FAQs on Ebola Virus Disease (EVD)
Updated on 7 November 2014

I. PREPAREDNESS

1. What are the UN medical services and the UN in general doing to prepare and prevent?

The United Nations Medical Services Division (MSD) has been proactive in dealing with and supporting the United Nations response to the West African Ebola Virus Disease (EVD) Outbreak. EVD risk management have been in place since March 2014 for UNHQ and have been promulgated for Offices Away from Headquarters and the Regional Commissions. Plans have been regularly updated to include new guidance and recommendations from the World Health Organization (WHO) and local public health authorities. The Organization's approach to managing risk is 3 layered: Firstly, to equip staff with the knowledge they need to protect themselves from EVD infection, secondly to screen returning personnel before they leave the outbreak area, and thirdly to follow up actively and monitor staff on their return from an affected area.

II. STAFF GOING ON MISSION OR SERVING IN EVD-AFFECTED COUNTRIES

2. Will staff be properly trained and briefed before going to the affected countries?

Briefings are undertaken in accordance with the WHO "Interim Guidance for International Meetings Attended by Individuals from Ebola Virus Disease-affected countries" issued on 3 October 2014. In addition, staff should adhere to WHO guidelines throughout their mission or while serving in EVD affected countries.

MSD has promulgated information to all United Nations Medical Directors regarding requirements staff information needs prior to travel to affected countries. This includes precautions to take and specific training related to occupational exposures and risks. A comprehensive briefing programme has been designed covering medical, psychosocial and administrative issues and is offered by OHRM through the Medical Services Division, Staff Counsellor's Office, and the Emergency Preparedness and Support Team. This covers support for staff members and families before, during and after mission

UNMEER staff have been receiving pre-deployment PROTECT training, which covers basic knowledge of Ebola and protection measures for non-medical staff, as well as more general health messages for staff being deployed in West Africa. They have also received pre-deployment packages which include guidance on infection prevention control, medical recommendations for traveling to West Africa (which covers medical issues beyond Ebola), hand hygiene and PPE information, as well as basic medical kits. However, staff who provide direct medical care to suspected, probable or confirmed cases should be well trained on how to put on and take off PPE.

The PROTECT training is administered by WHO and has been provided to UNMEER staff as they arrive in Accra. WHO is also finalizing an online version of the training.
Other pre-deployment trainings for responders are being administered by various partners (CDC, MSF,etc) both in the affected countries as well as in other locations. WHO and partners are working to share and consolidate information on the various trainings taking

place and to address any gaps.

3. What measures are in place for staff traveling to an EVD affected duty station?

The decision to travel to an affected duty station should be made in accordance with the national travel advisory set by the host country and taking into consideration WHO guidelines. This should be in conjunction with the local Senior Crisis Management Structure relevant to the duty station.

Planned duty travel that has not been initiated and which is considered non-critical may be deferred. Duty travel should be planned and authorized in accordance with the needs of the Organization as determined by the Head of Department/Office in line with all current security measures in place.

In the event that the authorized itinerary has to be changed for reasons related to EVD travel restrictions, special rules may apply.

Additionally, for staff travelling to affected duty stations, the Staff Counsellor's Office (SCO) provides in-person pre-deployment briefing for all staff travelling from NY. This is being replicated in other offices. The SCO is also available for family members of any staff deployed to affected areas and the SCO provides tele-counselling/Skype as needed for staff in affected duty stations.

4. Is appropriate personal protection available for all staff not just medical personal?

Personal protective equipment (PPE) is an occupational health and safety requirement, and all staff whose work puts them at risk of exposure will have access to it, and receive training in correct use. Staff members who are not at occupational risk do not need specialised PPE, and normal hygiene measures such as hand washing and social distancing are adequate protection because direct contact is needed before a person can catch Ebola.

5. Can staff decline to travel to certain EVD hot zones without fear of an adverse effect to their career or employment and is there any danger to staff traveling on mission/or hosting participants coming from affected countries? Has the UN now developed procedures to inform staff of precautions they should take while on missions abroad?

