Administrative Guidelines for Locations affected by an Ebola Virus Disease (EVD) Outbreak

CEB Human Resources Network

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Introduction

1. These administrative guidelines contain a summary of the measures for UN common system personnel (both internationally and locally recruited[1] staff members, affiliate personnel[2] and others) in response to the outbreak of the Ebola Virus Disease caused by the Bundibugyo virus.

2. It is recognized that not all the provisions of the Guidelines may be applicable to all duty stations, especially where they need to take into account the measures taken by national authorities (e.g. with regard to entries and visas). Therefore, organizations at each duty station are encouraged to adapt the provisions to their local requirements as necessary.

3. The safety and security of all UN common system personnel is the top priority for the UN common system organizations.

4. These guidelines do not replace the applicable Staff Regulations and Rules, and the relevant administrative issuances of the organizations, which prevail in case of conflict with the provisions in these guidelines.

5. These guidelines are intended for Executive Heads[3], Heads of Entity[4] and administrative staff, including human resources, and have been prepared to facilitate a harmonized approach to the most important aspects of supporting and administering personnel in the UN common system organizations. They may be complemented by internal guidance issued by each organization.

6. These guidelines will remain under continuous review by the Chief Executive Board (CEB) Human Resources Network (HRN) and be revised, as necessary.

[1] Locally recruited staff refers to General Service and related categories, including National Professional Officers.

[2] Affiliate personnel refer to those who have contracts other than staff letters of appointment and only include individuals with a direct contractual relationship with the Organization (e.g., consultants, individual contractors, holders of service contracts, interns, UN Volunteers, etc.)

[3] Executives Heads are heads of organizations of the UN common system.

[4] Head of entity refers to the head of a UN Secretariat department or office, including an office away from Headquarters; the head of a special political or peacekeeping mission; the head of a regional commission; a resident coordinator; or the head of any other unit tasked with programmed activities.

I. WHO on the Ebola Virus Disease (EVD) Outbreak

7. On 17 May 2026, pursuant to paragraph 2 of Article 12 - Determination of a public health emergency of international concern, the Director-General of the World Health Organization (WHO), after having consulted the States Parties where the event is known to be currently occurring, determined that the Ebola disease caused by Bundibugyo virus **in the Democratic Republic of the Congo and Uganda** constitutes a public health emergency of international concern (PHEIC), but does not meet the criteria of a Pandemic, as defined in the International Health Regulation. **A Public Health Emergency of International Concern (PHEIC) is an extraordinary event** determined by the Director-General of WHO which constitutes a public health risk to other States through the international spread of disease and to potentially require a coordinated international response. The DG statement issued on 17 May 2026 also contained "WHO advice" to States Parties to respond to and prepare for the event.[5]

8. As of 22 May 2026, the WHO assessed the risk as "Very high" for the Democratic Republic of the Congo and as "High" for Uganda. It is noted that the epidemiological situation in the two States Parties differs in terms of magnitude of the epidemic and contexts where response efforts are being implemented.

[5] https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern

II. Scenarios for working arrangements

9. Conditions, workplace setting and dynamic of the outbreak vary from duty station to duty station. Therefore, different duty stations are currently in different scenarios in relation to working arrangements. Given the evolving nature of the outbreak, the transition from one scenario to another may not be linear and the heads of entity may decide at any time to revert to a previous scenario.

10. UN offices may be closed at the instruction of the host government. Alternatively, the Designated Official guided by WHO may recommend office closure to the UN Country Team, when deemed necessary. Upon decision by the respective organizations, the Designated Official will notify the host government and local authorities.

A. Scenario 1: Physical closure of offices

11. In a duty station where circumstances degrade rapidly, UN offices may be physically closed, following coordination with all UN common system organizations with a presence at the duty station. The Resident Coordinator, guided by WHO and following consultation with the UN Country Team, may decide on the physical closure of the country office or offices when deemed necessary and, if so, will notify the host government and local authorities. UN offices may also be physically closed following instruction of the host government. For the purpose of ensuring continuity of operations, UN offices will normally **remain open virtually** during a full or partial physical closure..

B. Scenario 2: Restricted on-site presence

12. Depending on the situation, a limited physical presence at the workplace may be possible, subject to WHO and local host country authorities' guidance and regulations where applicable, as well as local operational needs. Staff members are grouped into different categories based on the nature of their functions:
    - ***a) Staff whose on-site presence is required/authorized:*** staff members who are required to perform on-site functions for business continuity purpose in the event of a physical closure of offices for normal operations or when occupancy limits are in place due to the Ebola outbreak.
    - **b) *Staff whose on-site presence is not required:*** staff members who can perform their functions remotely

13. Executive Heads and Heads of entity, as applicable, should designate staff whose on-site presence is required to perform functions that cannot be performed remotely such as but not limited to security, maintenance, cleaning, medical and staff involved in responding to the Ebola outbreak.

14. To the extent possible, staff members whose on-site presence is required should be designated on a voluntary basis. In cases where the number of volunteers is insufficient to guarantee the continued operation during a full or partial physical closure of office, the official with delegated authority may designate additional staff members to physically report to the premises for duty.

15. Staff members whose on-site presence is required either daily or on a rotational basis must be notified and informed of the implications (e.g. no possibility to telecommute outside the duty station). Staff whose on-site presence is required may be required to submit to the Medical Service, prior to or upon reporting physically to the premises, information about their health either through a statement or a form provided for this purpose (e.g. upon entering a building, staff members may be required to certify that they do not have symptoms consistent with Ebola, or have not been in contact with a person infected in the last 21 days).

