



**COVID-19  
RESPONSE  
VACCINES**

# UN SYSTEM-WIDE COVID-19 VACCINATION EFFORT FRAMEWORK

VERSION: 15 FEBRUARY 2021

## BACKGROUND

### PURPOSE

1. The Secretary-General has reached out to Member States seeking their commitment to ensuring that UN personnel and their dependents serving within their borders are included in the national roll-out programs and will receive the vaccine, in line with WHO's Prioritization [Framework](#)<sup>1</sup> on the order of priority. The list of Member States that have agreed to this is growing daily. However, in some cases, vaccination of UN personnel and their dependents will not be possible through the host country, or at least not within an acceptable timeframe, and for such cases, the SG has requested DOS to identify alternate arrangements in close coordination with the UN Medical Directors Network, the Resident Coordinators, Heads of Entities, Designated Officials and other counterparts across the UN system, such as in [COVAX](#)<sup>2</sup>.
2. As the Covid-19 pandemic rages on, UN Organizations and International Non-Governmental Organizations (INGOs) have continued to deliver on their mandates and provide protection, support and services to populations, partners and clients at the country level. The rapid and successful development of vaccines has given hope in the fight against the pandemic worldwide. With multiple vaccines having received or being in the process of receiving, emergency use listing by the World Health Organization (WHO) and approval for use by national regulatory authorities, the UN is taking a **coordinated, system-wide approach** to facilitating access to vaccines for eligible individuals in duty stations in which the UN-led COVID-19 vaccination programme is being carried out.
3. The system-wide vaccination effort is being coordinated by a newly established **Vaccine Deployment Working Group** (the "Working Group"), led by DOS, which merges with the First Line of Defense (FLOD) Working Group and reports to the FLOD Task Force. The composition of the Working Group is attached as Annex 1<sup>3</sup>.

### SCOPE: A BROAD, INCLUSIVE AND TAILORED END-TO-END EFFORT

4. In locations where there is no national COVID-19 vaccination programme and where UN personnel and their dependents may not have access to a COVID-19 vaccine, the UN, through DOS, is working to facilitate having alternative arrangements put in place. The UN-led COVID-19 vaccination programme intends to support the following categories of individuals - in duty stations in which the UN-led COVID-19 vaccination programme is being carried out:

<sup>1</sup> <https://www.who.int/publications/m/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply>

<sup>2</sup> <https://www.who.int/initiatives/act-accelerator/covax>

<sup>3</sup> All annexes referred to in this document will be posted on-line as they become available



- UN Personnel: Staff (both Secretariat and Agencies, Funds and Programmes, including Specialized Agencies), UNVs, consultants, individual contractors, interns, others with direct UN contracts and retirees of both Secretariat and agencies, funds and programmes, including specialized agencies.
- Eligible Dependents: Dependents recognized, under the rules and regulations of the respective UN entity.
- International personnel of implementing partners supporting UN mandate implementation.

5. The Working Group will manage the vaccination effort as an **end-to-end endeavor** and coordinate various work streams across the UN system. The workstreams include: setting an overall vaccination deployment framework (including establishing country priorities based on clear and objective criteria); confirming eligibility groups (as set forth below under “Eligibility and Coverage”); sourcing and delivering vaccines to UN country teams; providing guidance and support to the administration of vaccines locally; processing of data, including data collection and sharing for planning and implementation with due regard to Personal Data Protection and Privacy Principles adopted by the UN High-Level Committee on Management in 2018 (the “HLCM Principles”), and leading a comprehensive communication campaign to the intended recipients and the public at large, including host governments, civil society and populations in each relevant country.

6. Close collaboration with UN country teams through the Resident Coordinator System will be key to the success of the vaccination effort. In particular, the transportation, receipt and customs clearance, storage and administration of vaccines will pose unique challenges based on local circumstances encountered in each country and require a high level of preparedness to vaccinate personnel within the short shelf life of the vaccine doses. The Working Group will support the design and implementation of **bespoke solutions to meet each set of circumstances and challenges**, based on local vaccine deployment plans established at the outset of the program.

## ELIGIBILITY AND COVERAGE

### ELIGIBILITY

7. The UN-led COVID-19 vaccination program intends to support the categories of individuals set out in paragraph 4, above.

The total population potentially to be covered ranges from 700,000 to 800,000 people in 150+ countries. A reference document specifying the eligibility criteria will be published prior to the rollout of the vaccination program, following consultation at the CEB-HR network level.

8. The UN will base its prioritization roadmap for the eligible population on the [WHO Strategic Advisory Group of Experts \(SAGE\) Roadmap](#)<sup>4</sup> for prioritizing uses of COVID-19 vaccines in the context of limited supply. This roadmap allows for individuals who are at greater risk of exposure to the virus, or who will likely suffer a more severe course of illness if contracting the virus, to receive the vaccine first. Such priority groups include health care workers and other front-line workers, as well as older persons, and those of any age with underlying health conditions.