As an organization established to support the needs of Member States, travel is fundamental to the organization's ability to successfully carry out its mandates. Staff regulations 1.2(c) and 1.3(b) set out the expectation for staff to be at the disposal of the Secretary-General and assignment by him to any activities or offices. Staff recognize this, as illustrated by the fact that more than 8,000 applications were received in response to the broadcast calling for volunteers to the newly established UNMEER.

Staff regulation 1.2(c) provides the general framework according to which "Staff members are subject to the authority of the Secretary-General and to assignment by him to any of the activities or offices of the United Nations. In exercising this authority the Secretary-General shall seek to ensure, having regard to the circumstances that all necessary safety and

security arrangements are made for staff carrying out the responsibilities entrusted to them".

Briefings are undertaken in accordance with the WHO “Interim Guidance for International Meetings Attended by Individuals from Ebola Virus Disease-affected countries” issued on 3 October 2014. In addition, staff should adhere to WHO guidelines throughout their mission or while serving in EVD affected countries.

6. What measures are being taken to limit possible exposure of UN personnel to EVD in the mission area?

Staff members are briefed on EVD prevention measure prior to deployment. Staff who have an occupational risk of exposure to contaminated body fluids or materials are equipped with PPE and trained in its correct use.

All UN clinics have procedures in place to safely isolate any person who could present a risk of EVD transmission.

7. What is the organization doing for staff members from the worst affected countries that could not travel home over a period of time now?

Flexibility is being exercised to authorize advance and deferred home leave (HL) and family visit (FV), and to allow separate HL travel of staff members and eligible family members, and to exercise HL/FV at an alternate location, if local authorities of the HL country do not authorize entry or medical facilities are not adequate, and subject to the cost duty station-recognized place of HL-duty station.

Staff members must be aware that respective local authorities or United Nations guidelines may at any time prevent either departure from the home leave destination or re-entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option.

8. May I take annual leave while I am on mission to an EVD affected country?

Taking into consideration the local health advisories and the WHO guidelines, Heads of Departments/Offices may exercise flexibility in authorizing annual leave and advance annual leave to non-critical staff members that request leave in order to limit their possible exposure to EVD. Staff members (principals and alternates) required to carry out critical functions may be granted CTO or R&R where applicable and feasible.

Staff members who travel outside the duty station during annual leave must be aware that, re-entry into the duty station or departure from the countries to which they travel may not be possible. When staff members are unable to return, alternative working arrangements may be possible.

9. I work in an office affected by the EVD outbreak. Is it possible to work from home?

Taking into consideration the local health advisories and the WHO guidelines, and as far as feasible, flexibility may be exercised to authorize flexible working arrangements, including telecommuting.

10. Is there any support for our colleagues (local UN staff) who are under quarantine? If so what is it? And if not, are there any plans for such?

Staff members who are unable to perform their functions: a) by reason of illness, including EVD, will be granted sick leave, or b) by reasons of quarantine at the direction of the Medical Service or local authority will be granted Special Leave with Full Pay (SLWFP).

Staff members who are on sick leave at the time the offices are closed will be placed on SLWFP as from the day they were expected to report for duty following exhaustion of their approved certified/uncertified sick leave.

Flexibility will be exercised to authorize flexible working arrangements including telecommuting for an extended period of time beyond any period of mandatory or voluntary quarantine/SLWFP.

11. Will staff in the effected duty stations be able to avail of Rest and Recuperation (R&R)?

Yes, staff members (principals and alternates) required to carry out critical functions may be granted Compensatory Time Off (CTO) or Rest and Recuperation (R&R) where applicable and feasible. Given the approval of Danger Pay, the R&R cycle of 6 weeks will apply to all eligible staff members effective 10 September 2014.

12. What will be the fate of staff members from the worst affected countries whose dependent children are on educational travel but could not travel back to the duty station due to the health crisis to complete the last academic school year or begin the new school year?