16. Executives Heads and Heads of entity, as applicable should ensure that staff required to perform on-site functions have delegated decision making/signing authority, if applicable.

17. In order to address the needs of the UN common system organizations in response to the Ebola outbreak, Executive Heads and Heads of entity, as applicable, may request staff members to temporarily carry out different daily functions than the ones normally assigned to them. To ensure continued productive use of time, staff members may also be required to undertake online training and learning activities. The aforementioned changes in functions should be commensurate with the level and qualifications of the staff members concerned and properly documented to mitigate any potential risk when implementing performance management policies.

18. Staff members whose presence at UN offices is not required/authorized under scenarios 1 and 2 are requested to work remotely from an alternative site on alternate working arrangements, normally their residence at the duty station. This is neither an optional nor a voluntary telecommuting arrangement between managers and staff members but a mandatory requirement by the Organization.

19. The authority to implement alternate working arrangements rests with the Head of entity and the Executive Heads of the organizations, in consultation with the Designated Official for Security. During alternate working arrangements, staff members whose on-site presence is not required may be authorized to work remotely away from the duty station under conditions established by their respective organizations.

20. For additional guidance on leave and attendance, please refer to section V below.

Affiliate personnel

21. Policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your organization's applicable rules and policies.

Additional information

22. UN common system personnel and their families may find the latest information related to EVD at: Ebola disease

III. Conditions of service in the affected duty stations

23. Please consult the ICSC website for allowances and benefits currently applicable to the affected duty stations: https://icsc.un.org/

IV. Medical and psychological support

Medical Evacuation and Regional Area of Care

24. The EVD situation remains dynamic, and operational considerations, including the provision of local care as well as the availability of receiving facilities and transportation options for MEDEVAC, may change rapidly. MEDEVAC may be considered, as per each organization policy, should appropriate local medical care and stabilization not be feasible. MEDEVAC requests should be coordinated through the relevant medical and operational channels in accordance with each organization's established protocols and in the context of the limited specialized MEDEVAC capacity for EVD.

UN Medical Emergency Response

25. The UN Medical Emergency Response Team, under the UN Division of Healthcare Management and Occupational Safety and Health (DHMOSH), has activated a virtual operation room. This includes a document repository, and a Teams chat platform to facilitate the sharing of documents and information from all involved entities.

Health insurance

26. Staff members and their eligible family members who are enrolled in the UN health insurance programme are covered for expenses incurred for qualified medical treatment of Ebola according to their insurance plan benefits. Staff members and their family members not enrolled in a medical plan indicated herein should ensure that their insurance plans cover sickness associated with Ebola.

27. Staff members should be aware of the fact that the reimbursement level of incurred expenses may be based on the reasonable and customary level of the same care at their official duty station. Medical expenses in a different location, particularly outside the country of the duty station, might therefore result in higher out-of-pocket medical expenses.

28. Enrolment in health insurance, including after service health insurance (ASHI) should follow the rules of the applicable policy. Timely and correct enrollment is needed to avoid any lapse in medical coverage of eligible staff members and their eligible dependents

Mental Health

29. All UN Common System organizations are advised to be mindful of the impact of the Ebola Outbreak on mental health and consider what actions they can take to support the mental health and well-being of their staff at this time.

30. Improving the wellbeing of our workforce and investing in a mentally healthy workplace will reap many benefits for individuals, teams and the whole organization. Good mental health and wellbeing positively impacts on resilience and productivity of individuals, teams and the organization. Good mental health can also mean that organizations can achieve reductions in financial costs of sickness, turnover, poor productivity, incivility, employee claims and benefits.

31. The UN Common System has a Workplace Mental Health and Wellbeing Strategy with the key objective of increasing staff member resilience, productivity and engagement. More details can be found at:
    https://www.un.org/en/healthy-workforce/files/Strategy%20-%20full.pdf

Psychosocial Support

32. The provision of psychosocial support is being coordinated by the Critical Incident Stress Management Section (CISMS) of the UN Department of Safety and Security (UNDSS), alongside counsellors from various United Nations Agencies, Funds, and Programmes.

33. The UNDSS CISMS personnel are committed to support the United Nations Security Management System (UNSMS) Personnel and their eligible dependents in the preparation for, response to, and recovery from critical incidents and emergencies.

34. CISMS personnel are primarily responsible for coordinating comprehensive stress management, resilience building and critical incident stress management services across the UN system. Therefore, UN Personnel may seek help from CISMS, and its partners mentioned below.

35. CISMS remains available to support personnel, managers, and leadership throughout the outbreak response. Key areas of support include:
    - Integration of psychosocial guidance into response efforts
    - Provision of evidence-informed information on stress and resilience
    - Support to managers in identifying and responding to distress
    - Wellbeing consultations with UN Health Facilities managers in affected areas
    - Facilitation of individual and group psychosocial support when required
    - Monitoring emerging psychosocial trends and organizational impacts
    - Advising leadership on workforce wellbeing considerations

36. Early engagement of psychosocial support contributes to organizational resilience, staff wellbeing, and sustained operational effectiveness during public health emergencies. For psychosocial support, please contact the appropriate counselor below.

