



**COVID-19
RESPONSE
VACCINES**

COVID-19 VACCINATION FOR UN PERSONNEL

GUIDANCE ON LOCAL VACCINE DEPLOYMENT

VERSION 2 – 27 MAY 2021

BACKGROUND

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](#)¹ on the order of priority. Many Member States have agreed to this. 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](#)².
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 program is being carried out.
3. The COVID-19 Vaccination Programme for UN Personnel is being coordinated by a newly established **Vaccine Deployment Working Group**, led by DOS, which merges with the First Line of Defense (FLOD) Working Group and reports to the FLOD Task Force. 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 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.
4. The Vaccine Deployment Working Group is setting up a **Global Vaccine Deployment Support Team ("GVDST")** that will provide hands-on support to the vaccination efforts carried out by UN country teams in the field, throughout the development of local vaccination plans and during the execution phase. UN partners such as DHMOSH, the UN Medical Directors (UNMD) network, the

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

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



Field Communications Working Group as well as IT and logistics specialists within DOS will form part of the GVDST to support to the country teams in addressing gaps and obstacles identified in the country specific vaccination plans.

PURPOSE OF THIS DOCUMENT

5. This guidance document provides UN Country teams and UN missions with a general approach on how to develop a country specific COVID-19 vaccine deployment plan. It identifies the key elements that should be addressed in the plan and suggest approaches depending on a number of criteria, such as the size of the population eligible for the vaccine, number of duty stations in country as well as the access to local health care services (UN, DPO and other). This document supported by guidelines, SOPs and checklists should be used to assess the operational readiness of UNCT and UN Mission to receive and administer the COVID-19 vaccine.

LOCAL VACCINE DEPLOYMENT COORDINATORS (LVDC)

6. At the country level, **Local Vaccine Deployment Coordinators (LVDC)** will be designated, who 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 Global Vaccine Deployment Support Team 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 register for vaccination, doses are received, handled and transported safely in country, vaccine administration arrangements are in place, etc. *The LVDC preferably should be a senior member of the UN Country team who can dedicate the time and energy to the planning, implementation and after-action reporting of the Covid-19 vaccination effort at the country level.*

LOCAL VACCINE DEPLOYMENT PLAN

SETTING UP A LOCAL VACCINE DEPLOYMENT TEAM (LVD TEAM)

7. The LVDC will assemble a Local Vaccine Deployment (LVD) Team of colleagues who will address the following **key functions/roles** of the local Covid-19 vaccine deployment plan:
 - a. Communication Responsibilities:
 - Communication strategy should be established and led by a *communication focal point*, providing a set of clear messages, announcing the imminent arrival of the vaccine, providing specific information on the product (vaccine name and type) and the purpose/intent of the vaccination.
 - A preview of the timing and schedule of the vaccine administration is published and is updated regularly. The LVDT may organize a Town Hall to raise awareness and answer any questions in advance of the administration of vaccines.
 - Eligibility criteria should be shared emphasizing that the vaccination is purely voluntary. This plan should also include public-facing communication to local populations and officials, with support provided by the Global Vaccine Deployment Support Team.
 - The communication would also include the sharing of the self-registration link to all contacts when the country is ready. The self-registration link should be shared with caution to ensure no duplication.
 - b. Identifying platform roles: LVDT should identify the following roles specific to the platform.
 - **Evaluator:** Evaluators will be responsible for conducting an eligibility review of all those who have self-registered. Evaluators can be at a global and/or country level. Nominations for evaluators must come from the organization at HQ level



and/or from the Regional Office at a country level.

