for the duration of the period the patient remains at the COVID-19 MEDEVAC location, in line with its organizational rules. This includes maintaining an overview of the status of the patient, 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 associated with the patient and any non-medical escort.

24. The UN system will fund the provision of COVID-19 MEDEVACs and related services, including medical services, to abovementioned eligible persons up to the point of their discharge from intensive care or high dependency treatment in medical facilities with which the UN system has concluded or is in the process of concluding formal arrangements for the provision of medical services, or which are directly established on behalf of the United Nations system organizations.

25. 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 at its discretion. Any out-of-pocket costs incurred by the referring entities will be subject to reconciliation and potential reimbursement at the end of the year after consultation, and depending on funding availability. Annex B contains an indicative outline of costs covered under different arrangements.

26. Air ambulance transportation from the point of departure of the international MEDEVAC flight, as well as ground ambulance transportation from the arrival airport to the treating facility, will be covered by the central fund in full, regardless as to treatment location.

27. In all cases, the referring entity will either through insurance or other available means be responsible for any and all costs after discharge as well as onward or return travel to the MEDEVAC point of origin or other location as designated by the referring entity[4].

28. The referring entity also retains responsibility for all aspects of the repatriation of COVID-19 patients, in line with its organizational rules. 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.

SYSTEM FINANCING AND COST- SHARING

29. Financing for the COVID-19 MEDEVAC mechanism will be administered by WFP, with a Finance Steering Group established to provide oversight, including with regard to cost control and timely consolidated financial reporting on the system. Seventy-five percent of the start-up costs and estimated on-going costs for MEDEVACs of INGO personnel will be funded through the Global Humanitarian Response Plan.

30. The balance of the total estimated requirements is subject to a cost-share arrangement based on proportional footprint in the field. With the largest 14 entities covering ninety-seven percent of the eligible persons, the cost-sharing will be limited to these entities. Entities participating in the cost-share arrangement have committed to their respective proportion, to be funded upfront given the proportion of fixed costs and need to ensure funding the full project until 31 December 2020.

FURTHER GUIDANCE

31. This version is dated 31 August and may be superseded by newer versions as issued by the Task Force.

32. This Framework applies only to COVID-19 MEDEVACs and is not intended to supersede or override guidance or instructions concerning any other matter.

[4] Further examples of such costs could include, *inter alia*, other in- or out-patient treatment, including any rehabilitation; follow-up/check-up medical consultations; accommodation and daily expenses; and any applicable HR entitlements per the rules and regulations of the referring entity.

COVID-19 Response

LIST OF SUPPORTING DOCUMENTS

33. The following documents inform and support the COVID-19 MEDEVAC Framework, many of which are accessible here. This list will be developed as further material is generated.

- List of COVID-19 Coordinators
- COVID-19 Coordinator Terms of Reference
- Guidance: Entity Focal Point Terms of Reference
- MEDEVAC Process Flowchart
- Country-level Framework SOP
- COVID-19 Country-level SOP Template
- SOP on UN System-wide COVID-19 Medical Evacuations and supporting docs[5]
- UN Model of Care
- MEDEVAC request form COVID-19 Coordinators
- Combined Information Disclosure Consent and General Release Form[6]
- Standard Letter of Guarantee (UN system organizations) (INGO)
- Standard Letter to INGOs on Access to the COVID-19 MEDEVAC System
- Training materials for COVID-19 Coordinators[7]
- All Staff Communique[8]
- INGO Communique 1 June 2020[9]
- INGO Communique September 2020
- COVID-19 MEDEVAC FAQs
- Guidance Note: Treatment Options and COVID-19 MEDEVAC[10]
- Guidance Note: A Patient's Perspective: How does a COVID-19 MEDEVAC work?[11]
- Guidance Note: Quick Guide for Entity Focal Points[12]
- Guidance Note: A Quick Guide for COVID-19 Coordinators[13]
- Repatriation of remains Framework SOP

34. Additionally, the United Nations website on COVID-19 contains resources, guidelines and supporting material for reference. At the time of issuance, the website contains the following key documents:

- COVID-19 FAQ
- Guidance on home care and isolation
- Guidance on Telehealth
- Advice for Travelers

[5] Available upon request
[6] Also available in French, Spanish, Arabic and Russian
[7] Also available in French and Spanish
[8] Also available in French
[9] Also available in French
[10] Also available in French and Spanish
[11] Also available in French and Spanish
[12] Also available in French
[13] Also available in French and Spanish

COVID-19 Response

Glossary of key terms

COVID-19 Coordinator - A focal point designated by the United Nations Resident Coordinator or other Designated Official in each country to coordinate the planning and implementation of COVID-19 MEDEVACs from the duty station, in conjunction with the entity Medical Advisor, the Treating Medical Provider and the UN MEDEVAC cell.

COVID-19 Global Humanitarian Response Plan (GHRP) – A comprehensive inter-agency response plan which focuses on preparedness and response to the initial immediate and urgent health and non-health needs and response to the pandemic.