A. For overall psychosocial Coordination, referrals, briefing and resources

Name	Contacts
Janvier Rugira	janvier.rugira@un.org
Patricia Martins	patricia.duartemartins@un.org

B. Inter-agency Psychosocial Support

Name	**Location**	**Agency**	**Contact**
Sylvie Vwiranda Kavira	DRC/Kinshasa	UNDSS	sylvie.vwiranda@one.un.org

*no counselor in Uganda

C. Agency specific psychosocial support in DRC

Name	**Location**	**Agency**	**Contact**
Hilaire Tchaha	DRC/Goma	MONUSCO	tchaha@un.org
Hind FAQOU	DRC/Kinshasa	UNHCR	faqou@unhcr.org
Dr. Arnaud OUEDRAOGO	DRC/Kinshasa	UNHCR	ouedragi@unhcr.org
Yvonne Duagani	DRC/Kinshasa	WFP	yvonne.duagani@wfp.org
Marie-Therese Kabonga	DRC/Goma	WFP	Therese.kabongamusen@wfp.org
Sena NUmadenu	DRC/Kinshasa	UNICEF	Snumadenu@unicef.org

Affiliate personnel

37. Policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your Organization's applicable rules and policies.

V. Leave and attendance

Attendance

38. **When offices are open virtually during a full or partial physical closure**. At the request of the organizations, staff members may be required to work remotely from an alternative work site, normally their residence at the duty station. Staff members whose on-site presence or presence at the duty station is not required may be authorized to work remotely from outside their duty station under the conditions established by their respective organization. Executive Heads and Heads of entity shall to the extent possible, provide staff members with the necessary equipment to discharge their official functions from an alternative work site, including from their residence at the duty station.

39. **When offices are physically open with no access restrictions,** all staff members are required to physically report for duty. Flexible working arrangements may however be authorized for staff whose on-site presence is not required to limit the possible exposure to Ebola at the workplace or during commute.

40. Unauthorized absence will be dealt with in accordance with the Staff Regulations and Rules and the organizations' internal policies.

Overtime and night differential

41. **When offices are open virtually during a full or partial physical closure.** Policies on compensation for overtime, either compensatory time off (CTO) or remuneration, continue to apply during the physical closure of offices, where applicable. Consequently, time actually worked in excess of the scheduled workday or scheduled work week may be compensated under the applicable conditions in accordance with organizations' internal policies, regardless of whether staff members perform their functions on site or remotely.

42. Similarly, in accordance with organizations' internal policies, staff members who are assigned to regularly scheduled night-time hours of work should continue to receive a night differential if they are required to perform work during night hours (as per the workday applicable to their duty station) including during a period of physical closure and while working remotely.

Telecommuting

43. For the purpose of this guidance, telecommuting refers to a voluntary arrangement that allows staff to perform their duties away from UN offices, from within or outside the duty station. Telecommuting may also be referred to as including (but not limited to), teleworking, or remote working or any other term that an organization may use.
44. In the context of the Ebola outbreak, in duty stations where offices remain physically open, an increased use of telecommuting may be considered in order to reduce staff potential exposure to infected individuals either during commute or at the workplace.

45. Staff members may be authorized to telecommute on a full-time basis at the duty station or away from their duty station regardless of their category in accordance with organizations' internal policies. Although flexible working arrangements, such as telecommuting, should be implemented at no cost to the organizations, staff members may be authorized to utilize their home leave / family visit / reverse education grant travel entitlement to travel to their home country or an alternate place of home leave, if eligible under conditions established by their respective organizations.

46. Staff members who are authorized to telecommute away from their duty station should:

    a) update their security clearance profiles whether they arrived at the location on personal or official travel (see section below on Travel on official business). This will ensure that staff remain informed of security updates and supported by local security arrangements;
    b) ensure that information related to their visa and passport is up to date in the relevant applications and systems;
    c) be aware of the fact that enrolment in medical insurance plans are normally made based on their duty station so medical expenses in a different location, like outside the country of the duty station may result in out-of-pocket medical expenses; and
    d) understand that the payment of any benefits and entitlements that require physical presence at their official duty station (e.g. danger pay), or that are related to their place of service/residence (e.g. expatriate benefits) may be affected for the period that they are outside of their official duty station, in accordance with their organizations' internal policies.

47. Regular communication on the above reminding staff members of their obligations may be considered to support compliance and understanding of the applicable policies..

Annual leave

48. While domestic and/or international travel may not be possible given the constraints of the current situation, the purpose of annual leave is to rest and engage in activities beneficial to mental health and well-being. It is crucial that staff members avail themselves of such time off even if travel may be restricted. Managers are invited to exercise flexibility in authorizing annual leave and should also encourage their staff to avail themselves of annual leave. It should be noted that the approval of annual leave is not linked to the nature of the functions performed and managers must ensure the necessary conditions for all team members to be able to avail themselves of their annual leave entitlement.
49. Staff members who travel outside the duty station during annual leave must be aware that entry to or departure from the countries to which they travel or re-entry into the duty station may not be possible or may be delayed due to reasons such as flight cancellation, entry restrictions, isolation/quarantine requirements. When staff members are unable to return:

a) at their request, staff members may be authorized to carry out their duties on a telecommuting basis outside of the duty station. No daily subsistence allowance (DSA) will be payable;

b) at their request and if possible, staff members may report to duty at a UN system office in the travel destination. No DSA will be payable;

c) at the request of the Organization, the staff member may report for duty at another UN common system organization and/or office in another location. Travel to the location and DSA will be payable; *or*

d) if neither option a), b) or c) is possible, the staff member may be required to take annual leave, advance annual leave or special leave without pay. In exceptional circumstances, SLWFP may be granted until such time at the staff member is able to return for a limited period of time on a case-by-case basis (for example, a staff member who has exhausted all annual leave balance and who initiated travel before travel restrictions were put in place).