- **Registrar:** Registrars will be responsible for assigning registered contacts to a clinic based on their country.
- **Scheduler:** Schedulers will be responsible for sending vaccine appointments to assigned contacts based on clinic availability and dose count.
- **Medical Personnel:** Medical personnel will be responsible for administering the vaccine based on standard medical procedures and updating information on the platform about the individual receiving the vaccine.

c. The vaccine administration as well as the setup of the vaccination site(s) including all the materials, equipment (refrigerators, cool boxes, etc...) expendable supplies and IT registration equipment will be the responsibility of *the designated medical professionals* identified to oversee and administer the COVID-19 vaccines. Standardized tools and online training will be provided to these professionals, who will also be responsible for maintaining the vaccine inventory and its disposition.

d. The transportation, storage and distribution of the vaccine to the vaccination sites will be the responsibility of a *logistics officer* who will track the different lots of vaccine as they arrive in country, are transported to the different vaccination sites and are administered to the population. The logistics officer will work closely with his/her medical, administrative and IT colleagues to maintain the vaccine inventory and its disposition. The logistics officer will also interact closely with logistics specialists within the Global Vaccine Deployment Support Team to ensure the successful delivery and import of vaccines into the country.

COUNTRY-ADJUSTED DEPLOYMENT MODEL

8. How the key activities/responsibilities of the LVDC are implemented will vary depending on a number of factors/circumstances at the duty station. The countries where vaccine will be deployed have been categorized into four distinct groups:

Model A: Country with one duty station with small UN covered population served by one major UN facility (either UN clinic or DPO)

Model B: Country with medium to large UN population, possibly with multiple duty stations, served by several UN facilities (UN clinic, DPO, other UN agency such as IOM, etc.).

Model C: Country with one duty station with small population, with no UN healthcare facility, served by third party/private/ national health services, and/or UN designated physician.

Model D: Duty station with small population with no UN health facility and little to no medical Infrastructure

9. **For Model A countries**, the local vaccine deployment team should have at least three members, including the LVDC, to address the 4 key functions. The LVDC could oversee the vaccine deployment as well as handle the communication function. With the help of administrative and IT staff the chief/senior medical officer could oversee the administration of the vaccine. Finally, the vaccine storage, transport and maintenance could be addressed by one administrative/logistic officer, who need to have demonstrated technical expertise to oversee the storage and maintenance aspects.

10. **For Model B countries**, while the communication and registration activities could be run from one central location, the LVD team led by the LVDC will need to identify focal points at the different duty



stations to handle the management of the vaccination site, the administration of vaccine as well as the handling and maintenance of vaccine stocks. Accurate registration of vaccine candidates will be essential to the effective distribution of vaccines and supplies to each vaccination site.

11. **For Model C countries**, early on, the LVDC will need to identify the facility / contractor willing and capable to administer the vaccine. Registration will need to be handled by the LVD team and the medical personnel role need to be provisioned to the contractor/ health facility prior to the vaccine rollout.
12. **Model D countries**, once identified, will need to be assessed on a case-by-case basis. Once vaccine candidates have been registered into the portal and that the amount of vaccine required has been confirmed, the LVDC will identify the best location to setup a temporary vaccination site. A deployable vaccination team will be identified and will deploy with the needed vaccine and supplies to the duty station. Communication with the community as well as the local authorities will be essential. Authorizations to enter into the country for personnel and vaccine will need to be requested and obtained early in the process.
13. The Global Vaccine Deployment Support Team (GVDST) will match each country to a specific deployment model and will engage with the LVDC in confirming the country's deployment model and identifying early on, priorities, needed resources and obstacles/challenges to the implementation of the local vaccination deployment plan.
14. If the LVDC foresees the need for additional support components (medical, logistics, etc., such as mobile vaccination teams) that cannot be sourced locally in a timely manner, the LVDC should communicate such requirements early on to the GVDST, as part of the LVD Plan. Where possible, the GVDST will make use of sourcing options available UN System-wide to address these local needs.