9. **Uniformed UN personnel** (troops and police) are part of the scope of this effort. A “Group of Friends” made up of member state representatives of troop-/police-contributing countries has been convened to advise DOS on a coherent approach to this significant population. The recommendations

<sup>4</sup> <https://www.who.int/publications/m/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply>



and course of actions derived from the “Group of Friends” will be integrated into the overall vaccination roadmap.

10. All UN personnel are encouraged to receive the COVID-19 vaccination, but it is not a mandatory requirement of the United Nations. Any immunization procedure, regardless of whether it has been approved by WHO or endorsed by the UN Medical Directors, will be based on informed consent of the individual being vaccinated. UN personnel are generally expected to comply with public health requirements mandated by the host country.

## COVERAGE

11. Based on the available data from 150+ countries, the Working Group will develop a deployment road map based on country priorities and other key factors, such as whether and when the host country is conducting a national vaccination program and whether UN personnel and/or INGOs are covered under the said program.

12. Where the host country has agreed to include UN personnel and their dependents and INGOs into its national vaccination program, the Working Group will monitor progress and timeline, in coordination with COVAX. Where possible, the UN will rely on such national programs, but the UN may also intervene to complement national programs with its vaccination effort when necessary, on a case-by-case basis, in line with its occupational safety and health considerations.

13. In countries where UN personnel and their dependents and/or personnel of INGOs are not included in national programs, or where such programs do not exist, or where the vaccine being used has not been approved by WHO or by a Stringent Regulatory Authority (SRA), dedicated UN vaccination roll-out plans will be drawn, specific to each country and taking into account individual and country prioritization criteria.

## COUNTRY PRIORITIZATION

14. Country priorities will be defined based on clear and objective criteria such as access to the vaccine, the robustness of the country’s health system, operational capabilities and challenges and other related factors which may impede access to vaccines by the target population.

## ORGANIZATION

15. **Globally**, the Vaccine Deployment Working Group will leverage the expertise of all entities across the UN system, including those already involved in the FLOD mechanism. The Working Group will report to the FLOD Task Force. The DOS Core Team will engage continuously with all partners. The Field Communications Working Group, covering MEDEVAC, FLOD and Vaccines, will ensure that all communication related to the vaccine deployment effort is a cohesive part of the overarching Covid-19 response communication strategy.

16. At the **country level**, designated Local Vaccine Deployment Coordinators will be responsible for the roll-out of the vaccine program to eligible recipients within their respective UN country teams, with guidance and support provided by the Vaccine Deployment Working Group at all stages of the program. Local Vaccine Deployment Coordinators will coordinate with stakeholders in-country to ensure that population data is accurate, eligible individuals who wish to register for vaccination can do so, doses are received, handled and transported safely in-country, vaccine administration



arrangements are in place, records are maintained and shared in accordance with applicable data processing protocols, etc.

17. The Working Group will provide comprehensive guidance to Local Vaccine Deployment Coordinators at the onset of the program, to assist with the establishment of local deployment plans covering all necessary resources, facilities and support components that need to be secured at the country level (e.g. medical facilities, personnel and supplies, cold chain, security, transportation etc.). The Working Group will also provide ongoing operational support to all country teams throughout the program, with client-facing assistance across all activities and subject matter experts providing tailored support where needed. All sourcing options for relevant support services or goods will be pooled across all entities and made available to country teams where possible (e.g. ancillary kits for vaccine inoculation).

18. An organizational chart is attached to this document as Annex 2.

## SOURCING, DELIVERY AND ADMINISTRATION OF VACCINES

19. **COVID-19 vaccines** that are being considered for use by the United Nations during the pandemic go through a phased approval process, starting with preclinical studies to full clinical trials. Once a vaccine manufacturer submits a comprehensive report of its studies to WHO, these are reviewed by a group of regulatory experts convened by WHO from around the world as well as WHO's own teams focusing on the vaccine's safety, efficacy and quality as part of a risk-versus-benefit analysis. For purposes of passing the WHO process, this review must find that the vaccine meets the must-have criteria for safety and efficacy set out by WHO and that the benefits of using the vaccine to address COVID-19 offset potential risks. The vaccines under consideration for emergency use approval are of different types, from the novel mRNA vaccines to the more traditional ones which use viral vectors to activate the immune system. WHO publishes and regularly updates on its website the status of its evaluation process of vaccine candidates<sup>5</sup>.

20. In **sourcing** the vaccine, the UN will turn to different potential sources of supply: (i) COVAX, as an UN-led facility and the principal source of COVID-19 vaccines on behalf of their participating countries, (ii) Member States willing to contribute doses from their national supplies, and (iii) the commercial market through direct purchase from manufacturers. To avoid competing requests from within the UN system, the acquisition of doses will be carried out centrally by the Office of Supply Chain Management (OSCM) within DOS. OSCM will also ensure that enough quantities of ancillary items (syringes, needles, alcohol swabs, sharps disposal etc.) are acquired and made available to the UN country teams along with the vaccine doses if necessary.