Managers are also encouraged to favorably consider requests for telecommuting under FWA outside of the duty station when in conjunction with leave requests (for instance during quarantine period before or upon arrival at the location of leave, if required by the local authorities) whenever possible and compatible with exigencies of service and in line with the organization's internal policies.

Parental leave

50. While parental leave entitlements continue to be administered according to applicable policies, organizations may grant an exception to account for the possible challenges posed by travel restrictions, for example allowing staff members to avail themselves of parental leave within an extended period following the birth of a child.

Special leave with full pay

51. Organizations may consider granting special leave with pay for up to 10 working days to staff members who are directly involved in the response to Ebola outbreak in the affected duty stations and are at heightened risk of exposure e.g. nurses, ambulance drivers, doctors. Such paid leave should be taken at any time within six months, in or outside of the affected duty stations, from the start date of the outbreak of the official duty station of the staff member. Organizations may consider granting authorized time off to affiliate personnel who meet the same criteria, in accordance with the organizations' regulations, rules and internal policies.

Special leave without pay

52. Placement on special leave without pay will follow applicable organization policy. Managers are encouraged to consider requests for special leave without pay favorably whenever feasible.

Sick leave, inability to perform duties and reporting the Ebola outbreak cases

53. If a staff member or household member has been in contact with a suspected or a confirmed Ebola case, the staff member must immediately notify their supporting medical service.

54. Staff members are encouraged to make use of the telehealth solutions offered by their medical insurance plan for conditions that do not require a physical visit.

55. **Uncertified sick leave.** To relieve the pressure on health care providers and provide staff members additional flexibility to manage non-Ebola related situations without having to visit a hospital or a doctor's office staff members may avail of uncertified sick leave. If used, the uncertified sick leave days will be deducted from the applicable overall sick leave entitlement

56. **Certified sick leave.** Staff members who are unable to physically report for duty because of illness, and in particular staff members with flu-like symptoms including EVD, should not report for duty and should seek appropriate medical attention. Such absences will be recorded as sick leave in accordance with the applicable organizations' policies; or

57. Staff members who are unable to physically report for duty:

    a) ***because of underlying health conditions,*** on the recommendation of the medical service will be authorized to telecommute on a full-time basis for the duration indicated by the medical service, in accordance with organization's internal policies. If telecommuting is not possible due to the nature of the functions – for example if on-site presence is required to carry out functions - and no alternative functions, including completion of online learning, can be identified, staff members may be placed on special leave with full pay for a limited duration as a last resort. Staff members will not be placed on sick leave.

    b) ***because of isolation***[6] on the recommendation of the medical service or at the request of local authorities, staff members will be placed on sick leave if they cannot perform their functions because they are sick. Staff members who feel well enough to work while in isolation, may telecommute full-time if their functions are compatible with telecommuting or if they can perform alternative functions or complete online learning during this period.

[6] In medical terms isolation refers to confinement of a person who is sick, while quarantine refers to a person who is well and free of symptoms but must be confined in order to reduce risk.

c) ***because of quarantine***[7] on the recommendation of the medical service or at the request of local authorities, will be authorized to telecommute on a full-time basis for the duration of the quarantine. If telecommuting is not possible due to the nature of the functions – for example on-site presence is required to carry out functions - and no alternative functions, including completion of online learning can be identified, staff members may be placed on special leave with full pay as a last resort during this period.

Affiliate personnel

58. Policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your Organization's applicable rules and policies. Communication should be provided to affiliate personnel, where applicable, to clarify any temporary arrangements affecting their functions, outputs, access to premises or systems, and applicable contractual or engagement obligations.

[7] Ibid

VI. Travel

59. Staff members who are working remotely or stranded at a location outside of their official duty station must update their security clearance profiles whether they arrived at the location on personal or official travel. This will ensure that they remain informed of security updates and are supported by local security arrangements. Where possible, staff members should download any travel advisory apps offered by the organizations and enable geolocation and notifications on their phones.

60. Suggested website to consult before travel:

    - IATA Travel Centre for practical travel restrictions. https://www.iatatravelcentre.com/international-travel-document-news/1779263658.htm
    - CDC Traveler's Health - best for U.S.-based travelers. https://www.cdc.gov/ebola/situation-summary/returning-travelers.html
    - European Centre for Disease Prevention and Control – best for Europe based travelers https://www.ecdc.europa.eu/en/topics-z/ebola-disease/surveillance-and-updates/ebola-outbreak-democratic-republic-congo-and-uganda

Official business travel

61. **Planned travel.** The decision as to whether to travel to or from a duty station should be made in accordance with national travel advisories of the host country and country of destination, taking into consideration WHO guidance. This should be in conjunction with the local Senior Crisis Management Structure relevant to the duty station.

62. Only travel on official business to a duty station affected by an Ebola outbreak that is considered critical should be authorized. Travel on official business from an affected duty station to countries that have implemented restrictions or quarantine should be planned and authorized in accordance with the needs of the organization as determined by the Head of Entity in line with public health measures in place.