TIMELINE

15. The UN Medical Directors Network has established a country prioritization model based clear and objective criteria, such as the level of difficulty or complexity to vaccine access for the target population, access to adequate medical resources and other related environmental factors which may impede access to vaccines by the target population. UNMD's country prioritization model is published on the [COVID-19 Vaccination page](#) of the UN website.
16. The Vaccine Deployment Working Group will establish a road map for the distribution of vaccine doses to all UN country teams based on UNMD's country prioritization model 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. Critical country-specific considerations and the readiness of the respective LVD Team will also inform the initial allotments and shipments of vaccine to UN country teams.
17. The following process is proposed for the rollout of the COVID-19 vaccination program at the country level:
 - a. In line with the road map referred to in para 16, the Global Vaccine Deployment Support Team engages with the LVDC to set an agreed date for the start of the vaccination effort in the country with the receipt of vaccine doses at the main country hub (international airport) ("Day 0").
 - b. Based on this input, LVDC assembles the LVD Team and develops *a vaccine deployment*



timeline taking into account the key functions/roles of the plan (see above para 4.) as well as other factors such as:

- Envisioned delivery schedule of vaccine doses to the country team
 - (no. of batches overtime)
 - Population size, Vaccination capacity (site, personnel, etc.) / pace
 - Shelf life of vaccine doses
- c. Throughout the planning/preparation phase, the LVDC and LVD Team communicate frequently with the Global Vaccine Deployment Support Team to review checklists, SOPs, resolve issues, leading to a consensus on the timing of key events in the LVD Plan: vaccine shipment and storage, launching of portal, registration and validation of vaccine candidates and beginning of vaccine administration.
- d. The Global Vaccine Deployment Support Team will remain engaged with the LVDC and LVD Team during all stages of the vaccination process (Planning, administration, Review).
- e. A meeting on “lessons learned” and a final report on the vaccination effort will close the timeline.

ENGAGEMENT WITH LOCAL AUTHORITIES

18. Once the LVDC has been notified that his country/duty station will be receiving shortly Covid-19 vaccines to immunize the UN population, the UN country team should be informed and should reach out to the local health authorities to obtain the necessary authorizations to import Covid-19 vaccine into country. Standardized Note Verbales should be drafted centrally, stating the purpose of the vaccination program, putting it into context with the COVAX and national Covid-19 vaccinations programs.
19. Before initiating a shipment of vaccine doses to a country team, the GVDST will require a confirmation from the LVDC that the host nation has granted clearance for the shipment to be imported into the country, to avoid situations where vaccines are delayed in customs.

ELIGIBILITY, OUTREACH, REGISTRATION

ELIGIBILITY

20. The determination of the eligibility for the COVID-19 vaccine during a specific vaccination drive will depend on several criteria.
- I. **The categories of the individuals covered under the vaccination plan**, which includes:
 - a. **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.
 - b. **Eligible Dependents:** Dependents recognized, under the rules and regulations of the respective UN entity.
 - c. International personnel of **implementing partners** supporting UN mandate implementation, **including International Non-Governmental Organizations (INGOs).**
 - d. **Military and police personnel** and dependents deployed by the United Nations, as well as African Union troops part of the African Union Mission in Somalia (AMISOM).

Note: A reference document specifying the eligibility criteria will be available on [COVID-19](#)



[Vaccination page](#)³ of the UN website.¹

- II. **The highest priority groups** (on medical and occupational health grounds) as defined by the WHO SAGE Roadmap and UN Medical Directors Network. UNMD’s recommendations for the prioritization of occupational risk groups are published on the [COVID-19 Vaccination page](#) of the UN website.
- III. **The quantity of COVID-19 vaccine available for shipment**

OUTREACH AND REGISTRATION

21. Prior to the shipment of the vaccine, individuals eligible for the vaccination program as noted in para 20, who want to be vaccinated will be asked to **register for the vaccine**. They will be directed to fill out a registration form online on the Platform that will capture basic information on their identity, employment category, affiliated agency, location etc.

SCHEDULING SHIPMENTS OF VACCINE

22. The size of the first vaccine allotment /shipment will be established by the GVDST for each duty station based on previous survey results obtained, noting size of the different priority groups at the duty station (as per WHO SAGE and UNMD OSH guidelines). The quantity of vaccine to be sent will be validated with the LVD Team prior to shipment and last adjustments will be made as needed. In the first shipments of vaccine, the objective will be to immunize first those individuals identified as part of the highest priority groups. The size and frequency of follow-on vaccine shipments will depend on vaccine availability, lots’ expiration date as well as a number of requests submitted by the LVD team.