21. **Transportation and delivery** of vaccines and ancillaries up to the main country hubs will be coordinated centrally by OSCM. Arrangements are being put in place to ensure appropriate contracts are in place for the smooth handling, transportation, and delivery in accordance with the specific requirements such as the cold chain or ultra-cold chain or specific export and import clearances and within the constraints caused by the global pandemic. Delivery to and receipt by the UN country teams will require detailed information exchange between DOS and the Local Vaccine Deployment Coordinators, constant communication, and systematic tracking.

<sup>5</sup> <https://www.who.int/teams/regulation-prequalification/eul/covid-19>



## 22. Implementation and administration:

- During the planning and preparation phase, distinct categories of countries will be identified, including locations with UN medical facilities in place, including those of IOM and other contracted facilities. Tailored vaccination guidelines and tools will be provided to countries ahead of time to ensure the earmarked medical facilities and personnel are ready and vaccination can start as soon as the doses are delivered.
- Where the UN administers the vaccine under this COVID-19 vaccination programme, it will be a vaccine that has minimally received emergency use listing from WHO.
- During the registration phase in each country, individuals will be requested to specifically opt-in or opt-out of the UN vaccination effort. Staff may opt-out for several reasons, including because they may have already been vaccinated through other sources. Staff are not required to provide a reason for not wishing to be vaccinated.
- It is important that accurate records are being kept, on a real-time basis, of the individuals and overall population inside and outside of the scope of this system-wide effort, with due regard to the HLCM and standard medical confidentiality principles.

23. The use of a system-wide online **registration and reporting platform** (portal) to support the registration of all potential recipients, the orchestration of the vaccination campaign and the tracking of individual vaccinations administered per country and entity, is under consideration. The design, and the requirements for access and use, of such a platform and the data it would contain, would be consistent with the HLCM and standard medical confidentiality principles.

24. **Administrative and HR elements** of the local vaccination campaigns will be examined as part of the local vaccine deployment plans, with inputs and guidance from the Working Group. Such elements may include travel or leave arrangements for staff in connection with vaccination, expenses incurred etc.

## COMMUNICATION

25. Constant, fact-based, accurate and coherent communication will be critical for the success of this endeavor. A comprehensive communication plan will be developed and implemented, addressing diverse types of audiences. The communication goals will include:

- Targeted information to inform all eligible individuals and related audiences about the system-wide approach to Covid-19 vaccination efforts.
- Providing a consistent flow of fact-based information to build trust and prevent speculation and misinformation.
- Providing clear information and guidance to those involved in the vaccination planning, administration, and logistics processes.
- Addressing issues of potential vaccine hesitancy among UN personnel.
- Proactive and early external communication with relevant audiences in host countries, including host governments, civil society, etc.

## FINANCING

26. Financing for the UN System-wide COVID-19 Vaccination Effort will be managed through a cost-sharing mechanism based on the proportional footprint in the field. Costing of the vaccination effort will be undertaken and a dedicated guiding document will specify the funding model and detailed cost-sharing principles across all entities (Annex 3).



## TIMELINE

27. Several key considerations will feed the planning of the overall vaccination effort, such as the availability of vaccine doses, the country prioritization, priority groups within the eligible population, readiness on the part of the country team to implement the vaccination effort. etc. Based on these considerations, a comprehensive roadmap will be established and continuously updated, comprising several country roll-out groups. Within the deployment framework and roadmap designed by the Working Group, each country will develop its timeline taking into account local considerations and capacity. Based on information currently available, it is envisioned that vaccination may start by the end of Q1 of 2021 for the first country group (highest priority), with start dates in other country groups ranging between Q2 and Q3 of 2021. The overall vaccine deployment timeline will be published as soon as it is available (Annex 4).

## FURTHER GUIDANCE AND ONLINE RESOURCES

1. Annex 1: Composition of the Vaccine Deployment Working Group (to be posted online)
2. Annex 2: Organizational Chart (to be posted online)
3. Annex 3: Funding Model and Cost-Sharing Principles (to be posted online)
4. Annex 4: Vaccine Deployment Timeline (to be posted online)
5. COVID-19 Response page on un.org: <https://www.un.org/en/coronavirus>
6. COVID-19 Vaccination page on un.org: <https://www.un.org/en/coronavirus/vaccination>
7. COVID-19 Vaccine for UN Personnel: Considerations and Recommendations from the UN Medical Directors Network:  
[https://www.un.org/sites/un2.un.org/files/coronavirus\\_unmdstatementcovidvaccine.pdf](https://www.un.org/sites/un2.un.org/files/coronavirus_unmdstatementcovidvaccine.pdf)
8. Frequently Asked Questions: [https://www.un.org/sites/un2.un.org/files/coronavirus\\_vaccinefaq.pdf](https://www.un.org/sites/un2.un.org/files/coronavirus_vaccinefaq.pdf)