63. Alternative methods, such as virtual meetings, video/audio conferences…etc. are encouraged in lieu of official business travel to the greatest extent possible.

64. **Initiated travel**. In the event that the authorized itinerary must be changed for reasons related to the Ebola outbreak travel restrictions, the following will apply:

    a) **Departure from official business destination not possible**. If during the authorized travel on official business, local authorities or UN guidelines do not allow departure, DSA will remain payable until departure is authorized and up until the first available flight.

b) **Re-entry into duty station not possible.** 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 required due to operational and/or medical reasons, staff members travelling on official business could be sent to an alternative location. DSA for that location will be payable.

~~c)~~ **Staff member falls sick.** If a staff member falls sick while travelling on official business, including with Ebola, DSA, if applicable, would continue to be payable.

~~d)~~ **Staff member is quarantined.** If a staff member is quarantined while on official business, DSA will remain payable under the same conditions as c) above.

e) **Staff member dies.** In the unfortunate event that a staff member dies while on travel on official business, DSA will stop as from the date of death. The UN System office where the staff member was working (or the nearest UN/UNDP office) will assume the responsibility for coordinating the actions required and serve as the link between the parent office and the family or designated legal representative of the deceased, providing the necessary assistance throughout the period following the death.

Home leave travel and family visit travel

65. In light of the travel restrictions imposed by some countries in an effort to contain the spread of the Ebola outbreak, Executive Heads may exercise flexibility with regard to the conditions applicable to home leave entitlement. Flexibility should be 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. Flexibility should also be granted to exercise HL/FV at an alternate location when such possibility is foreseen in the Organization's policy framework, if local authorities of the HL/FV country do not authorize entry or medical facilities are not adequate, and subject to the maximum cost of travel from the official duty station to the recognized place of HL/FV.

66. Staff members must comply with local authorities' requirements and be aware that departure from the HL/FV destination or re-entry into the official duty station may not be possible or may be delayed (due to reasons such as flight cancellation, results of the Ebola tests or quarantine requirements). 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 HL and FV travel that would otherwise have been payable, e.g. there shall be no reimbursement of lost tickets when the staff member has availed of the lump sum option. Staff members are encouraged to purchase travel insurance when travelling under the lump sum option. When the organization purchases the tickets for HL and FV travel, the organization assumes the liability for changes in itinerary due to travel restrictions.

67. When staff members are unable to depart from the HL/FV destination and to return to the official duty station, and they are not sick with Ebola:

    a) if feasible, at their request, staff members may be authorized to carry out their duties, including completion of online learning, on a telecommuting basis outside of the duty station. No DSA will be payable;

    b) if possible, at their request, staff members may report to duty at a UN office in the same HL/FV location. No DSA will be payable;

    c) if possible, they may be required to report to duty at a UN office in another location. Travel to the location and DSA will be payable; *or*

    d) if neither option a), b) or c) is possible, they may be required to take additional annual leave, advance annual leave or special leave without pay.

68. Staff members who fall sick, including with Ebola, during HL/FV may, subject to their organization's internal policies, be granted certified sick leave upon submission of a medical certificate to the Medical Director or designate.

Education grant travel

69. Flexibility will be exercised to authorize advance and to defer education grant travel (EGT) in accordance with organizations' internal policies.

70. Staff members must be aware that local authorities may at any time prevent either departure from the EGT destination or entry to the duty station. In such cases, staff members should take this into consideration when accepting the lump sum option (where applicable), as in such cases they agree to waive all entitlements relating to EGT that would otherwise have been payable. Staff members are encouraged to purchase travel insurance when choosing the lump sum option.

Rest and recuperation travel

71. Staff members must be aware that respective local authorities may at any time prevent either departure from the duty station or re-entry to the duty station or travel to and from a designated R&R location or other location. In such cases, staff members should take this into consideration when travelling on R&R, staff members are encouraged to purchase travel insurance when travelling under R&R lump sum.
72. If, despite these precautions, staff members become stranded while on R&R travel, their situation will be managed in accordance with the internal policies of the organizations, taking into consideration the specific circumstances of each case and due consideration being given to business continuity and sound management of the organization's resources.

Mandatory quarantine

73. When travelling on official business, staff may be required to work remotely for periods of mandatory quarantine and upon return at the official duty station whenever possible and compatible with exigencies of service.

74. Mandatory quarantine expenses may be reimbursable in line with the organizations' internal policies when staff members traveling on official business are required by Governments to quarantine in a specific designated facility and the related arrangements are not provided free of charge by the Government.

75. Where applicable, the costs of the Ebola tests, mandated by Governments or airlines for travel purposes may be reimbursed for certain types of official travel, depending on the organizations' internal policies.

Affiliate personnel

76. Travel policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your organization's applicable rules and policies.

VII. Administrative support for business continuity

Recruitment and reassignment

77. The decision as to whether to initiate recruitment and reassignment of staff members involving travel should be made in accordance with national travel advisories from the host country and taking into consideration the latest WHO guidance.

78. Recruitment and reassignment of staff members:

    i. will be carried out in accordance with interests, needs and priorities of the organization; and

    ii. initiated in response to the Ebola outbreak or requiring on-site presence will be given priority and the process will be expedited to the extent possible.

