

Country-Level Guidance Note on Messages for COVID 19 National Vaccination Strategies

Introduction

As new waves of COVID-19 break out around the world, some countries have now procured COVID-19 vaccines. However, they remain in acute short supply. In these circumstances, it is important that NGOs consider duty of care elements for their staff – particularly those working on the frontlines or in areas where the epidemiological curve is highest.

Many medical-humanitarian professionals recognize that COVID-19 is not the main cause of morbidity and mortality in all humanitarian contexts. Influencing COVID-19 vaccination plans for the inclusion of frontline health workers or other population groups therefore may not be seen as the immediate priority, however it is this is a critical moment.

It is important for all NGOs to try to influence *COVID-19 National Deployment and Vaccination Planning (NDVP)* in their countries/contexts, as far as they can, to ensure all high-risk individuals and populations are included, independent of their residency and legal status. Concretely this means that as well as including “frontline staff” (as per the WHO SAGE recommendations) and other high risk and vulnerable groups, NDVPs should also include internally displaced populations, refugees, migrants, detainees and any other population groups that are at risk of being disregarded.

UN Country Teams (HCT) are often delegated responsibility to ensure the support to the development of NDVPs, which are under the first responsibility of the National authorities (MOHs); in other countries this responsibility lies directly with the MoH. It is important to know what is applicable in contexts of intervention so all actors can monitor NDVP development and advocate Ministries of Health/other national authorities when required

Main Messages to Consider for National Vaccination Plans/Strategies

1. All citizens and residents of countries must be included in National Vaccination Plans (NDVP); this includes refugees, migrants, IDPs, populations that are residing in areas outside of government control and populations that are normally ostracized for political reasons (no exhaustive list according to contexts of intervention).
2. In terms of who is vaccinated as a priority, NGOs subscribe to WHO’s Equitable Allocation Framework (EAF) in which a “Phase 1” allocation is made to high-risk and vulnerable populations groups, estimated at 20% of overall national populations. The remaining population will be vaccinated in Phase 2.
3. NGOs support WHO SAGE recommendations, drawn up to help national governments decide who should be considered high-risk and vulnerable. As mentioned above, these recommendations include frontline “health workers”, and provide guidance on what this term means which then needs translating into each context. There is no priority for humanitarian personnel, and NGOs should avoid promoting the prioritization of humanitarian workers (even our own staff) above the SAGE recommendations.

FAQ's

What do I need to know about the COVAX?

The COVID-19 Vaccines Global Access (COVAX) Facility was established by WHO in collaboration with the ACT-Accelerator vaccine partners the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance. The initial purpose of the COVAX is bringing nations together, regardless of their income level, to ensure the procurement and equitable distribution of COVID-19 vaccines. However, many countries pre-bought vaccines in bilateral agreements and today with the difficulties of production and distributions, few countries can start to vaccinate.

What do I need to know about the Humanitarian Buffer?

- It is currently understood that 5% of the total number of COVAX Facility's available doses will be set aside as a backstop mechanism, termed a "Humanitarian Buffer". It will serve as a provider of last resort for if/when national, government-led processes fail to reach certain populations. This implies that "first resort" remains Governments and States, which is why the inclusion of a maximum number of individuals in NDVP is so important — the population groups needing HB doses must be kept down as its size will be limited.
- However, the HB does not intend to cover the entirety of target populations, nor to prioritise them over any other group. It will also adhere to SAGE guidelines and only cover high-risk groups within a given target population and frontline health workers caring for them.
- The HB stock would be used by (i) independent, humanitarian actors who are able to demonstrate a gap in national coverage and who meet other criteria such as their capacity to deliver; and (ii) in exceptional circumstances, by governments going through "new" (unexpected) events, e.g. an influx of refugees that post-dates the development of their national vaccination plans.
- Discussions are ongoing with GAVI on the role of IASC EDG, notably in the review of applications that will be sent to the HB. It is expected that NGOs will be part of this process in order to guarantee access to vulnerable populations excluded from the NDVP.

What is the difference between authorised vaccines and non-authorised vaccines?

To date, no COVID-19 vaccines are pre-qualified. They are being conditionally approved under WHO's Emergency Use Listing (EUL) process, which accords provisional authorisation in an emergency situation when there are no licensed products for the same indication. For information on the vaccine regulatory process, procurement channels and their regulatory requirements, there is a WHO vaccine tracker and elements to include in a risk benefit analysis.

Where can I learn more?

- The COVAX facility, humanitarian buffer stock, equitable access, Equitable Allocation Framework, prioritized groups : <https://www.who.int/news-room/feature-stories/detail/access-and-allocation-how-will-there-be-fair-and-equitable-allocation-of-limited-supplies>
- WHO's Emergency Use Listing: <https://www.who.int/teams/regulation-prequalification/eul>
- WHO vaccines tracker: <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>