



UN SYSTEM-WIDE COVID-19 VACCINATION PROGRAMME

GUIDANCE ON PHASE 2 OF THE LOCAL VACCINE DEPLOYMENT (LVD)

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PURPOSE OF THIS DOCUMENT

1. This guidance document summarizes the approach to be followed by the local vaccine deployment coordinators (LVDC) and their teams as they engage in Phase 2 of the UN System-Wide COVID-19 Vaccination Programme. This guidance document should be used as an adjunct to the comprehensive LVD guidance document which can be downloaded and reviewed on the UN.org website:https://www.un.org/sites/un2.un.org/files/guidance_on_local_vaccine_deployment_covid19 vaccine_programme for un_personnel.pdf.

BACKGROUND

- 2. In February 2021, the UN Secretary-General tasked the Department of Operational Support (DOS) to lead and coordinate a UN system-wide approach to ensure the availability of vaccine to UN personnel, their dependents and implementing partners. Complementing other existing mechanisms, the roll-out of the COVID-19 Vaccination Programme for UN personnel would provide a significant boost to the ability of personnel to stay and deliver on the Organization's mandates, to support beneficiaries in the communities they serve, and to contribute to our on-going work to recover better together from the pandemic. Every effort would be made to align the efforts of the Vaccination Programme for UN personnel with the COVAX rollout of vaccines to populations within countries.
- 3. In early March 2021, DOS acquired 2 lots of the COVISHIELD-AZ vaccine manufactured in India by the Serum Institute of India (SII), one lot of 100,000 doses that was purchased from the manufacturer and a second lot of 200,000 doses were donated by the Indian Government.

- 4. With the limited amount of vaccine available, the first task was to prioritize which countries would first receive the vaccine as well as to identify which individuals should first be vaccinated. Two key documents/tools produced by the UN Medical Directors Network (UNMD) provided us with the basis of these two prioritizations.
- 5. To execute the vaccination program following the above prioritization process, a registration program (the Everbridge Platform) was tailored to meet the key requirements of the Programme, that is to 1) verify the eligibility of the vaccine candidate as per the UN Vaccination program eligibility document 2) prioritize the vaccine recipients on the basis of the OSH model developed by the UN Medical Directors, 3) maintain and protect the confidentiality of the personnel records of the different UN entities stored in the platform and finally 4) document the administration the COVID-19 vaccine using WHO standards.
- 6. Finally, the deployment and administration of the vaccine at the local level required the identification, training and ongoing support of the Local vaccine deployment coordinators and their teams. Throughout Phase 1 of the Programme, these local teams were supported on a continuous basis by three critical teams, the shipping and logistics team out of OSCM, the Global Vaccine Deployment Support Team (GVDST) supported by DOS and several UN agencies as well the DOS/ Umoja Coordination Service (UCS) technical team which provided 24 /7 support to the field in the use of the Everbridge Platform and the registration process.

EARLY CONCLUSIONS FROM PHASE 1 OF THE PROGRAMME

- 7. While feedback from the field will continue to come in, there are some early conclusions that can be drawn from Phase 1 of the UN System-Wide COVID-19 Vaccination Programme:
 - a. From its onset, the Programme faced significant risks inherent to the Programme and to the circumstances surrounding this first vaccine deployment. These include:
 - the limited supply of vaccine and the unknown demand for vaccination from the UN covered community
 - ii. A controversial vaccine, difficult to "sell", with reported very rare severe side effects
 - iii. A complex registration platform that required intense support to include the varied eligible population (Employees, Uniformed personnel, INGOs, etc.)
 - iv. A limited capacity to deploy vaccine at remote locations
 - b. While many **challenges** appeared through the execution of this vaccine deployment, <u>most of these were surmountable</u> through the intense work provided by the LVDTs, the leadership of the RCs and UNCTs, supported by the GVDST and UCS teams. These challenges included:
 - i. Vaccine hesitancy due to the type/brand of vaccine proposed as well as the uncertainty of being able to receive second doses
 - ii. The confusion between the UN and National/COVAX vaccination programs
 - iii. The complex movement of 300,000 doses of vaccine to the 67 different locations, including the need to redistribute vaccine because of unanticipated surpluses
 - iv. The complex and lengthy registration process which required intense and continuous support from the UCS and GVDST teams
 - v. The decision by some local teams to bypass the registration process to expedite the administration of vaccine prior to its expiry date. This decision made the process of

accounting for all vaccinations more cumbersome down the line, with a need to update the Everbridge platform after the facts based on the offline and at times incomplete records.