23. Once the COVID-19 vaccine allotment has arrived in a specific country, those who have registered will be contacted and scheduled to receive the vaccine.

VACCINE ADMINISTRATION

PREPARATION OF VACCINATION TEAM

24. Senior medical personnel (Chief Medical Officer, head of nursing staff) will assure that all individuals administering vaccine have undergone WHO COVID-19 vaccination training available at <https://openwho.org/courses/covid-19-vaccination-healthworkers-en>

25. All individuals administering vaccines will have been checked by supervisors on their vaccination administration skills level: https://www.un.org/sites/un2.un.org/files/coronavirus_newvaccinationskillschecklistforunhwcw.pdf

26. Individuals administering vaccines will have ability to manage anaphylaxis and other adverse reactions: https://www.un.org/sites/un2.un.org/files/coronavirus_vaccination_anaphylaxisguidelines.pdf

27. All supplies for anaphylaxis management will be available onsite at vaccination administration locations per below table:

³<https://www.un.org/en/coronavirus/vaccination>



MEDICATIONS AND SUPPLIES FOR ASSESSING AND MANAGING ANAPHYLAXIS

Should be available at all sites	To include at all sites if feasible
Epinephrine prefilled syringe or autoinjector* H1 antihistamine (e.g., diphenhydramine)†	Pulse oximeter Oxygen with delivery device (e.g. nasal cannula, face mask etc)
Blood pressure cuff Stethoscope	Bronchodilator (e.g., albuterol, salbutamol etc) H2 antihistamine (e.g., famotidine, cimetidine)
Timing device to assess pulse	Intravenous fluids Intubation kit
	Adult-sized pocket mask with one-way valve (also known as cardiopulmonary resuscitation (CPR) mask)

28. All necessary infection control precautions related to vaccine administration in context of a COVID-19 pandemic are in place. See <https://www.who.int/publications/i/item/who-2019-ncov-vaccination-IPC-2021-1>

29. For further information and resources regarding the UN Covid-19 Vaccination Program click here <https://www.un.org/en/coronavirus/vaccination>.

Click here

[https://unitednations.sharepoint.com/:f/r/sites/CovidVaccine/Training%20Material/Registration%20Portal%20\(Everbridge\)%20Training%20Material/Training%20videos%20for%20specific%20roles?csf=1&web=1&e=SaEQWw](https://unitednations.sharepoint.com/:f/r/sites/CovidVaccine/Training%20Material/Registration%20Portal%20(Everbridge)%20Training%20Material/Training%20videos%20for%20specific%20roles?csf=1&web=1&e=SaEQWw) for videos and attached guidance document so users can familiarize themselves with their respective roles.

SET UP OF THE VACCINATION SITE(S)

30. The LVD Team will decide on the number of sites required in country to administer the vaccine to the covered population. In general, the vaccination sites will be set up at those facilities where the covered population usually obtains medical care. For those populations in deep field locations, mobile vaccination sites may need to be established at strategic locations which permit the most convenient access to vaccine for this population.

31. The main components of a standard Covid-19 immunization site should include:

- i. Waiting room
- ii. Registration and pre-screening area
- iii. Immunization room
- iv. Emergency treatment area to deal with adverse reactions
- v. Supply room for expendable medical supplies and vaccines (cold storage capacity), printed materials, etc....
- vi. Post vaccination and discharge area

32. In addition, the following special considerations should be considered in setting up a COVID-19 vaccination site:

- a. PPE protection of the vaccination team (registration/ immunization personnel)
- b. Allow for a **large enough waiting room/** area that allows social distancing, as well as a **post vaccine holding area** where vaccine recipients would be observed over a 30-minute period.



