

FAQ: UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME

VERSION: 21 June 2022

EXTERNAL: UN.ORG

FAQ [English](#)

FAQ [French](#)

FAQ [Spanish](#)

GENERAL INFORMATION & ELIGIBILITY

1. WHO IS INCLUDED IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

The UN System-wide COVID-19 Vaccination Programme intends to support the following categories of individuals - who are serving and/or residing in the duty stations in which the UN System-wide COVID-19 Vaccination Programme will be carried out:

- a. UN System personnel:
 - i. Staff members,
 - ii. UN Volunteers,
 - iii. Interns,
 - iv. Consultants and Individual Contractors, and
 - v. Other personnel holding a direct UN contract.
- b. Eligible family members: spouses/partners and dependent children recognized under the staff regulations and rules of the respective UN system organizations, who are authorized to reside at the duty station with the staff member or who reside at a location where the UN is running a vaccination campaign.
- c. Accompanying eligible family members of non-staff personnel as defined by the UN system organizations' staff regulations and rules and policies, who are authorized to reside at the duty station with such personnel or who reside at a location where the UN is running a vaccination campaign.
- d. Military and police personnel deployed by the United Nations and accompanying eligible dependents, as well as AMISOM troops and personnel.
- e. UN System retirees in receipt of a pension benefit from the United Nations Joint Staff Pension Fund (UNJSPF) or from the IMF Staff Retirement Plan (SRP), or the World Bank SRP who have established their normal place of residence in a country where the UN System-wide COVID-19 Vaccination Programme is carried out. One spouse of eligible

Retirees living in the same household is also eligible.

f. All personnel of international non-governmental organizations (INGOs) that are engaged by UN system organizations in the implementation of their respective mandates, and the accompanying dependents of those INGO's international personnel, provided the INGO has

Please note that the above information is dynamic and subject to change.

5. WHAT IS THE DIFFERENCE BETWEEN AN ADDITIONAL DOSE AND A BOOSTER DOSE OF VACCINE?

Additional doses of a vaccine may be needed as part of an extended primary series for target populations where the immune response rate following the standard primary series is deemed insufficient. The objective of an additional dose in the primary series is to enhance the immune response to establish a sufficient level of effectiveness against disease. In particular, immunocompromised individuals often fail to mount a protective immune response after a standard primary series, but also older adults may respond poorly to a standard primary series with some vaccines. Such individuals may thus need to receive a third dose of AZ, Sinopharm, Sinovac, Pfizer or Moderna as part of their primary immunization series. See WHO's statement [here](#).

Booster doses are administered to a vaccinated population that has completed a primary vaccination series when, with time, the immunity and clinical protection has fallen below a rate deemed sufficient in that population. The objective of a booster dose is to restore vaccine effectiveness from that deemed no longer sufficient.

6. DO I NEED AN ADDITIONAL DOSE OR A BOOSTER DOSE?

ADDITIONAL doses: YES, for the following categories of individuals:

- if you belong to certain at-risk groups. WHO recommends that all immunocompromised individuals receive an additional dose of vaccine to complete an extended primary vaccination series with a [WHO EUL approved COVID-19 vaccine](#) since these individuals are less likely to respond adequately to vaccination following a standard primary vaccine series and are at high risk of severe COVID-19 disease. This concerns in particular: active cancer, organ or stem cell transplants, immunodeficiency, HIV/AIDS (with CD4<200cell/μ), and active immunosuppressive therapy. This additional dose should be given at 1-3 months after the 2nd dose with preferably the same vaccine. Using a different EUL vaccine can be considered in situation of scarce supply and difficult access.
- for recipients of the-Sinovac-CoronaVac and Sinopharm vaccines, where vaccine effectiveness has shown to be lower in older age groups, WHO recommends that any individual aged 60 in countries that have achieved high 2-dose vaccination coverage in priority-use groups, should receive a 3rd dose, in an interval of 3 to 6 months between 2nd and 3rd dose.
- for recipients of a first dose of Janssen/Johnson & Johnson: WHO recommends, in situations where supply is not limited, to complement the primary vaccination schedule with a 2nd dose given at 2-6 months after the 1st dose.

References:

- [WHO Interim recommendations Sinovac-CoronaVac](#)
- [WHO SAGE on Immunization](#)
- [WHO Interim recommendations Janssen/ Johnson & Johnson](#)

certificate or proof of vaccination from the competent medical authority that administered the vaccine.

11. WILL THE VACCINE BE COVERED UNDER UN MEDICAL INSURANCE PLANS?

Yes. Similar to other vaccines, coverage of the vaccine is foreseen under UN medical plans when recommended by the local health authorities and/or the WHO, and when vaccines are not offered free of charge by national governments. All vaccines administered under the UN System-wide COVID-19 Vaccination Programme are administered free of cost to the individual receiving the vaccine.

