Republic of Somaliland

Ministry of Health Development (MoHD)

National Deployment Plan (NDP) for Covax Vaccine, Somaliland, Feb 2021

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22. Target population

1. Introduction

Somaliland is currently facing a multi-dimensional emergency situation from the ongoing **pandemic of covid19**, since the outbreak was identified in China on December 2019, when the World Health Organization (WHO) declared to be a Public Health Emergency of International Concern on 30 January 2020, and recognized as a pandemic by the World Health Organization on 11 March 2020.

From the disease outbreak break peak, followed by decline status and till at present, the Somaliland government has been strictly following and abide to the WHO recommended Strategic priorities of interventions and response approaches in all thematic areas of; Surveillance, Case management, Risk communication, supplies management, infection Prevention Control, etc to limit the spread of the infection, prevent morbidly and mortality of the disease as well as to reduce the burden on health-care facilities.

Following the international strategies of controlling the pandemic covid19 disease, and sustaining very low incidences approaches through introduction and use of the Covax vaccines, the ministry of health development (MoHD) of Somaliland Republic is developing a National Deployment & Vaccination Plan (NDVP), which constitutes a country's overall plan to deploy vaccines and deliver vaccination to identified target populations.

This NDVP is considered as the "Republic of Somaliland country plan", as its framework is consistent to global covid-19 vaccine deployment and vaccination efforts in all countries, through the partnerships of; Gavi, WHO and UNICEF, as well as other international donors of the world, to conform the NDVP Standard Review Form (SRF) which will be used by reviewers for supporting the program.

2. Scope and objectives:

The NDVP will serve within the Somaliland country for COVID-19 vaccine deployment, among the 92 AMC counties under the Gavi-global support and assistance, through the partners of WHO and UNICEF working together to finetune the NDVP, and in Somali8land context it will cover all regions and of Somaliland

Moreover, the following objectives for specific outputs for developing Somaliland NDVP;-

1) To develop a guiding document for COVID-19 vaccines in Somaliland, under the core principles of the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination.
2) To develop a roadmap for prioritization roadmap and fair allocation mechanism for COVID-19 vaccines in Somaliland population
3) To get guiding document directing the national government on managing the deployment, implementation and monitoring of COVID-19 vaccines, through the joint partners who provide the required support.

4) To establish in Somaliland a *COVID-19 vaccine deployment and vaccination mechanism* owned by the ministry of health development (MoHD) in collaborations mechanisms across all sectors of government and multi-stakeholders.

3. Planning and Coordination:

For developing and attaining specific NDVP, the MoHD of behalf of national government will be introducing and deploying COVID-19 vaccines will require key national decisions to be made both prior to, and during, vaccine deployment, by ensuring a robust, accountable and transparent decision-making structure and process, at country level for the interest of protecting of the public based on epidemiological need.

The MoHD of Somaliland government will establish a COVID-19 national coordinating committee (NCC) for the successful planning, coordination and implementation of activities, which can be adapted from an existing oversight and management senior-level coordinating mechanism for the overall health sector.

The coordination mechanism, or NCC, should be presided over by senior-level officials from the MoHD, and have a multisectoral representation composed of senior-level officials from relevant ministries, supporting partners, Media, representatives from private sector providers and civil society organizations.

A major focus will be an ensuring integration with existing immunization programmes and coordination across programmes and different sectors embedding the vaccination programme into existing health system structures within the context of the MoHD health policy and health system strengthening plans.

4. Strengthen the national EPI technical group

By enhancing the competencies and roles of the national immunization working group, the Covax NDVP will make high priority national immunization coordination to capacitate and ensure adequate, transparent and credible information flow between the decision-making process and contribute to building public confidence in the COVAX vaccination programs, through following earmarked responsibilities: -

1) Periodic reviewing of country relevant data on the national/regional epidemiology and sero-epidemiology of COVID-19, including laboratory confirmed cases, hospitalization and deaths associated with COVID-19 and data on natural immunity.
2) Advising the MoH on priority groups and vaccination strategies based on the evidence collected and available global and regional guidance, i.e. values framework.
3) Updating the advice, and, in particular, issue vaccine-specific recommendations, as new information comes in the characteristics of COVID-19 vaccines under development, including efficacy, immunogenicity and safety in different age and risk groups, effect of the

vaccine on acquisition and transmission of infection, available supply of vaccine and vaccine supply forecasts, etc.;

4) Keep the best communication approaches regarding COVID-19 vaccine introduction, taking into account vaccine characteristics and public acceptance dynamics

5. Establish a chain of reporting and management structure

For the best planning of effective deployment of vaccines and vaccination, the MoHD of Somaliland will strengthen the management of the planned activities and processes and the ability of the managers to make rapid decisions at all levels.

