



**COVID-19
RESPONSE
VACCINES**

COUNTRY: GUATEMALA

VERSION: [1]

Note: This template is derived from the [Guidance on Local Vaccine Deployment](#). Please refer to this document for additional information. Please feel free to reach out to the Global Vaccine Deployment Support Team (GVDST) for support at covidvaccines@un.org.

LOCAL VACCINE DEPLOYMENT COORDINATOR AND TEAM

Project Role	Name	UN Entity, Function/Title	Email	Phone number
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Medical Administrator	Carlos Mansilla		carlosmansilla.consulting@gmail.com	
Logistics Officer	Elmar Reyes	World Food Programme	elmar.reyes@wfp.org	
Alternates:				
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Vaccine Registrar	Gloria Estrada	PNUD	gloria.estrada@undp.org	
Medical Administrator	Marc Rondy	PAHO/WHO immunization adviser	rondymar@paho.org	(+502)54165074
Logistics Officer	Sylvia Stambuk	UNESCO	s.stambuk@unesco.org	

COUNTRY-ADJUSTED DEPLOYMENT MODEL

Select Model(s) most applicable:	Model C
Comments:	The majority of UN and INGO presence is in Guatemala city with only a small field presence. All UN staff will be vaccinated in Guatemala city.



SCOPE OF VACCINATION EFFORT

Following an agency-based effort to count eligible population and classify them according to priority groups, a total of 3,438 persons were identified as eligible, of whom 1,184 could be associated with a priority group: 361 based on their age category, 441 based on the presence of chronic conditions and 382 based on occupational risk.

CONFIRM POPULATION SIZE

	ECLAC	FAO	IFAD	ILO	IMF	IMF/CAPTAC	IOM	OHCHR	PAHO/WHO	RCO	UN WOMEN	UNAIDS	UNDP	UNDSS	UNESCO	UNFPA	UNHCR	UNICEF	UNITAR	UNODC	UNOPS	UNV	WFP	WORLD BANK	TOTAL UN SYSTEM
POPULATION SIZE																									
UN Personnel and eligible dependents																									
UN Staff (Intl + national)	0	114	4	8	5	14	74	55	59	11	19	7	169	11	27	34	167	65	1	10	156	0	130	75	1215
Dependents	0	287	18	19	17	33	179	68	147	29	28	11	297	39	45	105	51	91	1	20	156	0	170	22	1833
Total (personnel + dependents)	0	401	22	27	22	47	253	123	206	40	47	18	466	50	72	139	218	156	2	30	312	0	300	97	3048
Retirees of both Secretariat and AFP, including specialized agencies	2	6	1	0	0	0	4	4	66	5	0	5	16	0	4	2	6	31	0	0	3	0	4	0	159
INGOs and other implementing partners	0	0	0	0	0	0	40	7	0	0	0	0	0	0	0	1	163	0	0	0	0	0	20	0	231
Uniformed personnel (and dependents) deployed by the UN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total (Retirees, INGOs, and Uniformed personnel)	2	6	1	0	0	0	44	11	66	5	0	5	16	0	4	2	7	194	0	0	3	0	24	0	390
TOTAL POPULATION SIZE BY AGENCY	2	407	23	27	22	47	297	134	272	45	47	23	482	50	76	141	225	350	2	30	315	0	324	97	3438



HIGH-RISK / PRIORITY GROUPS

	ECLAC	FAO	IFAD	ILO	IMF	IMF/CAPTAC	IOM	OHCHR	PAHO/WHO	RCO	UN WOMEN	UNAIDS	UNDP	UNDSS	UNESCO	UNFPA	UNHCR	UNICEF	UNITAR	UNODC	UNOPS	UNV	WFP	WORLD BANK	TOTAL UN SYSTEM
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HIGH-RISK / PRIORITY GROUPS

Older adults (over 65)	2	12	6	3	4	4	26	24	87	3	8	2	64	2	15	29	7	24	0	3	25	0	8	3	361
Individuals with known comorbidities or health status (including diabetes) determined to be at significantly higher risk of severe disease or death	0	34	1	0	2	3	30	23	35	8	5	5	91	12	7	34	20	8	0	3	64	0	44	12	441
Health workers at high to very risk of acquiring and transmitting infection(i.e. those working in a COVID-19 treatment facility or performing AMET functions)	0	0	0	0	0	2	0	0	24	0	0	1	1	0	0	2	0	0	0	0	9	0	0	0	39
Sociodemographic groups at significantly higher risk of severe disease or death in areas with high transmission or anticipated high transmission, and personnel living/working directly with these groups	0	0	0	6	0	0	15	33	0	2	1	1	0	0	0	3	77	6	0	0	0	0	34	0	178
Personnel at elevated risk of acquiring and transmitting infection because they are unable to effectively physically distance	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	22	0	23
Other essential workers outside above mentioned sectors	0	3	0	0	0	2	5	7	14	0	0	7	11	0	0	2	0	5	0	24	0	0	62	0	142
PRIORITY GROUPS TOTAL	2	49	7	9	6	11	76	87	160	14	14	16	167	14	22	70	104	43	0	30	98	0	170	15	1184