12. AT WHAT RATE WILL THE VACCINES AND THE (PARA)MEDICAL FEE TO ADMINISTER THE VACCINE, BE COVERED?

The coverage level will depend on the medical insurance plan one is covered by. The latest updates can be obtained through the third-party administrator administering your medical plan:

- UNHQ medical plans Aetna PPO, Empire PPO, UN Worldwide Plan or UN MIP
- Geneva-based plan UNSMIS
- Vienna-based plans, insured through Allianz

13. WILL THE MEDICAL PLANS LIMIT REIMBURSEMENT FOR VACCINES UP TO A MAXIMUM AMOUNT?

There is no pre-determined maximum amount. Vaccines will be reimbursed up to the reasonable and customary level for the specific vaccine. Reasonable and customary refers to the prevailing pattern of charges for the vaccine at the duty station where the vaccine is administered as reasonably determined by the third-party administrator.

14. IF A STAFF MEMBER DECIDES TO RECEIVE A VACCINE THROUGH THE PRIVATE SECTOR INSTEAD OF THE HOST COUNTRY OR UN COVID-19 VACCINATION PROGRAMME, WILL THE STAFF MEMBER BE REIMBURSED?

Yes. While the national/host country or the UN System-wide COVID-19 Vaccine Programme are the recommended sources for the vaccine, if staff members are unable to get the vaccine through a government or a UN System-wide COVID-19 Vaccination Programme, staff members will be eligible for reimbursement for vaccination administered by a private provider under their medical insurance plan.

The coverage level will depend on the medical insurance plan one is covered by. The latest updates can be obtained through the third-party administrator administering your medical plan.

15. WILL A MEDICAL PRESCRIPTION BE REQUIRED IN ORDER FOR THE COST OF RECEIVING THE VACCINE TO BE COVERED UNDER UN MEDICAL PLANS?

No, third-party administrators will not require a prescription to be submitted in order for coverage to apply, but a prescription may be required in order to obtain the vaccine in any given location.

16. ARE COVID-19 VACCINES SAFE?

All vaccines reviewed by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) and subsequently approved by WHO for use have undergone a thorough assessment for quality, safety and efficacy. Reported side effects of COVID-19 vaccines have mostly been mild to moderate and have lasted no longer than a few days. Typical side effects include pain at the injection site, fever, fatigue, headache, muscle pain, chills and diarrhea. Rare serious adverse event can occur but are very rare. The risk of rare adverse events following

recorded in clinical trials but were occasionally observed post-introduction. The most frequently reported adverse reactions in clinical trials included injection site pain, headache, fatigue, myalgia, arthralgia, diarrhea, nausea, cough, dyspnea, pruritus and fever (axillary temperature ≥ 37.5 °C). The most common adverse reactions from post-licensure safety monitoring are induration, redness and swelling at injection site, fever. More information can be found [here](#).

20. IS THE MODERNA (MRNA-1273) VACCINE SAFE?

SAGE has thoroughly assessed the data on quality, safety and efficacy of the vaccine and has recommended its use for people aged 12 and above.

This vaccine has also undergone review by the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA) and was found to be safe for use. More information can be found [here](#).

21. WHAT CAN I DO NOW TO HELP PROTECT MYSELF FROM GETTING COVID-

However, as with all other vaccines, you may have some side effects, which are normal signs that your body is building immune protection.

Common side effects observed with the COVID-19 vaccines may include:

On the arm where you receive the vaccine: pain and swelling

Throughout the rest of your body: fever, fatigue, headache, muscle pain, chills, and diarrhea. These side effects may affect your ability to perform daily activities, but they should typically go away within a few days.

24. IS IT SAFE TO GET A COVID-19 VACCINE IF I HAVE AN UNDERLYING MEDICAL CONDITION?

COVID-19 vaccination is especially important for people with underlying health problems (e.g., heart disease, lung disease, diabetes, hypertension, cancers, poor immunity, and obesity) and pregnant women. Such individuals are more likely to develop a severe form of COVID-19.

You should always consult with your health care provider if you have specific questions about the COVID-19 vaccine and your health. On very rare occasions, allergic reactions can occur. If you have had allergic reactions to any vaccines, drugs, medical products, foods etc. in the past, you should discuss the vaccination with your healthcare provider.

You are encouraged to read the following information on [vaccine safety and common side effects](#).

25. I AM DUE FOR MY ROUTINE PREVENTATIVE TESTS, SHOULD I WAIT UNTIL I GET MY COVID 19 VACCINE? WHAT ABOUT MAMMOGRAM?

It is very important for one's health to maintain the preventative care appointments. Most can safely be done before and after vaccination.