Staff members must be aware that respective local authorities may at any time prevent either departure from the Education Grant travel destination or re-entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option, as in such cases they agree to waive all entitlements relating to EGT that would otherwise have been payable.

When enrolling in, and making payments to, the school at the home country, staff should be mindful of the possibility that the child may return to school at the duty station some time during the school year and try to make arrangements to pay the school fees on a semester basis in order not to incur additional costs.

The additional hardship allowance is payable to internationally-recruited staff members when all of their eligible family members have departed from the duty station. In addition to the additional hardship allowance that these staff will be receiving, they may also be eligible for the flat sum for board under the education grant.

13. The UN recently approved danger pay for all staff working in Ebola afflicted countries of Guinea, Liberia and Sierra Leone. Are Consultants on SSA contracts entitled, given that they are all exposed to the same threats in working in the

communities?

The Chairman of the ICSC has approved danger pay for internationally and locally-recruited staff who are required to report to work in Guinea, Liberia and Sierra Leone. Consultants are not eligible for danger pay.

III. STAFF RETURNING TO THEIR UN DUTY STATION OR HOME COUNTRY FROM EVD AFFECTED MISSION AREAS

14. Is there any Ebola policy presently in place for staff members returning from Ebola affected areas?

In addition to airport exit screening in areas affected by Ebola, the Organization implemented exit screening by United Nations medical staff for all personnel before they go to the airport – so United Nations personnel are screened twice before they commence their return journey from and EVD affected country. Only those who are not sick and have not been exposed to EVD can travel without restrictions.

We also have had follow-up procedures in place for returned travelers for the past several months, adhering to host country public health requirements and WHO and MSD guidance. Staff are instructed that, should any symptoms develop, they should not present to work and should contact their local United Nations Medical Service by telephone for advice, or call their local health facilities and advise that they have been in the outbreak area.

At United Nations Headquarters, we have well-established procedures to liaise with local authorities including the New York City Department of Health and Hygiene, and the Centres for Disease Control, to ensure that any staff member who presents a risk of having Ebola Viral Disease is managed to the highest standards of clinical care and risk containment.

For staff returning from affected duty stations, all suspected cases and their families receive direct counselling support by the SCO, either face to face or by Skype. The SCO is available for all returning staff for post-deployment counselling and debriefing.

15. How is our official travel going to be affected, especially our ability to return to the US (New York) after we have been to those affected countries and the region?

If authorities at the duty station or UN guidelines do not allow re-entry, DSA will continue to be payable until re-entry to the duty station is possible and up until the first available flight. Where operationally and/or medically indicated, the traveler could be travelled to an alternative location where DSA for that location will be payable.

16. If a staff member suspects they may have contracted Ebola, how and where can one be tested? Does the UN provide testing for staff returning to their duty station?

The Medical Service will consult with the local health authorities and arrange for testing where necessary to be done at a WHO-accredited laboratory.

17. Are staff returning from Ebola affected areas required to stay home for 21 days (quarantine period) prior to returning to the office?

The UN will comply with the public health requirements of the host country and local health authorities.

18. If a staff member is quarantined due to possible exposure to the Ebola disease, will they be placed on Sick Leave or Special Leave with Full Pay (SLWFP)?

Staff members who are unable to perform their functions by reasons of quarantine (at the direction of the Medical Service or local health authority) will be granted SLWFP.

19. Will staff returning to their duty station and required to go on quarantine leave be able to work from home?

Staff may be allowed to work from home.

The UN will comply with the public health requirements of the host country and local health authorities.

20. Why aren't people returning from Ebola affected areas required to be on 21-28 days quarantine? According to multiple media sources, 21 days of quarantine may not be enough. Has there been any formal policy established to minimise the threat of contagion at the UN? Why don't you plan to establish 21-28 days quarantine for people that come from a mission?

There are two elements to this question – firstly, the need for quarantine, and secondly the 21 days vs 28 days issue.

