UNMD
UNITED NATIONS MEDICAL DIRECTORS

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[1] 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

[1] 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 employees should be covered by these recommendations should be determined at organizational level,

high priority groups[2] for vaccine distribution within countries, based on different epidemiologic[3] and vaccine supply[4] scenarios:

a. healthcare workers at high to very high risk[5] (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 logistics, safety surveillance including adverse events following immunization (AEFI) as well as general demand and communication.

2. In line with national recommendations, and consistent with past practice regarding seasonal influenza and H1N1 vaccination, UNMD recommends UN to guarantee access to its personnel and partners, particularly those belonging to the category groups identified by WHO / SAGE[6] criteria, and within these category groups, prioritize at risk workers according to occupational health and safety principles. The prioritization based on occupational risk should be balanced against other significant elements such as age, health conditions, country factors, and logistic requirements.

3. While risks and financial exposure may exist, this should not preclude efforts to proceed with making vaccine available to UN personnel as soon as possible. Each organisation should review how these risks and exposures specifically affect them and might be addressed.

4. **Identification of priority country/groups**:

[2] Of note this general guidance for the allocation and prioritization of COVID-19 vaccines is subject to several assumptions such as: vaccine is fully licensed and meets minimum critical WHO criteria , efficacy is age, comorbidities or current level of seropositivity-independent.
[3] Community transmission, Clusters of cases, No cases
[4] Stage I (< 10%), Stage II (< 20%), Stage III (from 21% to 50%)
[5] Precise definition of "healthcare workers at high to very high risk" awaited from WHO
[6] Strategic Advisory Group of Experts to WHO on Immunization.
https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?sequence=1&isAllowed=y

UNMD agrees that the focus of a dedicated vaccination campaign where supplies are anticipated to be initially very limited should be for countries identified as higher risk from a health, operational, ethical and logistical perspective.

Within countries, UNMD agrees that the initial focus of any vaccination campaign for UN Personnel should be in line with the current approach of most countries (and WHO's COVAX allocation framework) and should primarily cover individuals who fall into defined higher risk occupational groups. Wider access for persons in lower risk groups may be considered once vaccine becomes more widely available, and higher risk groups have been covered.

5. Distribution to UN personnel:

- UNMD recommends UNCTs/UN Missions to negotiate with their hosting countries to be included in their national risk group prioritization plan.

- However, within the framework of the First Line of Defence (FLOD) Task Force and Working Group, UNMD recommends the creation of a small central stock to be strategically pre-positioned to meet the COVID vaccine requirements of UNCTs/UN Missions whose host country will be unable to meet their duty of care towards their UN population.

- Requests of access, prioritization and shipment of such stock would follow the same criteria established for UNCTs /UN Missions access to FLOD central funding.

- UNMD recognizes that the Secretary - General has appointed the Department of Operational Support (DOS) supported by UNICEF as key procurement, and as logistics entities. The network of field operations/mission clinics (including TCC clinics), UN clinics, IOM health centers and FLOD Health Structures should be considered as interagency administration points.

- Vaccines used by UN personnel and partners should be licensed/registered in countries of origin, and preferably pre-qualified/listed for emergency use[7] by WHO or two authorized Stringent Regulatory Authorities (SRA)[8] The decision to avail oneself of a vaccine (whether pre-qualified by WHO or authorized by two SRAs, or not) remains a personal choice which should be based on informed consent. Individuals receiving the vaccine should be provided with information about vaccine safety as well as potential side effects associated with its administration.

- It should be clear and well communicated to personnel that whilst vaccination is not mandatory, it is strongly recommended.

[7] See status of vaccines granted Pre-qualification (PQ)/Emergency Use Listing (EUL) which include vaccines procured through COVAX

[8] List of Stringent Regulatory Authority (SRA) is available on WHO website here

- Administration of vaccine should be accompanied by provision of relevant information regarding risk, careful patient assessment for potential contra-indications 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.