Extension of appointment

79. Every effort should be made to renew staff members' appointments at least one month in advance. Conversely, staff members should be informed of non-renewal of their appointments at least one month prior to expiry dates whenever possible.

80. When a staff member's appointment is extended solely due to the Ebola outbreak related travel restrictions – such as when the staff member cannot leave the duty station and the visa cannot be renewed without an appointment - or due to office closure (both physical and virtual), such extension may not give rise to any further entitlement to salary increments, annual leave, sick leave, parental leave or home leave, although credit towards repatriation grant may continue to accrue for the duration of the extension, in accordance with the organizations' internal policies.

81. Notwithstanding the above, the public health situation shall not be a factor in deciding on renewal and non-renewal of appointments, including retention in service beyond the mandatory age of separation.

Staff members holding permits/visas

82. If a staff member holds a visa/permit and is not requesting residency status, the staff member should be repatriated upon the expiration of the contract, and as soon as practicable. If a staff member chooses to remain in the official duty station for a longer period, this will not give rise to additional entitlements or further responsibility by the organization. The two-year time limit for submission of a claim for repatriation grant upon separation may be extended for the period a separating staff member is unable to obtain the required documentation due to the Ebola outbreak context.

83. If departure from the official 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 travel and related expenses (e.g. shipment) should not exceed the amount normally payable.

United Nations Laissez-Passer

84. It is recommended to possess a valid national passport with a minimum of six months' validity remaining. Many countries require that the travel document used must have at least six months of validity beyond the anticipated departure date for the visit. This same requirement applies to UNLPs. It should be noted that possession of a UNLP and a UN Family Certificate does not guarantee worldwide visa-free entry. Therefore, for planning purposes, the UN travel document should be considered a last resort. UNLPs should be securely stored when not in use for travel. It is important to clarify that UNLPs support official travel exclusively.

85. If UN staff members are no longer in possession of their UN Laissez-Passer (UNLP), they must report this situation through the respective entities as soon as possible. All UNLPs that are reported lost, missing or stolen will be declared invalid for travel, deactivated in the UNLP database, and reported to INTERPOL to prevent unauthorized use.

86. It is the responsibility of each entity to inform the affected staff that their documents are being reported as lost to INTERPOL and that holders should never attempt to use a UNLP that was found after it was reported as lost, missing, or stolen. Staff members travelling on a UNLP that was previously reported lost or stolen risk delays and possible detention at border crossings. Any further questions on this matter can be addressed to the UN Travel Documents programme at email: untraveldocsprogrammeadmin@un.org

Affiliate personnel

87. Policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your organization's applicable rules and policies.

VIII. Salary payments and advances, and other related payments

Salary and fee payments

88. Payments to local bank accounts, for salary and other entitlements, and fee payments are being monitored to ensure staff members can access funds. Upon a staff member's request, the organization may withhold salary or fee payment until the staff member can access their bank account. Staff members who need to have their salary / fees withheld should contact their payroll office, or other appropriate office, with their request at the earliest opportunity.

89. Salary and fee payments will be processed in locations where the organizations have the ability to transfer payments to staff members' bank accounts. In locations where the organizations cannot transfer payments to bank accounts or where staff members do not have access to banking services or self-service facilities to update their banking information, the Treasury Office should be contacted to assess and determine alternative payment methods.

Salary and fee advances

90. The organizations may authorize, upon request, up to a three-month salary advance for staff members, and fee advances, where possible. [8] A salary advance is not additional compensation, and it will be recovered (including the number of installments and timeframe for repayment by the staff member) in accordance with the organization's internal policies and procedures.

Education grant

91. Education grant will be administered in accordance with each organization's regulations, rules and internal policies.

Rental subsidy

92. Rental subsidy, including the provisions for combined rent, will be administered in accordance with each organization's regulations, rules and internal policies.

Life insurance

93. Staff members who are enrolled in the United Nations Group life insurance are covered for death as a result of the Ebola outbreak, in accordance with the existing policy.

Payment of entitlements that require original supporting documentation

[8] Regarding fee advances for consultants/individual contractors, for the UN Secretariat, as per 5.17 of ST/AI/2013/4. Rev.1 in general, fee advances for all individual contracts shall not be granted. However, a maximum of 30 per cent of the total contract value may be authorized in cases where advance purchases, for example for supplies or travel, may be necessary.

94. **When offices are physically closed.** When payment of entitlements is dependent on submission of the original support documentation, the time limits for presentation of the documentation will be suspended during any physical office closure period due to the Ebola outbreak, provided a scanned/electronic copy is submitted within the relevant time limit.

Affiliate personnel

95. Policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your organization's applicable rules and policies.

IX. Death of a staff member

96. It cannot be over-emphasized that all staff involved in making the various arrangements must use their utmost discretion, tact and sensitivity, particularly when dealing with the family or legal representative of the deceased. In case of queries from the family, legal representative or insurance companies, it is recommended that complete documentation on the procedures followed should be kept in a confidential file.

97. When a staff member, or the spouse or dependent child residing with the staff member at the duty station dies, the human resources office will assume responsibility for coordinating the actions required and serve as the link between the organization and the family or legal representative of the deceased, providing the family or legal representative assistance throughout the period following the death.

Death benefit/Grant upon death

98. In the case of death of a staff member, a death benefit/grant upon death may be paid in accordance with the Staff Regulations and Rules.