First and foremost, a person who has no symptoms cannot transmit the virus. Public health risk management is based on this fact.
Ebola is not like some of the other infectious diseases where quarantine must be used aggressively – the critical difference is that with eg influenza, measles, chickenpox, it is possible to transmit the virus before you even know you have it. There is an "asymptomatic carrier" state that makes it very difficult to break the transmission chain.

What is different about Ebola is that a person is not able to transmit the disease until they have symptoms, and the amount of virus they shed is directly related to how sick they are. So a person who has the very early signs such as a low grade fever, a mild headache etc presents a very low risk, and they can be removed from circulation before they start shedding sufficient amounts of virus to infect someone else. It is worth noting that even the Dallas patient who was discharged after a failure to diagnose his Ebola, and circulated in the community for several days whilst symptomatic, did not infect any of the 43 people with whom he came into contact during those early days of his disease, including his fiancé. Ebola is actually quite hard to catch, unless you have contact with the body fluids of a symptomatic person, so quarantine of anybody who is asymptomatic has no basis in science.

Nonetheless, the UN is requiring all returned staff to comply with local public health measures, including quarantine, in those very rare cases where it is required. Because UN staff are not working in the clinical care in Ebola Treatment Units, they are not considered to be high risk, and are not quarantined. Blanket quarantine orders that are being implemented by some countries have no basis in science, and are having a significant negative impact on the recruitment of personnel to work in the outbreak zone.

MSD has had follow-up procedure in place for returned travellers for several months now. Our returned travellers monitor their own temperature for 21 days, and MSD nurses pro-actively make contact with them on day 1, 7 and 22 of their return. In addition to this, local health authorities now have additional monitoring in place. Returned staff are instructed that, should any symptoms develop, they should not present to work and should contact MSD by telephone for advice, or ring 911, and advise that they have been in the outbreak area. MSD has recently reviewed the available data on 21 vs 28 days, and at present, in line with CDC and WHO guidelines, there is no justification for extension of any observation period. 21 days is the maximum length of time observed for viable transmission of the disease. We are continuing to monitor the emerging knowledge in this area, but one fact remains unchanged – to catch Ebola you have to have contact with the body fluids of a person who has symptoms of Ebola.

21. If the virus can be transmitted through sweat, and there are no quarantine measures or active monitoring at border entry points in the US or other countries for those returning from affected countries, how can we expect the current protocol to be effective? Should we not have a revised medical protocol with extra precautions, which look at worst case scenarios?

The UN will comply with the public health requirements of the host country and local health authorities.

22. Are staff members being screened for the needed period of time before returning to their respective offices in order not to expose their colleagues to the danger of possibly contracting the disease? Can staff opt out of sharing offices for (21) days with another staff member who returned from an EVD affected country?

United Nations personnel are screened twice before they commence their return journey from an EVD affected country. Only those who are not sick and have not been exposed to EVD can travel without restrictions. Also the follow-up procedures in place for returning staff, adheres to host country public health requirements and WHO and MSD guidance. Staff members are instructed that, should any symptoms develop, they should not present to work and should contact their local United Nations Medical Service by telephone for advice, or call their local health facilities and advise that they have been in the outbreak area.

Current medical advice is that “a person who has no symptoms cannot transmit EVD and is able to return to work”. Accordingly, if a staff member returning from an EVD has been cleared by both the local authorities and UNMSD to return to work, no accommodation would be made for a staff member to opt out of sharing the office with the returning staff member.

23. If a returning staff member does not live alone, will the UN pay for a hotel or other alternative housing for the quarantine period to reduce risk of infection to their family?

A person who has no symptoms cannot transmit Ebola, and all returning staff members are being monitored and educated to control this very small risk. The risk of returned staff developing Ebola is extremely low. However, the UN will comply with the public health requirements of the host country. In the event of an incident where alternative housing may be required, such requests will be reviewed on a case by case basis.

24. Returning staff may find their children banished from school or day care (ie the new policy of UNHQ day care center). As alternative care may not be readily available if Ebola is given as the reason for requiring a sitter. Will this be a justification for SLWFP?

Flexibility will be exercised to authorize flexible working arrangements including telecommuting for an extended period of time beyond any period of mandatory or voluntary quarantine/SLWFP.