The established well structures and processes of chain reporting system will support decision-making should include individuals or designated offices that exist within the country, to identify roles and reasonability and reporting lines of each focal point embedded in the national coordination mechanism.

Furthermore, each of these focal points or designated offices will differently delegated for technical support to six areas of work (planning and management, supply chain management, training and supervision, demand, vaccine safety, monitoring and evaluation) at all levels to support operations at all levels.

Therefore, the specific reporting channel, information sharing feedbacks mechanism will be: -

Central → Regional → Districts → Health facility → Community

6. Identify budget inputs and the responsible budgetary units

Due to meagre Somaliland national budget, currently, the Covax vaccine plan will depend on external support for preparing national budgetary and financial management processes to ensure COVID-19 vaccine delivery requires multiple actions, to implement the required deployment plan costed, and maintain leveraging the existing health system to maximize efficient spending.

In the partnership and support from WHO & UNICEF through Gavi-funds, the MoHD will be engaged on budget planning and considerations should align and bear in mind the different phases of vaccine allocation to the country and identified target population, in wide consultation with stakeholders.

Inline with Gavi-funds and Covax vaccine experts, the *short-term budget should consider* the initial allocation that covers the first 3% of the national population (health workers) and the next 17% of the population (older people and those with underlying health conditions). The medium-term budget should consider the incremental shipments to cover beyond the initial 20% (the additional priority populations).

However, the MoHD of Somaliland would furtherly advocate to tab any possible funding sources and budgeting to have additional cost on top of current routine immunization and health

system spending, including to persuade the national finance min fiscal reality to supplement with available resources, as well as to seek any potential from private and community stakes.

7. Identification of target population:

The decision-making process for identifying target populations should be led at country level, but largely through technical advisory and recommendation from WHO & UNICEF, which is having potential considerations from the consultation with stakeholders are advised to base the initial decision-making on identification of target populations: -

- Health workers
- Older people
- People with underlying health conditions
- Point of entries staff.

In the meantime, the global-based initial selection target populations for the African countries have based on following considerations:
1) The WHO SAGE values framework;
2) The WHO SAGE prioritization roadmap: a) vaccine supply and availability, b) national context and epidemiologic setting.
3) The fair allocation mechanism for COVID-19 vaccines through the COVAX Facility.

However, from the WHO Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility, the globally COVID-19 vaccine allocation is planned in the following two phases.
1) Phase 1: Allocated proportionally to all participating countries:
Initially cover 3% of the national population. It is anticipated that this initial allocation will be for **health workers**.

a) By choosing to set a 3% benchmark, WHO wants to ensure that volumes meet the needs of well-resourced health systems while not penalizing countries with a lower proportion of health workers.
b) If health workers make up less than 3% of the national population, additional doses can be used for the next priority group within the country.
c) Incremental shipments to reach a further 17% of a country's population will follow. It is anticipated that this will likely be for **older people and individuals with underlying health conditions**.

2) Phase 2: Countries will receive doses to vaccinate populations beyond the initial 20% included in the first phase. Consideration may be given to a country's risk in establishing the pace at which it would receive additional volume of vaccines.
In addition, there should be plans for a "humanitarian buffer" to be made available to ensure that sufficient supplies of vaccine are available to attend to and manage humanitarian situations, deployments and other emergency related situations.

8. Vaccination delivery strategy of Covax vaccine:

According to the lobal context, the Somaliland National strategies for COVID-19 vaccination delivery will need to be tailored based on the vaccine characteristics, the risk-benefit assessment for different population groups, the amount and pace of vaccine supply, and be in line with countries' specific health systems and context, through following the precise details on the vaccine schedule and recommendations for administration will be defined once a COVID-19 vaccine is received for use.

The MoHD with supporting partners will adopt the potential strategies, including vaccine deliveries based on; vaccine properties, vaccine availability and characteristics of the target population, and integration to the across programs of PHC, noncommunicable diseases; the overall health service delivery platforms within the health system; and across different sectors, in order to seek leverage on the vaccination strategies in the country.