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VACCINATION SITE AND TEAM

Based on discussions with local authorities and taking into account delayed arrival of vaccines for the general population, it was decided to make sure that vaccination of UNS staff would remain as discreet as possible. Using our experience in vaccinating staff against influenza on a yearly basis, we decided that the most suitable vaccination site would be within the premises of a UNS agency (UNICEF) located nearby a partner-private hospital (La Esperanza hospital). This hospital agreed to provide trained medical staff to vaccinate the UNS population as well as access to its services in case of severe adverse event requiring medical attention in one of the vaccinees.

UNICEF Guatemala

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LA ESPERANZA

Private Hospital
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(+ 502) 2415 900

TIC assessment

1. Premises:

Waiting and reception rooms.

The UNICEF offices count with 3 separate ventilated and spacious rooms to be used as waiting room, vaccination station and observation area.

During the vaccination process, material for the management of anaphylactic shock and / or serious adverse reactions (adrenaline, antihistamines, salbutamol inhaler, etc.) will be available on site. Moreover, La Esperanza hospital, towards which vaccinated individuals presenting with adverse events will be transferred, is located less than 10 minutes away by car.

La Esperanza hospital has two separate entrances with waiting rooms. In the main waiting room, 15 people can be sitting while maintaining the social distancing of 2 meters; with the same conditions, the second emergency waiting room has a capacity of 10 persons.

UNS will provide assistants to register people to be vaccinated and carry out an adequate control.



- Intensive care room.

The hospital has an intensive care room for people who may require it.

- Storage room.

The UNICEF offices have adequate refrigeration equipment to comply with the cold chain requirements. Refrigerators are located in rooms that will be locked with keys. Temperature monitors will be placed on the refrigerators to insure that storage temperatures remain between 2 and 8 degrees Celsius or less. The UNICEF offices has a 24/7 security service.

- Observation room after vaccination.

A dedicated ventilated and comfortable room will be used as observation area in the UNICEF premises. Vaccinated individuals will remain under medical watch during 30 minutes (according to national guidelines). In case of any warning side effects, the patient will be immediately transferred to the private hospital.

2. Medical staff:

- The hospital will provide two or more doctors and several nurses for the vaccination of the UN staff and their dependents.
- People who come for vaccination will first be registered, then sit in the waiting room before being called for vaccination.
- The vaccination process will be performed by a nurse
- A doctor will supervise the process of vaccination and attend the observation room.

3. Infection control:

- Facilities are spacious, with windows for ventilation and rooms are physically separated from each other.
- The UNS will provide sufficient PPE for medical personnel and the hospital will provide additional supplies necessary for vaccination.

4. Additionally:

- The hospital is licensed by the Ministry of Health for performing vaccinations and have experience in vaccinating patients.
- Trainings will be organized for doctors and clinical staff on the vaccination procedure, infection control, vaccine storage and anaphylactic shock management using PAHO/WHO and national training material.

VACCINE TRANSPORTATION, STORAGE AND INVENTORY MANAGEMENT



On receipt of the pre-advice documents, PAHO will proceed with initial clearance of the vaccines for immediate transportation from airport to vaccine storage site (UNICEF offices) to avoid any possible temperature changes at the airport. In close collaboration with Customs Authorities and National Regulation Authority for Regulation of Medical Supplies ((Dirección General de Regulación, Vigilancia y Control de la Salud); PAHO aims to achieve finalization of customs formalities within 3-4 days.

PAHO and WFP have agreed on the necessary procedures for the custom clearance process with Ministry of foreign affairs, SAT and Ministry of Health, that will be carried out by PAHO and WFP will act as alternate. UNESCO has also offered any assistance in the logistics process if necessary.

The National Authority for Regulation of Medical Supplies as well as the Ministry of Foreign Affairs are informed of this forthcoming shipment and have confirmed that there should not be any issue for its importation as long as the following required documents are provided on time:

- packing list (with vaccines' date of expiration),
- invoice (donation letter) and
- airway bill.