VACCINATION REGISTRATION AND ADMINISTRATION WORKFLOW

33. The following suggested workflow should be adapted to the specific conditions at the duty station:
- a. Vaccine candidate registers through the portal, providing essential information to identify the individual, determine his/her eligibility for the program as well as his/her ranking on the priority list. Those individuals who have been previously vaccinated or who are presently undecided about receiving the vaccine are encouraged to register into the portal and report their vaccination status or intent.
 - b. Vaccine candidate's eligibility and priority status is reviewed and confirmed and is added to a list of potential recipients of the vaccine for a specific vaccination site/location.
 - c. As vaccine candidates register online, the number of vaccine recipient candidates is matched to the number of doses allotted to that specific duty station as per the data in the dashboard. If vaccine supply is in excess, additional vaccine candidates may be added to the list, as per the WHO SAGE and UNMD OSH criteria.
 - d. Candidates are scheduled for the administration of the vaccine. Data captured in the portal at the time of the vaccination include vaccine name and lot info, shot number, etc. Patient consent will occur electronically on the portal and an electronic vaccination certificate will be issued.
 - e. At the end of each vaccination period (day/session), a report will be issued which will tabulate the number of vaccine doses given at a specific location, making sure that personal identifiers of the vaccine recipients are omitted from the report.

VACCINE TRANSPORTATION, STORAGE AND INVENTORY MANAGEMENT

OVERVIEW

34. DOS will identify and purchase only COVID-19 vaccines that have received WHO Emergency Use authorization. Vaccine orders will depend on availability and the requests from the different duty stations, based on previous surveys as well as requests registered through the central vaccination portal. Duty stations will be asked to confirm the quantities of vaccine they require once they have implemented their local vaccination deployment plan and have gone through and validated their Readiness check list (see below).

SHIPPING FROM CENTRAL WAREHOUSING FACILITY AND RECEIPT BY LVD TEAM

35. Vaccine doses and corresponding essential ancillary items (syringes, needles, and alcohol swabs) will be shipped jointly to receiving UN entities from a central warehousing facility in Europe. The GVDST has contracted the services of a global airfreight forwarder and will arrange delivery of vaccines to international airports. The receiving UN entity is responsible for custom clearance and offloading at final destinations.
36. The freight forwarder will confirm repackaging details at least 3 days in advance of dispatch shipment in order for shipping documents to be finalized and consignee to confirm readiness to arrange clearance at destination.
37. Consignments of vaccines will be packed and prepared for shipment in the warehouse in Europe. Once the receiving UN entity provides all requested consignee details, including exact consignee name, address, and airport of destination, as well as confirmation that the host nation has granted clearance for the shipment to be imported, the consignment will be readied for shipment. Prior dispatch from the warehouse the LVD Team at the receiving UN entity will be provided with copies of the shipping documentation (air waybill, invoice and packing list) in order for the LVD Team to



prepare customs franchise and clearance at receiving airport. In order to avoid situations where the vaccines are delayed in customs at destination airports, each LVD is required to confirm clearance has been granted and readiness to receive consignment prior dispatch of vaccines from the warehouse.

- 38. Lead times for this process are expected to vary between receiving UN entities according to local conditions, ranging from 5-30 days. The sooner these clearance processes can be finalized the faster the vaccines can be shipped. Shipments are expected to reach destination airports within 5 days, though it is anticipated that some shipments may face delays in transit and these cases will be dealt with on a case-by-case basis to ensure cold chain is maintained and consignments reach destination as expeditiously as possible.
- 39. The freight forwarder will use thermal boxes that are required to maintain cold chain temperature for at least 24 hrs. beyond the scheduled arrival at the destination airport, in order to allow clearance and delivery at the receiving end. Thermal boxes will contain a temperature logger (USB format) that are to be plugged in a computer at destination to confirm uninterrupted cold chain.
- 40. The capacity, volume and key characteristics of the thermal boxes are captured in the table below.

