

# COVID-19 VACCINE FOR UN PERSONNEL CONSIDERATIONS AND RECOMMENDATIONS from the UN MEDICAL DIRECTORS NETWORK

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## INTRODUCTION

This memorandum summarises the UN Medical Directors Network (UNMD) health and safety considerations and recommendations with regard to vaccination of UN personnel<sup>1</sup> against SARS-CoV2. This document supersedes document V3\_2 February 2021.

As the situation evolves considerations and recommendations presented in this document will be adjusted accordingly.

## BACKGROUND AND CONSIDERATIONS

1. Against the background of ongoing global circulation of the SARS-CoV2 pandemic virus, national public health service providers are preparing for a major preventive vaccination campaign, likely to start in most countries during the first quarter of 2021.
2. While many, mainly industrialized countries have entered into bilateral pre-order agreements with pharmaceuticals companies to secure large amounts of COVID-19 vaccines doses, WHO associated with GAVI, CEPI, and Vaccine Coalition created the global coordination mechanism [COVAX](#). COVAX aims at providing fast and global access to a safe and effective vaccine to all subscribing countries. The mechanism aims at delivering vaccines to up to 20% of the general population (2 billion doses) within 2021.
3. As it is expected that supplies of the first vaccine(s) will be limited in the short to medium term, WHO, along with other specialised agencies have developed guidance on the prioritization of risk group for vaccination within countries, based on ethical values.
4. Under its SAGE Value Framework for the allocation and prioritization of COVID-19 vaccination, WHO has developed a [roadmap](#) which identifies the following

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<sup>1</sup> In utilizing the term “UN personnel”, UNMD adopted the broad and inclusive definition determined within the [COVID-19 medevac eligibility framework](#) recognizing that more precise definition of which groups of

high priority groups<sup>2</sup> for vaccine distribution within countries, based on different epidemiologic<sup>3</sup> and vaccine supply<sup>4</sup> scenarios:

- a. healthcare workers at high to very high risk<sup>5</sup> (amounting to approx. 3% of vaccine allocation);
  - b. older adults defined by age-based risk specific to country/region,
  - c. individuals with higher risk medical conditions (amounting in total to approx. 20% of vaccine allocation).
  - d. Note that other essential workers outside health and education sectors are not considered in these high priority groups, but at the later stage when vaccines would be available to 20-50% of the population.
5. It is however up to each country to define their own priority groups.

#### RECOMMENDATIONS:

1. Prior to immunization initiation several key factors [defined by WHO](#) need to be considered. These include planning and coordination, regulation of vaccination, prioritizing, targeting and COVID-19 surveillance, service delivery which includes the protection of those during immunization sessions, training and supervision, monitoring and evaluation, cold chain and log



- Administration of vaccine should be accompanied by provision of relevant information regarding risk, careful patient assessment for potential contraindications for vaccine. In addition, each organization could decide to require a signed statement of informed consent.
- In order to utilize limited UN resources efficiently (i.e. in particular, in UN Headquarter locations and/or other locations where local health authorities are providing access to vaccines), UNMD recommends that personnel and their dependents should make maximum use of the local health care system to gain access to the pandemic vaccine. This is particularly relevant during the early stages of the vaccination campaign when supplies will be limited. UN stockpiles of vaccine should be primarily intended for personnel in field locations in areas with community transmission, where there are sub-optimal local healthcare services, and limited or no vaccine availability.
- Dependents should be vaccinated by UN Medical Services or FLOD health structures in locations where this is already routinely done and no other access to vaccine exists.
- UNMD will provide guidance to field medical services regarding the skill sets and capabilities that are pre-requisite to vaccination campaigns for either personnel or dependents.