Focal Point - The Head of a referring Entity or, at the discretion of the Head of Entity, a designated Focal Point for activities supporting the COVID-19 MEDEVAC process.

MEDEVAC - The process of evacuation from one medical facility to another. Once a casualty has been admitted to a medical facility, all onward movement for medical purposes is considered to be MEDEVAC.

Medical Coordination Unit (MCU) – Under the auspices of the WHO, the Geneva-based MCU is the point of contact for COVID-19 Coordinators and the SAOC for COVID-19 MEDEVACs within the UN MEDEVAC Cell.

Model of Care (MOC) - Model created by UNMD to guide clinical decisions informing all MEDEVAC decisions relating to COVID-19 cases.

Referring Entity - An entity whose personnel and in some cases, dependents are designated as eligible under the MEDEVAC System, and which can make a request via the COVID-19 Coordinator for a COVID-19 MEDEVAC.

Repatriation – The return of a COVID-19 patient and any eligible escorts to the duty station from which they were MEDEVACed or another authorized location.

Strategic Air Operations Centre (SAOC) – Aviation support and coordination hub, based in Brindisi, Italy. A key component of the UN MEDEVAC Cell.

Treating Medical Provider (TMP) – 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 support the need for MEDEVAC, and the fitness of the patient to fly.

UN MEDEVAC Cell – A 24/7 Cell which provides coverage for all eligible entities with a full range of medical and air asset coordination services, with full visibility over all relevant medical and airframe assets across the UN system. A focal point for COVID-19 Coordinators requesting COVID-19 MEDEVACs.

ANNEX A: GUIDANCE ON THE OPERATIONAL IMPLEMENTATION OF THE TASK FORCE MANDATE

1. The work of the Task Force is supported by the following dedicated sub-groups:
   - the Implementation Working Group;
   - the Finance Steering Group;
   - the Communications Working Group.

   The Task Force and its sub-groups convene and report to the Executive Committee on a regular basis. Each entity represented on the Task Force further reports to their principal through their regular channels as appropriate.

2. As per and within the constraints of this mandate, the Task Force retains responsibility for the following:
   a) Policy decisions relating to the implementation of the COVID-19 MEDEVAC System;
   b) All aspects of the operationalization of the COVID-19 MEDEVAC System;
   c) Financial oversight and reporting in line with the budget endorsed by the Executive Committee;
   d) Collection, management and communication of data and information necessary to operationalize and report on the implementation of the COVID-19 MEDEVAC System;
   e) Proactively identifying and mitigating risks to the effectiveness of the COVID-19 MEDEVAC System, and;
   f) Identifying lessons and incorporating these into ongoing activities.

Principles

3. Beyond the underpinning imperative to support the ability of personnel and partners to 'Stay and Deliver', the approach of the Task Force is informed by the principles of effectiveness, integration, inclusivity, and accountability, as well as a shared recognition that the Medevac System should be the last line of defence.

Key Limitations

4. The mandate of the Task Force and the scope of its activities is ultimately determined by the Secretary-General.

5. Decision-making authority regarding the founding concept and approach, including budget provision for the Medevac System resides with the Secretary-General and is channelled through the Executive Committee.

6. The Task Force does not make clinical decisions, responsibility for which rests solely with the relevant experts within the UN Medical Directors Network (UNMD), informed by the dedicated UN Model of Care, which may be updated from time to time if necessary.

Day-to-day operationalization of the COVID-19 MEDEVAC System

7. To ensure the Medevac System is supported by timely and agile decision-making, the Chair of the Task Force is responsible for the day-to-day decisions concerning all functional aspects of operationalisation, including the following:

   a) The allocation of operational resources, including confirming what costs are eligible for reimbursement from the central funding;
   b) Addressing questions regarding eligibility;

c) The identification of dedicated treatment locations and alternative locations as required, in conjunction with UNMD;
d) Urgent (non-clinical) considerations supporting the facilitation of individual medical evacuations, in conjunction with the MEDEVAC Cell, and;
e) The management of immediate risks to the functioning of the COVID-19 MEDEVAC System.

8. All such decisions must be derived from the decision of the Secretary-General and be within the parameters of the mandate of the Task Force.

9. In the case of decisions which have the potential to expand the financial and/or other liabilities of members of the Task Force beyond the scope of those which are stated or implied in the existing agreement, the Chair will convene a meeting of designated entity representative to the Task Force to generate recommendations and /or requests for consideration by the Executive Committee. These will be reviewed by the Office of Legal Affairs (OLA) prior to submission to the Executive Committee.

10. If there is doubt as to whether a decision to be taken by the Chair or by a specially convened meeting meets the above criteria, the Chair will seek prior guidance from OLA and the matter will be escalated to the Task Force. Such matters should also be brought to the attention of the Assistant Secretary-General for Strategic Coordination for consultation, prior to any necessary subsequent escalation to the Secretary-General through the Executive Committee.

11. All such decisions taken by the Chair and/or a specially convened meeting will be reflected in writing to the Task Force within the subsequent reporting period.

ANNEX B: INDICATIVE TABLE OF COSTS COVERED UNDER THE UN 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 year.
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	