Type of thermal shipper	Manufacturer	Max no. of vials contained in thermal shipper. (10 doses per vial)	Rated cold time in hr.	Inner Dimensions (mm)	Outer Dimensions (mm)
GTS-3L5D-RFG	Topa Thermal	100	96-120	200 x 130 x 120	400 x 400 x 360
GTS-7L5D-RFG	Topa Thermal	300	120	186 x 186 x 208	471 x 468 x 458
GTS-15L5D-RFG	Topa Thermal	600	120	386 x 186 x 208	668 x 471 x 458
GTS-30L5D-RFG	Topa Thermal	1200	120	386 x 386 x 202	675 x 671 x 455

INVENTORY MANAGEMENT

- 41. Proper vaccine inventory management focuses on the full life cycle of managing the vaccine supply chain for the UN Country teams or UN mission. Local vaccine inventory management will be performed by the Local Vaccine Deployment Coordinators (LVDC) or delegated persons/person. Management includes the purchase, receipt, storage, administration, and accounting of vaccines in a sustainable way. The inventory management of vaccines and ancillaries fall under the responsibility medical unit/section of entity receiving them. Associated consumables are delivered in bulk and are issued for consumption; they are not tracked individually.
- 42. As storage and transportation of vaccines is performed within regulated temperature parameters it is important to take charge of the vaccines immediately following customs clearance at the airport of arrival. Vaccines must be checked for temperature monitoring, inspected for quantity, packaging integrity, and securely stored immediately at the appropriate temperature. Inventory control necessitates the need to record, for tracking purposes, the vaccine type, brand/manufacturer, batch and/or lot numbers, production, and expiry dates; this is especially important when there are multiple delivery sites planned.
- 43. Current COVID-19 vaccines require two doses to be administered X-Y weeks apart (depending on product type). LVDC must carefully manage vaccine inventory to ensure completion of the vaccine series. Receiving entities will receive a sufficient supply of doses to vaccinate all persons will two doses. The second dose series should be received within X days of the recommended X-Y-week time interval.
- 44. LVDT must monitor and record each vaccine administered, stored or wasted and be able to properly account for all vaccines at any given time.



ELECTRONIC TRACKING OF VACCINE SHIPMENTS AND DOSES

45. LVD Teams will be required to record the receipt of vaccine doses and all subsequent in-country shipments, from the arrival airport to any interim storage site(s), up to the final destination points (vaccination sites). The information will be recorded by the LVD Team in a central Transportation Management system. This action will allow the Global Vaccine Deployment Support Team to keep track of the receipt of the shipments by all LVD Teams across the world. It will further allow to record the number of vaccine doses allocated to each vaccination site.
46. Once vaccine doses have been allocated to a particular vaccination site, the LCD Team records the information (number of doses per site) on the vaccination portal, i.e., Everbridge. This will allow for the system to calibrate the number of appointments that can be scheduled online per vaccination site.
47. Reports will be generated automatically, matching the number of doses inoculated at each vaccination site (information coming from Everbridge) against the number of doses initially allocated (info coming from the Transportation Management system) and possible wastage, thus allowing to track the number of doses remaining at each vaccination site in real time.

COUNTRY-LEVEL COVID-19 VACCINATION READINESS CHECKLIST

- **Identify LVDC and LVD team** (Identify trouble shooters/ problem solvers for Comm, IT, Vaccine administration and logistics).
- **Confirm country Model (A, B, C or D) and tailor to specific conditions in-country.** Identify vaccination sites, capacity, and gaps. Work with GVDST to address gaps.
- **Scope/Eligibility:** Determine/confirm **size of eligible population** and, among it, **number of individuals in high-risk / priority groups**. If the plan includes more than one vaccination site, estimate **breakdown of population by site**.
- **Timeline:** Engage with the GVDST to confirm the **start date** of the vaccination effort and **schedule of vaccine shipments**. Establish a **timeline** for the project.
- **Prepare to receive vaccine doses:** Submit required **shipping and import information** to GVDST ahead of first shipments (online form), including a confirmation that the host nation has granted clearance for vaccine shipments to be imported into the country.
- **Establish communication strategy**, develop essential messages for all key activities of the LVDP: Information (refer to FAQs and Website), registration portal and schedule, eligibility and privacy, vaccination site and patient flow, etc.; Engage UN community and Entity focal points; Participate in Webinars, share recordings, etc.
- **Ensure nominated roles are trained by GVDST**
- **Set up vaccination site(s)**, identify space, staff, and materials. Review SOPs and confirm capacity.
- **Set up Vaccine shipment**, inventory, distribution, and quality control.