

FAQ: COVID-19 vaccines for INGO Staff through the UN Programme

Overview of UN Systemwide COVID-19 Vaccination Programme

Why is a second phase of vaccination for UN & INGO staff being rolled out?

Vaccine availability continues to be limited in many countries, particularly in humanitarian settings and low-income contexts. While some INGO staff have been fully or partially vaccinated by the Ministry of Health, it is estimated that up to 70% of humanitarian INGO staff in these contexts have still to be vaccinated.

Over 21,000 INGO staff have been fully or partially vaccinated by Phase 1 of the UN system-wide vaccination programme. Significant effort needs to be made to address barriers to vaccine uptake and ensure most INGO staff are offered a COVID-19 vaccine.

The UN are deeply committed – right to the highest levels – to ensuring their staff, partners, and particularly frontline staff and the vulnerable communities we serve are protected from COVID-19.

What is ICVA's role in this?

ICVA is a member of the UN-INGO working group overseeing the UN System-Wide roll out of COVID-19 vaccinations. Please let ICVA know any challenges that occurred in Phase 1 that could impact phase 2. Contact details and [email](#) are [below](#).

What vaccinations are being procured for Phase 2?

The UN have obtained 300,000 doses of Johnson & Johnson (J&J) and 300,000 of Sinopharm for the second phase. They are also actively sourcing AstraZeneca for those who have not yet received their second dose.

A first distribution of 50,000 doses of J&J vaccines is already ongoing to the [countries listed](#) below. Up to 30,000 J&J doses are still to be allocated, with 25,000 unallocated J&J due to expire by mid-December.

How will vaccinations be prioritised to staff?

Given the much greater availability of vaccines in Phase 2, the vaccines will be distributed on a first come, first served basis.

Which agencies, staff members and dependents are eligible?

All international staff and their dependents, and national staff of International INGOs are eligible to receive a COVID-19 vaccination through the Phase 2 programme.

Despite best efforts and intentions, national and local NGOs are not eligible for the time being. This issue has been raised to the highest levels and is actively being worked on.

Dependents of international staff are also eligible. Dependents are limited to the spouses and children of international INGO staff. Children must be over 18 to participate.

In order to participate, your agency must have a signed [sponsorship agreement](#) with a UN agency they have a relationship with – funding is not a requirement for a sponsorship agreement. Details on how to obtain a sponsorship agreement are available [here](#).

Will the vaccination programme cost my agency anything?

The UN are fully covering the cost of purchasing, distributing, and administering the vaccine. Depending on the location of your agency's staff, you may be required to facilitate transport and time-off to enable them to get to the vaccine administration site.

Some countries will greatly appreciate the support from INGO staff for vaccine rollout, please do support with staff if request to ensure maximum coverage. While the sponsorship agreement refers to cost sharing, no costs will be transferred to INGOs.

Will a digital vaccination certificate be provided?

Yes. Each staff will receive a vaccination certificate. The certificate is generated through the Programme's registration platform. This certificate is currently not recognised for travel by the EU or US government, although lobbying is ongoing.

In addition to the certificate of vaccination generated through the Platform, the WHO [International Certificate of Vaccination or Prophylaxis](#) can also be filled out by the medical personnel of the UN/TCC/PCC clinics and stamped using the clinic's usual stamp (if available). The vaccine name and lot number should be noted. The medical evaluator and vaccine administrator (if a different person) need to sign the health booklet. Please see guidance [here](#).

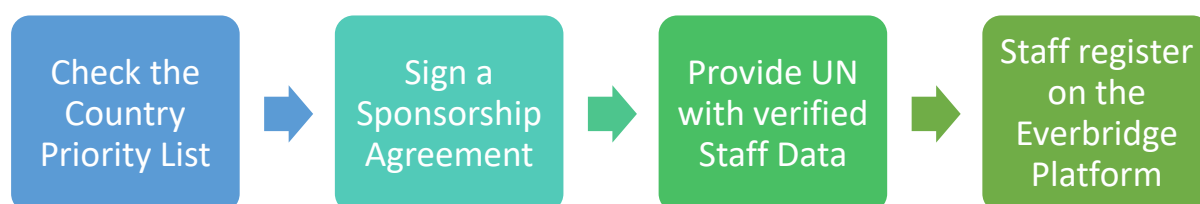
Note: This certificate may not allow the holder of the certificate to avoid travel restrictions put in place by the country(ies) of destination and may not be accepted as evidence of COVID-19 vaccination status in such country(ies). As responses to the pandemic continue to rapidly evolve, it is highly advisable to check the latest travel regulations. As scientific information relative to vaccination against COVID-19 as well as tests for immunity to COVID-19 also continue to evolve, noting the appearance of variants of the 2019-nCoV coronavirus, it is important to stay informed of the applicable public health measures in place in the country of destination.

Who is coordinating the UN vaccination programme in-country and how can I find out more?

At national level, the Resident Coordinator/Humanitarian Coordinator is responsible for the oversight of the UN Systemwide vaccination roll-out. The UN system is coordinating this programme at country level in the UNCT with [designated vaccine coordinators](#). Please get in touch with the Resident Coordinator's Office, your INGO forum if you experience challenges. If you continue to experience challenges with accessing vaccines that are not being resolved in-country, please raise these to [ICVA](#).