IV. <u>TREATMENT AND MEDICAL CARE STAFF OR FAMILY MEMBERS INFECTED BY EVD</u>

25. Will there be equal treatment for national and international staff to quality medical care and medical evacuation?

United Nations policies set out the conditions under which staff qualify for medical care and medical evacuation. There are some differences between the entitlements of locally recruited staff versus internationally recruited staff. In normal circumstances, locally recruited staff and their eligible dependents are eligible for medical evacuation in the event of a life threatening emergency, where treatment is not available locally. In the current situation, each medical evacuation (locally and internationally recruited staff) is the subject of an individual negotiation to secure a receiving country and carrier.

The United Nations will implement its policies without discrimination, but cannot guarantee that it will be able to secure an evacuation centre or carrier for every case.

We are actively pursuing options to provide better in-country care to all staff.

26. Will family members of infected staff be entitled to the same care and treatment if they test positive for EVD?

Eligible dependents retain the same entitlements as they have under normal circumstances. However, as noted above, we cannot guarantee that we will be able to secure an evacuation centre or carrier for every case.

27. Will the UN also cover the costs of medical treatment to non-recognised household members (e.g. parents, brothers/sisters) if SM brings EVD back home?

The United Nations health insurance plans only cover the eligible dependents who have been enrolled by the staff member. The United Nations current health insurance plans do not provide coverage for non-recognized household members, including recognized secondary dependents.

28. Will staff and effected family members be considered service incurred and the UN will pay for all expenses?

Appendix D to the Staff Rules, as a workers' compensation scheme, covers only staff members and not their family members.

It has been the practice of the Advisory Board on Compensation Claims (ABCC) to recognize as service-incurred under Appendix D to the Staff Rules infectious diseases which are not endemic in a staff member's home country and incurred on mission assignment. Cases are reviewed on a case-by-case basis and all medical issues are reviewed by MSD. The case of a locally recruited staff member could be considered service-incurred if the infection can be directly linked to the service of the staff with the United Nations. Medical expenses of the staff member would be covered under the Appendix D provisions if the infection is recognized as service-incurred.

29. Are there currently facilities which will accept and treat (all) UN personnel who may be infected within affected countries?

Currently there are Member State provided EVD treatment facilities being set up within Guinea, Sierra Leone and Liberia which are intended to serve the international community working there. The providing Member States are currently working to fully define their access protocols with respect to UN personnel. The UN and WHO are engaging urgently with them to establish the most comprehensive access possible. In addition, the UN is actively pursuing options for establishing a treatment facility to serve its personnel to ensure access to appropriate medical care for those exposed to EVD.

30. What are Ebola Treatment Units (ETUs)? Who and what will be the deciding factors as to whether a staff member is treated on-site in an ETU or medically evacuated?

Ebola treatment units (ETUs) have been established to optimize care of patients with Ebola and maintain infection control procedures to prevent transmission of Ebola virus. As of 3 November 2014, the stability of the patient, location, available facilities and risks of transmission to other individuals will be taken into account when deciding if a patient is treated in an ETU or if the patient needs to be medically evacuated.

31. Will UN peacekeeping forces medical units treat Ebola victims?

UNMIL medical staff have received specialist training on how to prevent, triage and manage suspected Ebola cases. However, any UN personnel that contract the disease would be transferred to an Ebola Treatment Unit where they would receive the best possible available care.

International infectious disease experts have been requested to provide additional specialist training on infection control, personal protective equipment and the setting up and management of isolation facilities. This training will be delivered to medical staff in the Mission.

32. Will infected personnel be treated in country, in the mission area or medevaced out? Who decides where and how the staff member is to be treated for EVD?

This will be determined on a case by case basis taking into account the location, available facilities, the stability of the patient, and managing the risks of transmission to other individuals.

High quality local treatment is the preferred option, because medical evacuation has significant risks, and can take many days to arrange.