We will also need the product analysis certificate, already provided by the United nations HQ.

The cost for custom clearance procedures and agent services was estimated at USD600.00 (single process).

The Ministry of Health may provide refrigerated vehicles to transfer the vaccines from La Aurora airport to warehouse and ultimately to the vaccination site. However, WFP already approached transportation company and will coordinate the refrigerated transportation (USD300.00) in case the Ministry of Health is not able to provide it. The identified vaccination site has adequate facilities and cold chain infrastructure including back-up generators for storage and handling of AstraZeneca vaccines between 2 and 8°C.

CRITICAL GAPS AND NEEDS FOR SUPPORT FROM THE GVDST

Although there is some flexibility with COVID vaccines and we received the Vo Bo from the Minister of health for their importation, the National Regulation Authority for Regulation of Medical Supplies usually requires medical products to arrive with at least 3 months of shelf life. Considering the expiring date of the vaccines ready to be shipped (9th July 2021), we would be grateful if packing processes as well as sending of packing list (with vaccines' date of expiration), invoice (donation letter) and airway bill could be sped up to ensure a shipment as early as possible.

TIMELINE

Vaccination can begin as soon as vaccines are received, medical staff are trained, and registration is done.

Prioritization will be done based on occupational risk as well as SAGE guidelines and as per the estimated priority groups noted above.

ENGAGEMENT WITH LOCAL AUTHORITIES

- Ministry of health,



- Ministry of foreign affairs.

Note: Standardized Note Verbales will be made available centrally, stating the purpose of the vaccination program, putting it into context with the COVAX and national covid-19 vaccinations programs.

OUTREACH AND REGISTRATION

Outreach and registration will be facilitated by the agency MEDEVAC Focal Points network which was established in 2020.

AFP	Participante	Nº teléfono celular	Dirección electrónica
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5. UNICEF	Ramiro Quezada	4877-2252	rquezada@unicef.org
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COMMUNICATION STRATEGY

This strategy will have the following **primary objectives**:

1. To address vaccine hesitancy among UN Community through select focal points in the UN agencies and ensure optimum uptake of vaccines,
 - a. Here the aim is to communicate proactively about the value of vaccines,
 - b. The strategy will build on existing content and will use agency specific communication channels to bridge vaccine hesitancy,
 - c. Address and arrest misinformation around COVID19 vaccines through social listening
2. To address any adverse incidents through robust crisis communication,
 - a. tied to addressing hesitancy will be the need to prevent and mitigate the negative impact of any event through a calibrated communication effort,
3. To clearly communicate in a transparent manner, all key stages of the vaccination programme of UN staff through identified focal persons, detailing issues of eligibility and support to staff and dependents,
 - a. Communicating on high-risk / priority groups and the rest of the eligible staff members will be key
4. To develop clear quicklines and package the UN vaccination programme for various external publics.

Target Audience:

Primary Audience: UN staff and dependents:

Secondary audience: Local officials as we navigate the framing of receiving vaccines ahead of the larger population.

Content, Tools & Platforms: This will be largely an internal communication and delicate communication drive, working with UN Agency designated communication focal persons, we will have to map and use the best platforms for internal communication. Building on and borrowing from content that has already been developed for the national communication programme;

- Information and Communications Interagency Group (GICI)
- Team meetings,
- PSAs and general content on COVID19 vaccine value, safety and scientific soundness of vaccines,
- Communication Toolkit for Health Workers at UN clinic facility where vaccines will be received,
- Abridged crisis communication plan,
- Standardized Norte Verbales for communicating with officials,
- Quicklines/ Q&A,
- Approach with the staff associations to listen to their observations and also make them share the official information.

External communication: Information on the vaccine for the UN personnel should be for priority use within the organization.

External communication must be treated with care, exclusively by spokespersons authorized by the Resident Coordinator, especially the members of the UNCT who are designated due to their mandate.



The strategy aim to avoid a perception of privilege, on the contrary, the reason for acquiring this vaccine can be raised with these elements:

1. Facilitating vaccination for it staff is a normal practice at the UN, in all countries. The most common is the flu shot.
2. All vaccines that will be applied to United Nations personnel have been purchased by the organization, including for national staff. Not even a vaccine purchased by the Government of Guatemala will be used to provide more units for the population prioritized by the Government.
3. UN personnel are constantly in contact with the population due to their work in health, education, humanitarian aid and activities that require field visits.
4. The provision of vaccines against COVID-19 that the UN has received, for its personnel around the world, is part of its protocol for the safety and protection of its personnel to keep its operations running in an emergency.