What is the Process for Accessing COVID-19 vaccinations for INGO staff?

What is the process for accessing vaccines for INGO staff through the UN Systemwide Vaccination Programme?



What countries are prioritised?

The list of priority countries identified for the vaccination of UN and INGO staff in Phase 2 is available [below](#), with plans to reach up to 112 countries. Consultations on country prioritisation is ongoing. Contact the Resident Coordinator or UN Country Team if you wish your duty station to be added to the priority country list.

The number of vaccine doses made available to each country will be calculated from the number of people who sign up for it, so please make sure staff sign-up.

My duty station is not on the country priority list – can it be included?

If INGO staff are not accessing COVID-19 vaccinations through the national COVID-19 vaccination programme, please consult with the UNCT and request the UN Resident Coordinator to include your duty station on the priority list. The RC/HC will then submit the request. If you experience issues with adding a duty station to the priority country list, please contact [ICVA](#).

My INGO already has signed a sponsorship agreement with a UN agency for Phase 1, do I need to sign another for Phase 2?

No, the Phase 1 sponsorship agreement is sufficient.

My INGO does not have a sponsorship agreement, how do we get one?

UN agencies – UNHCR, UNICEF, WHO, OCHA, WFP, UNDP, etc. – are able to provide INGOs with [sponsorship agreements](#). These agreements allow INGO staff to access the UN System Wide vaccination programme.

UN agencies can provide sponsorship agreements even if they do not have a current, previous, or planned funding relationship with your agency.

To obtain a sponsorship agreement, reach out to the UN agency that you have the closest working relationship with. The Country Director/Representative or their delegate should sign the sponsorship agreement with the UN agency. If there are issues with obtaining sponsorship agreements, please raise these with the INGO Forum (where available), the UNCT or with [ICVA](#) if it is not being resolved in - country.

For large international agencies, it may be possible to obtain a global sponsorship agreement with a UN agency (e.g., UNHCR). This would cover all INGO staff in all operational contexts and reduce the administrative burden on individual countries. If you are interested in pursuing this, contact [ICVA](#).

How can I ensure INGO staff are registered with the UN and can access the vaccine?

Please contact UNCT or the in-country [designated vaccine coordinators](#) to obtain an excel sheet template for providing all required staff information.

When filling in the excel sheet, please ensure there are no blanks or duplications, as this significantly delays the registration process and leads to additional administrative burdens. The Country Director or their designate must validate the completed list of staff and return it to the UN designated vaccine coordinators.

We submitted a validated excel sheet as part of phase 1, do I need to submit another?

Yes - if you wish to add additional staff for Phase 2. Given the short timelines in Phase 1, large numbers of INGO staff were not included on the excel sheets. It is critical that as many INGO staff as possible benefit from the programme – they have the option of declining to participate at any point.

What happens next?

Your staff member will receive an email with a link to register on the Everbridge database to get an appointment. If they do not receive an email, they can still register using this link:

<https://member.everbridge.net/853912512888844/login>

If you are experiencing challenges with the Everbridge platform that are not being resolved in-country, please inform ICVA.

Information on the Vaccinations Provided by the UN Systemwide Programme

I received an AstraZeneca for my first dose through the Phase 1 campaign but have not received my second dose. Will AstraZeneca be available through Phase 2?

AstraZeneca is being procured by the UN Systemwide campaign for the second dose, however there are major shortages. Where possible, it is recommended that staff obtain AstraZeneca or an mRNA vaccine (Pfizer or Moderna) for the second dose through the national vaccination programme. The UN vaccination teams have been instructed to help facilitate this.

If the above is not an option: for individuals at high risk (high exposure, personal risk factors), reaching or going beyond the 12th week mark, risk/benefit would indicate to start a new vaccination schedule with the Janssen, Sinopharm, or other vaccine. This is not an official recommendation but a risk/benefit individual approach. Some individuals at low risk may want to consider waiting for AstraZeneca to become available again to receive the second dose.

Please note that the above information is dynamic and subject to change. We will update you as soon as more information becomes available.

What is the guidance on mixing vaccinations?

It is important to monitor the latest guidance on mixing vaccinations and check the latest recommendations on the WHO or local government websites.

As of 2nd November 2021, the latest official guidance and information is

AstraZeneca vaccines products (AstraZeneca AZD1222, SII Covishield, and SK Bioscience) are considered equivalent and interchangeable, meaning one could take the first dose with Covishield and the second dose with the AstraZeneca vaccine manufactured in Europe for example, see WHO information [here](#).

There is evidence of vaccine effectiveness and no increased safety issues about mixing and matching an **AstraZeneca vaccine with an mRNA vaccine (Pfizer or Moderna)**. More information about this in WHO, Dr Katherine O'Brien's video [Episode #54 - COVID-19: Mixed and fractional vaccine doses](#), and in WHO's statement [here](#).