Payments

99. Priority will be given to arranging for the survivors/designated beneficiaries to receive any payment (or an advance) against any salary, allowances and benefits standing to the credit of the staff member as of the date of death.

After-service health insurance (ASHI)

100. Family members who are eligible for ASHI must normally make application for ASHI within three months of staff member's death.

Pension Fund benefits

101. The UNJSPF has offices in New York and Geneva and provides services to participants and beneficiaries from both offices. In an extreme situation the UNJSPF would be able to implement its disaster recovery policy for payroll payments to beneficiaries.

Permits and visas

102. A family member's authorized stay at the duty station normally expires upon the staff member's death. The same applies to any household employee whose visa is derived from the status of the staff member.

103. Most national authorities allow staff members and their families a certain period (e.g. 30 days) after the date of death in which to leave the country or adjust their status. If additional

time is required, the family members should contact the relevant staff responsible for permits/visas at the duty station for guidance in requesting extension of the normal grace period.

Education grant

104. When a staff member dies while in service after the beginning of the school year, no prorating or disqualification will take place in respect of any element of the education grant (EG) to which the staff member would have been entitled had he/she lived to the end of the school year, including boarding expenses or a flat sum for board and EGT.

105. The EG related forms must be completed by the surviving spouse, the legal representative of the child for whom the EG or EGT is paid, or by the child for whom the claim is requested, if 18 years of age or older. If the school year ends when the final payment has already been processed, settlement will be made as a direct payment to the survivor.

Repatriation grant[9]

106. Family members who are eligible for payment of repatriation grant, must normally claim and provide evidence of relocation within two years of the staff member's death. The two-year time limit for submission of a claim for repatriation grant upon separation may be extended for the period the family members are unable to obtain the required documentation due to the Ebola outbreak.

Repatriation travel and shipment[13]

107. Family members who are entitled to repatriation travel should initiate travel and/or shipment of personal effects as soon as practicable. If a family member chooses to remain at the official duty station for a longer period, this may not give rise to additional entitlements or further responsibility by the organization. If family members cannot be repatriated due to the Ebola outbreak this may give rise to additional entitlements to be determined on a case-by-case basis until such time as the family members can be repatriated. The two-year time limit may be extended if the family member is unable to travel and/or ship personal effects due to the Ebola outbreak related restrictions.

Repatriation of remains or local interment

108. Before making any arrangements, it is necessary that the family be consulted whether they wish: local burial; cremation and repatriation; or embalming and repatriation. In all instances, the local regulations and laws and international health regulations (IHR) shall apply while the specific instructions of the family of the deceased should be observed as closely as possible. However, during the outbreak, the repatriation of a deceased staff member (or the family member) could be delayed or not authorized

[9, 13] International staff members only.

Affiliate personnel

109. Policies regarding affiliate personnel vary across organizations within the UN common system. For additional information, please consult your Organization's applicable regulations, rules and policies.

X. Other compensation

Compensation for death, injury, or illness attributable to the performance of official duties on behalf of the United Nations

110. Compensation for death, injury, or illness attributable to the performance of official duties on behalf of the United Nations shall be provided to staff members and their dependents as well as other eligible personnel following the terms and conditions in the organizations' regulations, rules, and internal policies (for instance, Appendix D of the UN Staff Regulations and Rules for the UN Secretariat and the separately administered UN funds and programmes). Organizations shall ensure that all staff members and other eligible personnel have a completed and/or updated beneficiary form (including the UNJSPF beneficiary form) on file.

XI. Other

Appeals

111. In the unlikely of a full closure of the UN offices (i.e. not open virtually), consideration shall be given to suspending the statutory time limits for the period of office closure due to the Ebola outbreak.

Disciplinary Cases

112. In the unlikely of a full closure of the UN offices (i.e. not open virtually), consideration shall be given to suspending the statutory time limits for the period of office closure due to the Ebola outbreak.

Annex I: United Nations Medical Directors (UNMD) Position Statement

United Nations Medical Directors (UNMD) Position Statement

Travel of United Nations Personnel in the Context of the Bundibugyo Ebola Virus Disease Outbreak

29 May 2026

Purpose

This United Nations Medical Directors' Position Statement provides interim medical guidance to support decisions regarding official travel and deployment of United Nations personnel in the context of the ongoing outbreak of Bundibugyo Ebola Virus Disease. These recommendations aim to protect personnel while maintaining continuity of essential United Nations operations and supporting a coordinated, evidence-based public health response.

Background

The World Health Organization (WHO) has declared the current outbreak of Ebola virus disease caused by the Bundibugyo strain in affected areas of the Democratic Republic of the Congo and other affected countries to constitute a Public Health Emergency of International Concern (PHEIC) as of 17 May 2026. Given the evolving epidemiological situation, uncertainties regarding the magnitude and geographic spread of the outbreak, and the absence of licensed vaccines or specific therapeutics for the Bundibugyo strain of Ebola, a precautionary and risk-based approach is warranted.

Position of United Nations Medical Directors

The United Nations Medical Directors recommend that all United Nations entities adopt the following interim measures until further notice:

1. Defer Non-Essential Official Travel To Affected Areas

All non-essential official travel to areas affected by the Bundibugyo virus disease (BVD) outbreak should be postponed.