- vi. The slow and uncoordinated inclusion of the INGO community into the vaccination program
- c. While the final accounting of this vaccine deployment is still a work in progress, it appears from the early reports that, except for the INGO population which was included late in this deployment, a great majority of the UN covered population in the 66 countries where vaccine was deployed were given the opportunity to be fully vaccinated with the COVISHIELD vaccine provided by the Programme. So far, the majority of the LVD teams have assessed the vaccine deployment as highly successful and that they were well supported by DOS' GVDST and UCS teams.

AVAILABILITY OF NEW COVID-19 VACCINES FOR PHASE 2 OF THE PROGRAMME

- 8. Having started with a limited supply of the COVISHIELD- Astra Zeneca vaccine purchased and donated by the Indian government; the UN Vaccination Programme have now received sufficient vaccine to provide vaccinations to a broader population located in the 152 countries covered under the UN System-Wide COVID-19 Vaccination Programme. These additional vaccines will provide us with the needed flexibility to deploy vaccine at those locations where they are the most needed, depending on the need of the covered population, the local access to vaccine through the National/COVAX programs as well as the local prevalence and activity of COVID-19.
- 9. The three vaccines we expect to have available in Phase 2, which are all WHO approved for emergency use, include:
 - a. **The Astra Zeneca (Covishield) vaccine**. This vaccine will be especially useful at those locations where individuals need an additional dose of this vaccine to complete the vaccination process.
 - b. **The Johnson and Johnson/ Janssen COVID vaccine**, which requires only one injection to provide full protection against COVID-19. Our objective is to prioritize the deployment of this vaccine to locations where staff are located at remote locations and where transportation of vaccine and access to vaccination sites may be particularly challenging.
 - c. **The Sinopharm vaccine**, a vaccine which required two doses, 28 days apart and which can be deployed at those locations where this vaccine has been approved by the national authorities.
- 10. Quantities and expiration dates of all three vaccines are expected to be sufficient so as to cover most of the population eligible under the program, well into the second quarter of 2022.
- 11. Considering the scarcity and life-saving nature of the COVID-19 vaccines, the Programme is required to account for every dose administered in each country at any time. Therefore, all doses administered to eligible individuals must be promptly recorded in Everbridge. Local teams are encouraged to identify resources with good IT skills, responsible for ensuring the accuracy and completeness of the Everbridge data with support from the global UCS team.
 Note: Local teams must also keep separate accounts of doses that cannot be administered (e.g. lost, wasted, discarded, etc.) and promptly report such quantities to the GVDST.

Please note that the above vaccines can only be used within the UN System-wide COVID-19 Vaccination Programme to vaccinate eligible individuals under the Programme and cannot be donated. Please see the Programme Eligibility document for reference.

Specific contractual obligations related to the administration of the Janssen vaccine
The contract with Janssen/ Johnson & Johnson includes specific obligations on the part of the UN, which need to be adhered to by all local teams administering this vaccine under the Programme, as follows:

- No amount of the Janssen vaccine is allowed to be donated to parties outside the UN System-wide COVID-19 Programme without prior approval by J&J, even if the vaccine is approaching its expiration date.
- In case the United Nations has any unadministered stock of the Vaccine Volume past the Vaccine
 Expiry Date, the UN shall promptly notify J&J thereof and destroy such Vaccine Volume at its own
 cost and provide J&J with a certificate of destruction. Local teams are to promptly submit such
 certificate of destruction to the GVDST for consolidation and communication with the
 manufacturer.
- The UN shall inform J&J of any Adverse Events Following Immunisation and Special Situations following use of the vaccine, within three business days. Therefore, local teams must report such Adverse Events Following Immunisation and Special Situations immediately to UNHQ. "Adverse Events Following Immunisation" shall mean any untoward medical occurrence in a patient or a clinical-trial subject following immunisation, which does not necessarily have a causal relationship with usage of the COVID Vaccine. An Adverse Event Following Immunisation can therefore be any unfavourable and unintended sign (e.g., an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal product, whether or not considered related to this medicinal product.
 - "Special Situations" shall mean any special situation, including reports of exposure **during pregnancy or breastfeeding**, overdose, abuse and misuse, medication errors, suspected transmission of any infectious agents, outside of label use, occupational exposure, inadvertent or accidental exposure, failure of expected pharmacological action, unexpected therapeutic or clinical benefit, expired drug use and falsified medicine.

