



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:

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

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.

- 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 onto 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









## Step 2. Calculate Group 2 (G2) candidate:

1. Perform following Advanced Search to calculate G2

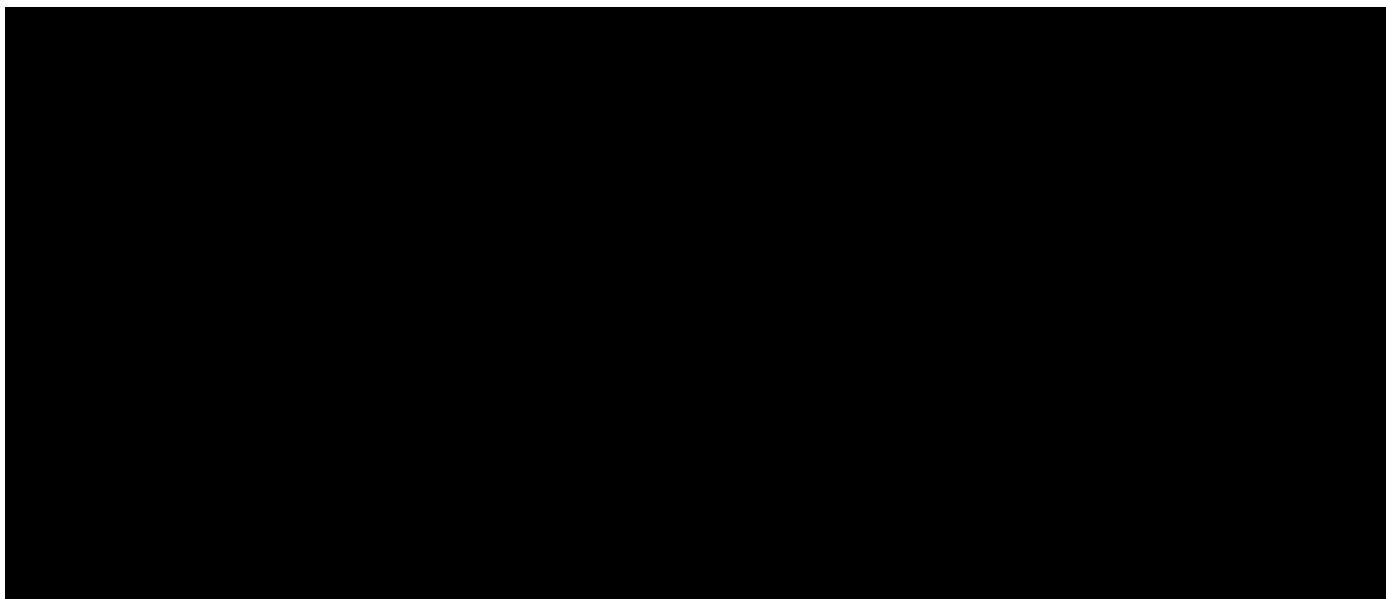


Result at the bottom of the page:

2. In order to calculate the number of doses, you would multiply the result with 2 and hence you would record value of Group 2  $G2 = 94 \times 2 = 188$  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:



Result at the bottom of the page:

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.).