Travel should proceed only where:
- activities are mission-critical;
- objectives cannot reasonably be achieved remotely;
- operational benefit outweighs health risk; and
- adequacy of medical support and evacuation arrangements should be taken into account when granting clearances

Page **1** of **3**

Official Use Only

2. Essential Travel Requires Prior Risk Assessment

Essential travel to affected areas should be subject to documented assessment and authorization processes, including:

- operational justification;
- review of medical support capacity;
- confirmation of infection prevention and control arrangements;
- assessment of medical evacuation feasibility; and
- consideration of local public health measures and operational conditions.

Particular caution should apply to personnel at higher risk of exposure including:
- healthcare personnel;
- outbreak response personnel;
- logistics and field support teams; and
- personnel whose duties involve extensive community interaction.

3. Enhanced Health Precautions for Travelers

Personnel traveling to or returning from affected areas should:
- receive pre-travel medical briefing and risk communication;
- avoid contact with symptomatic individuals and bodily fluids;
- avoid participation in activities involving direct contact with human remains;
- adhere to recommended infection prevention and control measures; and
- promptly seek medical advice and report symptoms consistent with Ebola virus disease during travel or within 21 days following departure from affected areas.

4. Post-Travel Monitoring and Follow-Up

United Nations personnel returning from affected areas should comply with monitoring procedures established by applicable national public health authorities and organizational medical services.

Risk-based follow-up measures may include:
- symptom monitoring;
- occupational health review; and
- medical assessment where clinically indicated.

Monitoring measures should remain proportionate to exposure risk and implemented in a manner that preserves confidentiality and avoids unnecessary stigmatization.

5. International Travel and Border Measures

Consistent with international public health principles, this Position Statement does not recommend generalized travel bans or border restrictions. Measures should remain targeted,

evidence-based, proportionate to epidemiological risk, and in line with WHO recommendations and applicable national guidance.

Governance and Review

This Position Statement shall be reviewed periodically and revised as necessary taking into account emerging evidence, recommendations issued by WHO and relevant national public health authorities.

United Nations Medical Directors underscore that effective outbreak response requires vigilance, solidarity, and disciplined risk management. The United Nations remains committed to protecting its personnel while maintaining essential operations and supporting international efforts to contain the outbreak through coordinated, evidence-based action.

Dr Gloria Dal Forno
Chair UNMD

UNMD
UNITED NATIONS MEDICAL DIRECTORS

Annex II: UN Secretariat Broadcast regarding travel restrictions to the U.S.

UN Broadcast Message

Sent through The UN Intranet-iSeek

5 June 2026 | Worldwide | DOS

Ebola-Related Travel Requirements for Entry into the United States and Related Travel Guidance

Dear Colleagues,

Following recent public health measures announced by the United States authorities in response to the Ebola virus disease outbreak, the following information is provided for the attention of all personnel who may be planning official or personal travel involving the United States as a destination.

The United Nations has been informed by the United States authorities of additional travel requirements applicable to certain travellers in connection with the ongoing Ebola virus disease outbreak. The United States travel restrictions referenced below do not apply to United States citizens/nationals.

Travellers planning to enter the United States should take note of the following:

1. Travellers who have **not** been present in the Democratic Republic of the Congo (DRC), Uganda, or South Sudan during the preceding 21 days should not require pre-clearance from the United States authorities prior to travel to the United States.
2. Travellers who have been present in the DRC, Uganda, or South Sudan, during the preceding 21 days, and intend to travel to the United States, must obtain prior approval from the United States authorities before boarding the flight.

To facilitate the pre-clearance process, affected personnel should submit the following information to dos-travel@un.org through their Executive Office and the respective Travel and Shipments Approver, also known as Certifying Officer, and/or travel or visa office, as early as possible; for onward coordination with the appropriate United States authorities:

- Full name, date of birth, and place of birth
- Passport number of the traveller
- Current location of the traveller
- Email address and mobile phone number
- Complete travel itinerary, including flight numbers, dates, and times
- Official title and employing organization

- Purpose of travel and details of planned activities in the United States
- Any other relevant information demonstrating a United States Government interest in the travel, where applicable

Given the time required for coordination with the United States authorities, affected travellers are encouraged to submit the required information as soon as travel dates become known.

Approval to travel within the 21-day period following presence in the DRC, Uganda, or South Sudan will be granted only in exceptional circumstances. According to information provided by the United States authorities, returning to one's duty station or place of work alone is generally not considered sufficient justification. Approvals have primarily been granted in cases involving humanitarian or public health interests, significant law enforcement concerns, or public safety considerations.

Travellers are also advised to allow additional time for airline check-in procedures when returning to the United States. This is to account for any additional time that may be required for United States authorities to confirm the travellers compliance with the applicable entry requirements.

It is also recommended that travellers retain physical boarding passes and other relevant travel documentation, so that they can verify their itinerary, if requested.

All travellers are reminded that travel requirements and public health measures related to the Ebola outbreak may be imposed by countries of transit and destination at short notice. Regardless of routing, transit point, nationality, visa status, or final destination; travellers are strongly encouraged to familiarize themselves with all applicable entry, transit, health screening, quarantine, and documentation requirements prior to commencing travel.

Travellers requiring assistance or clarification should contact their Executive Office, respective TSA, also known as Certifying Officer, and/or travel or visa office.

Thank you for your cooperation.

For more information on Ebola, see the following iSeek article:
Evolving outbreak of Ebola virus disease in DRC and Uganda | iSeek
Additional Consular Information for Americans Regarding the Ebola Outbreak