IMPROVED CONDITIONS DURING PHASE 2 OF THE PROGRAMME

- 12. The context and circumstances surrounding the deployment of Phase 2 of the Programme permit a more streamlined approach to the vaccination process. These new conditions include:
 - a. Larger quantities and varied types of vaccine with prolonged expiry dates available in Phase 2 should diminish considerably the vaccine hesitancy experienced during Phase 1 of the Programme.
 - b. As the registration platform has been activated in 112 countries where LVD coordinators and teams have been identified, the registration process has been initiated well in advance of the deployment of vaccine. LVDTs have been given greater visibility on the registration process, the local vaccination teams are now able to move the vaccine candidates more effectively through the registration process.
 - c. Vaccine shipments in Phase 2 will be more precise, based on the registration data obtained on the Everbridge platform and other information, e.g. regarding uniformed contingent personnel deploying without being vaccinated. When registering on to the platform, individuals can now not only express their desire to be vaccinated but also inform us on their vaccination status as well as the specific vaccine they already received, however they cannot express a preference for a particular vaccine. This information will determine the type and quantity of vaccine required to be shipped to each location. Future vaccine shipments will therefore be timelier with surpluses kept to a minimum.

- d. The prolonged shelf life of the vaccine will diminish the pressure imposed on the vaccination teams, leading to a more structured and organized approach to the vaccination process and should avoid any need to bypass the registration process.
- e. As the UN System-Wide COVID-19 Vaccination Programme becomes more streamlined and as more vaccine types become available, the hope and expectation will be that the remaining unvaccinated covered populations in Phase 1 countries who declined vaccination for a variety of reasons will come forward and register unto the Everbridge platform so that they may be vaccinated.

STREAMLINED AND STEPWISE APPROACH TO THE VACCINATION PROCESS

- 13. As the future deployment of vaccine will be based on the number of individuals registered on the platform who have noted their desire to be vaccinated, DOS' GVDST and UCS teams will engage with the Local Vaccine Deployment Coordinators and their teams in implementing a stepwise approach to the deployment and administration of these new vaccines:
 - Step 1: Registration of all eligible UN covered personnel on to the Everbridge platform
 This initial step is essential to the success of the whole program, as vaccine shipments will be
 based on the registration data on the platform. All covered employees and their eligible
 dependents are strongly encouraged to register on to the Everbridge platform. When registering
 on to the platform, individuals can now not only express their desire to be vaccinated but also
 inform us on their vaccination status as well as the specific vaccine they already received. This
 information will determine the type and quantity of vaccine required to be shipped to each
 location. LVD teams, with the help of their Communication Focal Points, should organize
 community outreach events to promote the Vaccination Programme and inform the community on
 the purpose of the platform and on how to register. Finally, the Local Vaccine Deployment teams
 have been provided with a new platform role, that of country administrator, which will provide
 them greater visibility on the registration process and will help them move the vaccine candidates
 more effectively through the registration process.
 - **Step 2**: **Early configuration of the Everbridge platform** for each location, based on the identification of the vaccination sites and all key users of the platform.
 - Step 3: Engage with the DOS' teams in identifying the quantity and type of vaccine needed at the duty station based on registration data and other factors.
 - **Step 4**: **Address all logistical components of the vaccination process**: set up of the vaccination sites and vaccine storage facilities, obtain national health authorizations to import vaccine, address all transportation requirements, including custom clearances, etc.
 - **Step 5: Confirm readiness to receive vaccine** through the form as per Annex 2. Ensure that the platform is fully configured and that users have been trained and are able to successfully access the platform.
 - Step 6: Vaccine reception and roll out.
 - **Step 7: Ongoing support through the vaccination process:** Establish a local helpdesk to provide ongoing support throughout the vaccination process. The Phase 1 rollout proved that with a local helpdesk established for the Programme, the vaccination rollout proved relatively smooth.