33. Will the staff member's private doctor or family members have a say in their treatment?

While a staff member is capable of expressing their own wishes, other decision-makers would not be consulted. If a staff member loses the ability to make their own healthcare decisions, we would be guided by any healthcare proxy that the staff member had appointed.

34. Will the UN make all efforts to secure priority access to experimental drugs for staff members?

In terms of access to experimental treatments, there are two categories. There are a very small number of experimental treatments that have been subject to review by WHO and been approved for expedited release to humans, and there are completely unproven treatments, which are being promulgated by some unscrupulous individuals or companies. The United Nations does not support use of the latter, as they could present a very significant risk to health and safety of staff. Any staff who needs approved experimental treatments would not be denied it on financial grounds. However, the reality is that there are very limited supplies of the experimental drugs at present, and accessing these treatments may be beyond our control at present but may change in the near future.

35. Will UN staff be provided with vaccination if and when it becomes available? Will UN staff be required to take the vaccination? Will the UN or our insurance pay for these cutting edge experimental drugs?

Currently, the UN's health insurance plans does not cover experimental drugs. However, should such drugs be approved by the World Health Organization for EVD and made commercially available, the plans will be adjusted to accommodate this and ad-hoc situations could be reviewed, with advice from MSD, by the Health and Life Insurance Committee, on an exceptional basis.

V. MEDICAL EVACUATION

36. If a UN staff member tests positive for EVD in an Ebola affected country, what will be the course of action?

As of 3 November 2014, if a UN personnel tests positive for EVD in an Ebola affected country, the stability of the patient, location, available facilities and risks of transmission to other individuals will be taken into account. The patient will be cared for with high quality local treatment and if deemed necessary, medical evacuation to international treatment facilities will be open to all UN personnel.

37. Will all UN staff have access to medical evacuation capacities?

Urgent efforts are underway to ensure that, when deemed necessary, medical evacuation to international treatment facilities will be open to all UN personnel regardless of who they work for or what function they are performing. While this is not yet fully in place, a range of Member States and the European Union have been working collaboratively with WHO to arrive at a solution in the immediate future.

38. If medically evacuated, will it be to nearest acceptable facility or to the best available facility?

Medevac arrangements are currently conducted on a case by case basis and dependent on the medical status of the patient, his or her clinical suitability for specific transport, availability of transport and hospital options, as well as permission from countries for entry. The Organization will do its utmost to find the most appropriate care for the patient.

39. If the decision to medevac is made, is it at the sole discretion of UN Medical or are there other players or factors that are considered?

There are multiple partners involved including WHO, Member States and commercial entities.

40. If medical evacuation is provided, who will pay? UN or insurance?

All travel-related costs for medical evacuations will be covered by the United Nations, in accordance with the financial rules and regulations of the United Nations or the employing organization. The United Nations health insurance plans will cover medical expenses (e.g., hospitalization, treatments) during the medevac.

41. Will local staff, contractors, consultants and UNVs also be eligible to same medevac facilities?

United Nations policies set out the conditions under which staff and others qualify for medical care and medical evacuation. There are some differences between the entitlements of locally recruited staff, versus internationally recruited staff versus non-staff. In normal circumstances, locally recruited staff and their eligible dependents are eligible for medical evacuation in the event of a life threatening emergency and there are no facilities available. In the current situation, each medical evacuation (locally and internationally staff) is the subject of an individual negotiation to secure a receiving country and carrier. As of 6 November 2014, both a UNV and a UNICEF contractor were instantly evacuated.

42. Is supplemental medevac or life insurance available through the UN?

Supplemental medevac insurance is not available through the United Nations. While there are travel insurance policies that can be purchased in the private markets that include coverage for medical evacuations, such policies may cover only a small portion of the high costs associated with such EVD evacuations. These evacuations are also closely coordinated with WHO, the receiving country, receiving medical facility and air/land transportation providers; individuals who do purchase such supplemental insurance should be aware that purchasing such insurance will not guarantee that he or she will be medically evacuated at will.