With regard to mammogram, ask your doctor how long you should wait after vaccination to get your mammogram. People who have received a COVID-19 vaccine can have swelling in the lymph nodes (lymphadenopathy) in the underarm near where they got the shot. This swelling is a normal sign that your body is building protection against COVID-19. However, it

discontinue isolation.

Additionally, current evidence suggests that re-infection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. Therefore, people with a recent infection may delay vaccination until the end of that 90-day period if desired.

Reference: [WHO](#)

29. AFTER I AM VACCINATED, HOW LONG WILL VACCINE IMMUNITY LAST?

Researchers do not yet know yet how long immunity lasts after vaccination. That is why continuation of public health preventive practices, e.g., wearing a mask, washing your hands regularly and physical distancing, will still be important for some time to come.

30. WHY SHOULD A VACCINE BE NEEDED IF WE HAVE OTHER PUBLIC HEALTH MEASURES LIKE PHYSICAL DISTANCING AND WEARING MASKS, TO PREVENT COVID-19 FROM SPREADING?

Stopping a pandemic requires using all tools available, including:

Acquiring immunity against COVID-19, naturally (by contracting the illness) or through vaccination.

Avoiding contracting and spreading COVID-19 by respecting preventive measures like covering your mouth and nose with a mask and staying at least 6 feet (or

vaccination. WHO does not recommend discontinuation of breastfeeding after vaccination.

Pregnant women can receive COVID-19 vaccines. COVID-19 vaccines offer strong protection against severe illness from COVID-19. If not already vaccinated, pregnant women should have access to WHO EUL-approved vaccines, because COVID-19 during pregnancy puts them at higher risk of becoming severely ill and of giving birth to preterm babies. Increasing evidence on the safety and effectiveness of COVID-19 vaccination during pregnancy suggests that the benefits of vaccination during pregnancy outweigh potential risks whenever there is ongoing or anticipated community transmission of the virus . Source: [WHO](#).

33.

Deployment Support Team at all stages of the program. Local Vaccine Deployment Coordinators work in collaboration with stakeholders in country to ensure that population data is accurate, eligible individuals register for vaccination, doses are received, handled, and transported safely in country, vaccine administration arrangements are in place, etc. Further information and guidance can be accessed [here](#).

See latest list of LVDCs per duty station [here](#).

37. WHAT IS THE ROLE OF UN COUNTRY TEAMS AND UN FIELD MISSIONS IN THE UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME?

Local Vaccine Deployment (LVD) plans are developed at country level with guidance from the Global Vaccine Deployment Support Team. Generally, Local Vaccine Deployment Coordinators, nominated by senior leadership, will assemble a Local Vaccine Deployment team in charge of developing country specific COVID-19 vaccine deployment plans to implement the UN System-wide COVID-19 Vaccination Programme in that location. The LVD plans are developed in coordination with other UN country team partners. UN system organizations' human resources, legal offices, communications experts as well as medical, logistics, maintenance and security personnel should all be consulted and participate in the formulation of the plan and its subsequent implementation. Such plans should consider a number of criteria, including the size of the population eligible for the vaccine under the UN System-wide COVID-19 Vaccination Programme, the number of duty stations in country as well as the access to local health care services.

In countries with integrated missions, the local vaccine deployment coordinators lead teams of focal points from the different stakeholders (UNCT, Missions, AFPs) to put together a vaccination program that addresses the requirements of both the civilian and uniformed personnel.

The Global Vaccine Deployment Support Team has provided a range of resources for UN Country Teams and Field Missions to assist them in this process. These resources include guidelines, SOPs and checklists that should be used to assess the operational readiness of UNCT and UN Missions to receive and administer the COVID-19 vaccine to UN Personnel.

All resources can be accessed [here](#).

38. 1,284 2660 g5-106.7

48. IF I REGISTER AND GET A VACCINATION, WHERE WILL MY INFORMATION GO? WILL IT BE KEPT SAFE?

Your personal and health care information will be kept confidential and will not be shared beyond the UN personnel responsible for managing the UN System-wide COVID-19 Vaccination Programme. Personal identifying information such as your name, contact information and address will be treated as confidential. Your medical data will be treated as confidential medical records and will be accessed by medical personnel only. The data will be hosted by a third-party contractor, engaged by the United Nations, and is required under its contractual obligations to maintain the data as confidential.

49. HOW CAN I GET HELP IF I HAVE DIFFICULTIES NAVIGATING THE REGISTRATION PLATFORM?

Please click the “? Help & Answers” link in the top-right corner of the page for support.

50. HOW WILL I KNOW WHEN I HAVE BEEN SCHEDULED TO RECEIVE THE VACCINATION?

The local UN System-wide COVID-19 Vaccination Programme clinic / vaccine scheduler will set up your appointment based on vaccine availability. You will receive a notification by email with the appointed date and time.