STANDARD OPERATING PROCEDURE (SOP) FOR VACCINE REQUESTS DURING FUTURE PHASES OF THE PROGRAMME

14. LVDCs are requested to follow the below procedure in requesting COVID-19 vaccines:

- a. Obtain the number of registered vaccine candidates wanting to be vaccinated (using Annex 1 Everbridge Dose Calculation procedure):
 - Requiring full vaccination
 - Requiring second doses (previous dose provided from Phase 1 or from other source)
- b. Compile other requests for vaccines outside of the platform such as uniformed contingent personnel (military and police), INGOs, or NGOs, COP26 participants
- c. Proceed with registration of all new participants in the Programme
- d. Review and confirm data with the GVDST focal point
- e. Fill out vaccine and shipment requests forms online (see <u>Annex 2</u> type and quantity of vaccine request form and shipping form)
- f. Engage with the LVD logistics team to obtain necessary authorizations to import vaccine
- g. GVDST and OSCM team validate shipment request
- h. OSCM proceeds with execution of the shipment

Annex 1: Everbridge Dose Calculation Procedure

In order to accurately calculate the number of doses required for Phase 2. Local Vaccine Deployment Team (LVDT) with their Local Vaccine Deployment Coordinator (LVDC) would need to work closely with their GVDST focal point and use their privileges in the Everbridge platform through the 'Country Admin Read Only" role.

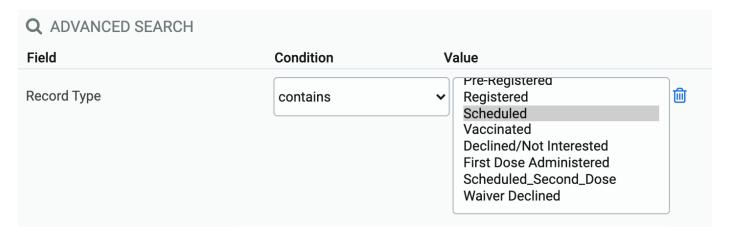
Please note that there are four different groups of Individuals potentially registered in the Everbridge Platform as follows (we will use acronyms G1, G2, G3 and G4):

- 1. Group 1 (G1): Users that have been waiting since Phase 1 and were not able to receive vaccine due to expiry or limited quantity. These users can consist of those individuals who may have been moved to "scheduled" state and have not yet received any dose.
 - a. G1.1: Users who are at "Scheduled" state and require "two" doses
 - b. G1.2: Users who are at 'Scheduled_Second_Dose' state and require only "one" dose.
- 2. Group 2 (G2): Newly registered users, who may have completed all the steps of registration and have indicated that they require full vaccination (i.e., they have not received any vaccine from anywhere and are waiting). These folks would be in "Registered" state in the platform.
- 3. Group 3 (G3): Newly Registered users who may have completed the initial registration step and have indicated that they wish to be vaccinated, however, only want a second dose. However, depending on the answer to the question ("If yes to any of the above two questions, please indicate the Vaccine you have received") about previous dose, we may not be able to provide them the second dose, in this case we have following two options:
 - a. G3.1: Eligible Individuals who have taken first dose of COVISHIELD™ (ChAdOx1 nCoV-19) AstraZeneca or Sinopharm BBIBP-CorV.
 - b. G3.2: Those who indicate any other vaccine as previous dose, will not be eligible for now
- 4. Group 4 (G4): Users have registered, and indicated that they wish to be vaccinated, however, have not yet fully completed the registration or are waiting to be cleared by the evaluators.
- 5. Final step would be to add the above 4 groups to calculate number of doses. Please keep in mind, if the calculation is being perform for a single dose vaccination, do not multiple by 2 as demonstrated in the below step by step guide.

The following Steps demonstrate how to calculate the numbers for each of these groups using the "advanced Search" functionality in the Everbridge platform.

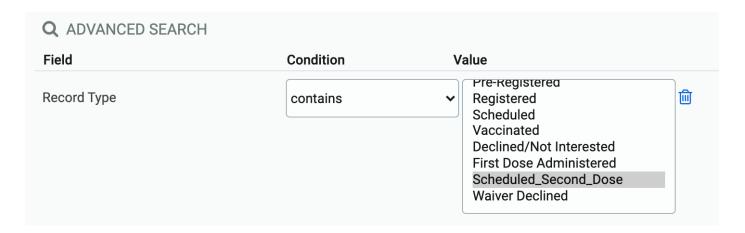
Step 1. Calculate Group 1 (G1) candidate:

1. Perform Following two Advanced Search to calculate G1.1 and G1.2:



View 1 - 25 of 207

Result at the bottom of the page:



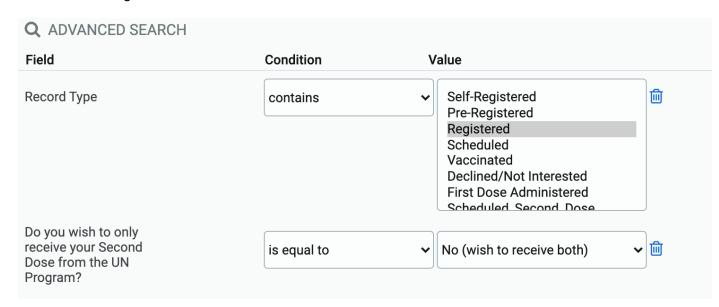
View 1 - 25 of 114

Result at the bottom of the page:

- 2. Calculate total number of Doses as follows:
 - a. (G1.1 X 2) + G1.2
 - b. In the example above, this would be: G1.1 = 207 and G1.2 = 114, hence, the total would be $(207 \times 2) + 114 = 528$
- 3. Record value of Group 1 G1 as 528 doses (if using two dose vaccine) for subsequent steps.

Step 2. Calculate Group 2 (G2) candidate:

1. Perform following Advanced Search to calculate G2



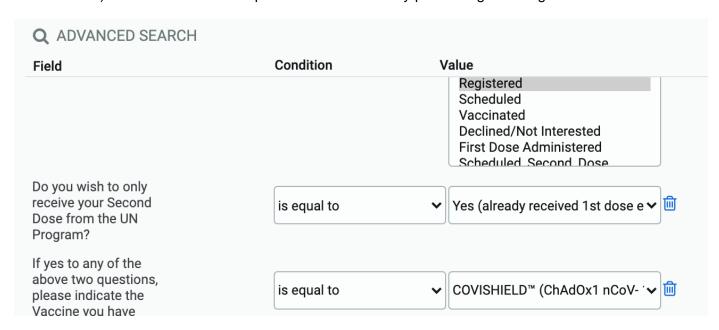
View 1 - 25 of 94

Result at the bottom of the page:

2. In order to calculate the number of doses, you would multiple the result with 2 and hence you would record value of Group 2 G2 = 94 X2 = 188 in the above example. Hence G2 = 188.

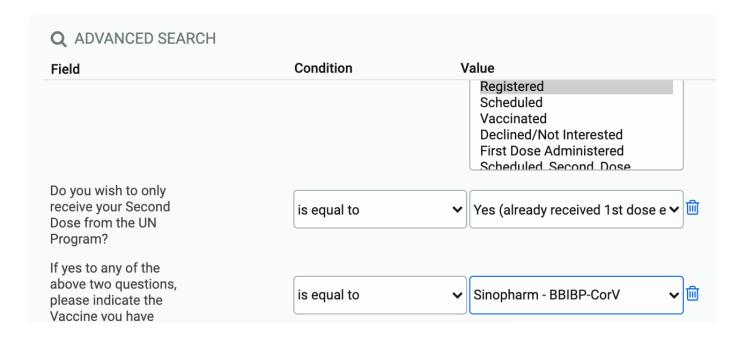
Step 3. Calculate Group 3 (G3) candidate:

1. Calculate G3.1: Eligible Individuals who have taken first dose of COVISHIELD™ (ChAdOx1 nCoV- 19) – AstraZeneca or Sinopharm - BBIBP-CorV by performing following Advanced Search:



View 1 - 1 of 1

Result at the bottom of the page:



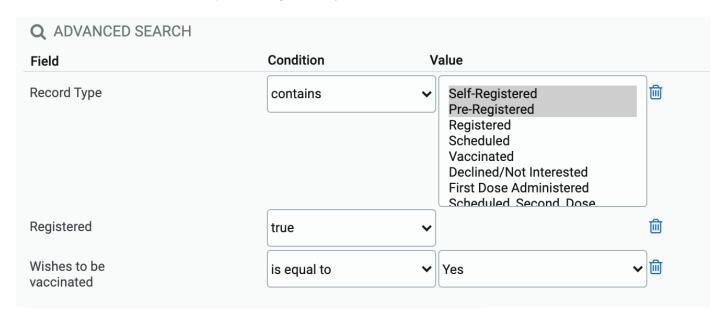
View 1 - 1 of 1

Result at the bottom pf the page:

2. Hence, the G3.1 would be equal to = 1 + 1 = 2 as per the screenshot above. Record G3.1 = 2 (Please note, as this is a request for only one dose, you will not multiply the G3.1 with 2.).