The UN Life Insurance is optional. Staff members are encouraged to enroll. Relevant information and forms can be found on the UN Health and Life Insurance Section's website at www.un.or/insurance. Enrolment forms and instructions can be found directly at: http://www.un.org/insurance/forms

VI. OTHER

43. Considering the number of diplomats and visitors on UN premises, what procedures are in place to deal with an incident of EVD at UNHQ or offices away from HQ?

Further guidance is provided by the WHO "Interim Guidance for International Meetings Attended by Individuals from Ebola Virus Disease-affected countries" issued on 3 October 2014. In the case of New York, for example, the Medical Service and Safety and Security Service have undertaken extensive joint planning, in consultation with host country authorities. This liaison is ongoing.

44. Are there appropriate resources available for UN Medical and Security to deal with an EVD incident?

Yes, there are appropriate resources available for UN Medical and Security Services to deal with an EVD incident.

45. Is there enough protective gear available for all security and medical staff?

Yes, there is enough protective gear for all security and medical staff.

46. Have there been or will there be any training or emergency drills to prepare for an EVD response?

The Medical Service and Safety and Security Service have undergone training and exercises.

47. What arrangements, if any, are in place with the host governments if we have an incident on UN premises?

If an incident were to occur such as a staff member who displays symptoms which suggest that he/she might be infected with the EVD on United Nations premises in any of the Ebola

affected countries, the national authorities would be informed. However, it should be noted that the respective national health systems in these three countries are currently completely overwhelmed and thus the UN medical services in these countries would have the lead.

The Organization has comprehensive medical and security procedures in place for United Nations staff members travelling to and from an Ebola affected country.

If an incident were to occur and a staff member were to display symptoms (e.g., fever) following his or her return from any of the affected countries to, for example UNOG, UNOV or NYHQ, the national medical authorities would be notified with a view to immediately conducting the necessary testing in a hospital of the host government.

Arrangements are in place for the UN to comply with the host city and host country's infection control and public health measures.

48. Hand shaking is a custom engrained into UN culture? Can leadership request staff to refrain from this practice? (Without a directive this is socially awkward to avoid.)

Preventative measures have and will continue to be widely disseminated.
UN offices outside of the outbreak area do not need to employ the social distancing methods currently being employed in the outbreak countries. Staff can safely continue to engage socially, according to local customs and norms, except in the outbreak countries. The chances that a work colleague could infect another with Ebola are miniscule – a person who has no symptoms cannot transmit Ebola, and all returned staff are being followed up and educated to control this very small risk.

49. How can the UN reverse the action taken by Member States (travel bans) and play a leading role on these sensitive issues, as countries affected by the Ebola virus have been excluded from economic, political, social, and most recently even from popular sports?

The decision as to whether to travel to or from an affected duty station is made in accordance with the national travel advisory set by the host country and taking into consideration WHO guidelines. It will also be in conjunction with the local Senior Crisis Management Structure relevant to the duty station.

Planned duty travel that has not been initiated and which is considered non-critical may be deferred. Duty travel should be planned and authorized in accordance with the needs of the Organization as determined by the Head of Department/Office in line with all current security measures in place.

50. What will happen to staff affected by the streamlining or downsizing, are there provisions to keep them until the Ebola outbreak is curtailed?

The heightened alert situation shall not be a factor in deciding on renewal and non-extension of appointments, including extension beyond retirement age.

If departure from the duty station is possible, but entry to the repatriation destination is not, a staff member can opt to be repatriated to a third location. In such cases, the cost of repatriation should not exceed the amount normally payable.

Also, in such cases, depending on the circumstances, an appointment of an international staff member holding a permit/visa in the duty station and who is not requesting residency status in the host country, could be extended until entry to the repatriation destination is possible and up until the first travel opportunity or flight is available to the staff member. Such extension would be solely for administrative reasons, and would not give rise to any further entitlement to salary increment, annual leave, sick leave or home leave, but credit towards repatriation grant may continue to accrue. In the event of death during the period of the extension, the period prior to the staff member's death may be taken into account in the determination of the death benefit, if applicable.