There is no data as of now about mixing and matching **AstraZeneca vaccine with other vaccines other than mRNA vaccines, such as Janssen (Johnson & Johnson) and Sinopharm**. The risk/benefit balance will have to be considered on a case-by-case basis when using different vaccine brands for first and second doses and will be "off label" use. See WHO guidance [here](#).

What else do I need to do or be aware of?

It is important that as many staff as possible are vaccinated both to protect themselves and the communities they work in from COVID-19, and because they are also the ambassadors for the vaccines with populations that they serve.

It is important to recognise that some staff might experience concerns about the safety or efficacy of COVID-19 vaccines due to a lot of misinformation out there and some of it is very convincing.

Vaccine hesitancy can be addressed by listening to and responding to staff concerns – some agencies have completed anonymous surveys of their staff to understand the barriers to uptake, which have gone on to inform excellent communication and engagement strategies that have maximised uptake.

It is critical that your agency dedicates the time and resources to overcoming vaccine hesitancy, as approaches such as lotteries and incentives for vaccine uptake are largely ineffective in promoting vaccine uptake.

Resources

Resources translated in local languages developed in Phase 1 should be available from your national health cluster or vaccine focal points.

- [UN System-wide COVID-19 Vaccination Programme website](#)
- UN System-wide COVID-19 Vaccination Programme [FAQ](#)
- [10 Steps to Community Readiness](#) has a step by step process and tools for encouraging vaccine uptake that can be adapted for your staff.
- [Why Get Vaccinated?](#)
- [Common Myths and Misconceptions about the COVID-19 Vaccine](#)
- [Resources on Vaccine Safety](#)
- [Addressing Vaccine Hesitancy \(Powerpoint\)](#)
- [Addressing Vaccine Hesitancy - video with Dr. Esther Tan](#)

For further information contact

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Priority List of Countries for Phase 2

| Country | Current Phase 2 status |
|----------------------------------|----------------------------------------------------------|
| Burundi | 1. Active - Vaccine already received |
| Central African Republic | 1. Active - Vaccine already received |
| Democratic Republic of the Congo | 1. Active - Vaccine already received |
| Iran | 1. Active - Vaccine already received |
| Kenya | 1. Active - Vaccine already received |
| Libya | 1. Active - Vaccine already received |
| Mali | 1. Active - Vaccine already received |
| Mozambique | 1. Active - Vaccine already received |
| Myanmar | 1. Active - Vaccine already received |
| Nepal | 1. Active - Vaccine already received |
| Nicaragua | 1. Active - Vaccine already received |
| Niger | 1. Active - Vaccine already received |
| Philippines | 1. Active - Vaccine already received |
| Syrian Arab Republic | 1. Active - Vaccine already received |
| Tunisia | 1. Active - Vaccine already received |
| Zimbabwe | 1. Active - Vaccine already received |
| Bangladesh | 2. Active - Vaccine currently being allocated or shipped |
| Belarus | 2. Active - Vaccine currently being allocated or shipped |
| Bosnia and Herzegovina | 2. Active - Vaccine currently being allocated or shipped |
| Botswana | 2. Active - Vaccine currently being allocated or shipped |
| Colombia | 2. Active - Vaccine currently being allocated or shipped |
| Ethiopia | 2. Active - Vaccine currently being allocated or shipped |
| Guinea | 2. Active - Vaccine currently being allocated or shipped |
| South Sudan | 2. Active - Vaccine currently being allocated or shipped |
| South Sudan Abyei | 2. Active - Vaccine currently being allocated or shipped |
| Sudan | 2. Active - Vaccine currently being allocated or shipped |
| United Republic of Tanzania | 2. Active - Vaccine currently being allocated or shipped |
| Nigeria | 3. Considered active but no allocation yet |
| Uganda | 3. Considered active but no allocation yet |
| Zambia | 3. Considered active but no allocation yet |

| Country | Current Phase 2 status |
|-----------------------|------------------------|
| Afghanistan | 4. Status TBC |
| Albania | 4. Status TBC |
| Armenia | 4. Status TBC |
| Bolivia | 4. Status TBC |
| Burkina Faso | 4. Status TBC |
| Cambodia | 4. Status TBC |
| Cameroon | 4. Status TBC |
| Chad | 4. Status TBC |
| Comoros | 4. Status TBC |
| Congo Brazzaville | 4. Status TBC |
| Costa Rica | 4. Status TBC |
| Cuba | 4. Status TBC |
| Djibouti | 4. Status TBC |
| Ecuador | 4. Status TBC |
| El Salvador | 4. Status TBC |
| Equatorial Guinea | 4. Status TBC |
| Gabon | 4. Status TBC |
| Guatemala | 4. Status TBC |
| Guinea-Bissau | 4. Status TBC |
| Jamaica | 4. Status TBC |
| Kazakhstan | 4. Status TBC |
| Kosovo | 4. Status TBC |
| Kyrgyzstan | 4. Status TBC |
| Lebanon | 4. Status TBC |
| Mauritania | 4. Status TBC |
| Namibia | 4. Status TBC |
| Paraguay | 4. Status TBC |
| Sao Tome and Principe | 4. Status TBC |
| State of Palestine | 4. Status TBC |
| Trinidad and Tobago | 4. Status TBC |