Step 4. Calculate Group 4 (G4) candidate:

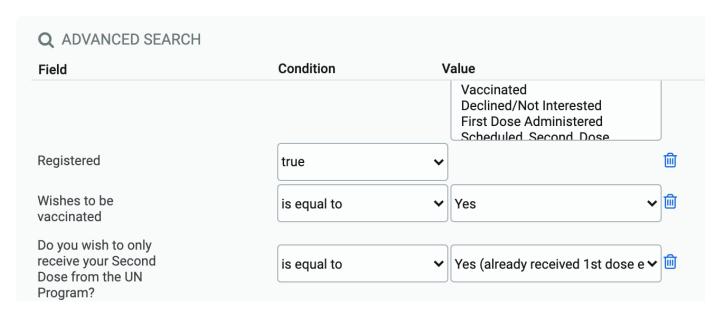
 Calculate, G4.1 users that have registered, and indicated that they wish to be vaccinated, however, have not yet fully completed the registration or need an Evaluator to approve their registration. Perform Advanced Search as follows (please note the search field "Registered" is different from the Record Type – 'Registered"):



View 1 - 25 of 58

Result at the bottom of the page:

2. Calculate G4.2 users, where they users have indicated that they may not need 2 doses, and hence the following search should identify how many needs one dose only:



Result at the bottom of the Page:

View 1 - 4 of 4

3. Hence the total for Group 4 would be as follows (G4.1 - G4.2)X2 + G4.2 = (58-4)X2 + 4 = 112

Step 5. Calculate Total doses required by adding the various Groups as follows:

1. G1 + G2 + G3 + G4 = total doses required. In the above example it would be as follows:

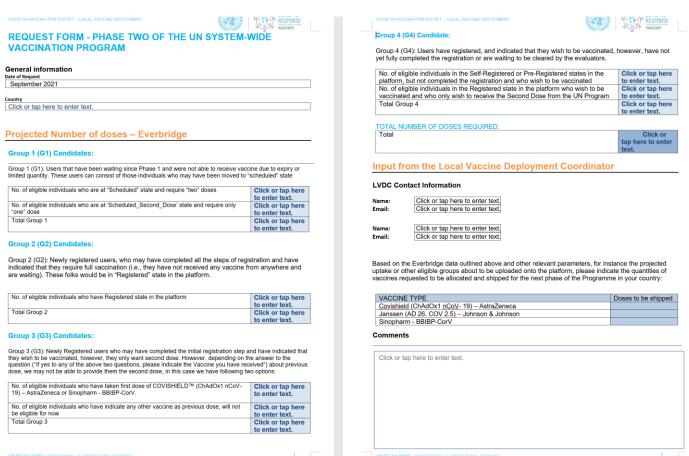
528+188+2+112 = 830 doses.

Annex 2: type and quantity of vaccine request form and shipping form

Further to Annex 1 and to assist the Local Vaccine Deployment Teams (LVDTs) in their review of the number of doses that will be needed for each of the four groups that have been identified, the data from Everbridge is being extracted and uploaded to a shared site as an MS Word form for each country on a daily basis. The LVDTs may access the folders for their respective countries using the link pasted below.

https://unitednations.sharepoint.com/:f:/r/sites/CovidVaccine/Shared%20Documents/Vaccine%20Request%20Form?csf=1&web=1&e=IG8a3t

A screen shot of the first two pages of the form is pasted below for reference. In the first section entitled "Projected Number of Doses – Everbridge", figures for each of the four groups based on the Everbridge data appear. These figures are prepopulated and may not be changed. The LVDT is responsible for reviewing the accuracy of these figures, as these values represent the quantity of doses of vaccine that will be allocated to each country based on the population data that had been previously reported by each team. In the second section entitled "Input from the Local Vaccine Deployment Coordinator", the LVDT can provide input on the number of doses by vaccine type that they will require for Phase 2 of the program, based on the figures above as well as other factors such as projected uptake or new groups to be loaded into Everbridge.



^{*}All operational and guidance document related to the UN System-Wide COVID-19 Vaccination Programme are available at: https://www.un.org/en/coronavirus/vaccination