9. Enforce infection prevention and control (IPC) measures

Somaliland government will follow the WHO recommends that IPC programmes should be in place at national and health care facility levels and should include an IPC focal point at each facility. Managers of immunization centres need to ensure adequate access to IPC supplies and equipment, e.g. PPE, masks, alcohol rub or handwashing stations with soap and clean water, to enable health workers to adhere to IPC measures during outreach activities.

These preventative measures, intended for the health workforce, would include appropriate hand hygiene (handwashing or use of hand sanitizer), appropriate use of masks, ensuring there is no shared equipment or that adequate cleaning is occurring between recipients, and that the immunization centres are restricted to essential personnel and recipients.

Immunization activities should be undertaken in a clean and hygienic environment that facilitates practices related to the prevention and control of infections. This includes ensuring adequate physical distancing during immunization sessions and in waiting areas; this may be done by limiting the size of sessions and using open spaces where feasible, and changing the existing environment to allow for this.

Immunization sessions, irrespective of the vaccination strategies used, will need to adhere rigorously to best practices for IPC, both to protect health workers (against communicable diseases through needlestick injuries, or close contact), protecting the receivers of the vaccines, and their families and community around them against COVID-19. Most of the initial vaccine delivery scenarios prioritize vaccination for target populations who are at highest risk for COVID-19, therefore it is particularly important to be attentive with IPC precautions in order to avoid having the vaccination events inadvertently become transmission events for high-risk populations.

10. Integrate COVID-19 vaccination with other health interventions across the life course

The MoHD of Somaliland will emphasize that COVID-19 vaccines will provide countries with opportunities to extend immunization services across the life course, and potentially improve integration of immunization with other health services.

Therefore, in advance of a COVID-19 vaccine becoming available, the MoHD will engage in multisectoral collaborations in an effort to provide comprehensive disease prevention approaches, as well as planning an integrated approaches can be more comprehensively addressing populations' health needs, make efficient use of resources and improve collaboration between programmes, potentially leading to increased demand for services, which in turn can reduce morbidity and mortality

11. Preparation of supply chain and management of health care waste

High and most strategic option, the Somaliland MoHD will be prioritize the efficiency of Supply chain readiness to effect deploying COVID-19 vaccines to the target populations in line with defined vaccination strategies.

Therefore, the MoHD will enhance an effective managed supply chain is crucial to the successful deployment of COVID-19 vaccines. Based on the current information shared by the manufacturers, it is assumed that most vaccines will be stored at +2 °C to +8 °C, with exceptions that some vaccines that would require ultra-cold chain (UCC) equipment (-70 °C) and either frozen phase change material (PCM)[1] or dry ice in lieu of traditional cold packs during transport. Prior to vaccine introduction, countries need to conduct careful assessments of the existing supply chain system to be able to identify and address gaps, such as in storage, distribution, temperature monitoring and tracking, tracing and reporting vaccine stocks. Where countries are unable to support all the additional capacity requirements, contracting private sector resources may be considered to address the capacity shortfall.

The MoHD will focus to maintain the following key elements to ensure successful COVID-19 deployment operations: -

1) Coordinated deployment plan and standard operating procedures (SOPs) communicated to all levels of the supply chain managers;
2) Adequately trained, and sufficient quantity of supply chain and health staff;
3) Sufficient cold chain capacity, including surge capacity, and capacity for ongoing maintenance;
4) Efficient supply chain system and infrastructure;
5) Data recording and reporting mechanism for vaccines and cold chain equipment;
6) Robust oversight and data-driven management, including systems for monitoring adherence to cold chain practices;
7) Secured resources from both internal and external sources.

12. Assess vaccine, logistics and cold chain capacity needs

Through joint partnership and effective coordination roles, the MoHD willworkout with supporting partner of WHO and UNICEF, the following are pre-requisites to the development of appropriate deployment strategies:

1) Forecasting vaccine and logistics needs: The Immunization Supply Chain Sizing Tool provides information on equipment, supply and budget requirements needed to support deployment and vaccination operations based on the size of the population to be vaccinated.

2) Assessing available storage capacity: The Cold Chain Equipment Inventory and Gap Analysis Tool is useful in assessing vaccine volumes and corresponding cold chain capacity per catchment area.

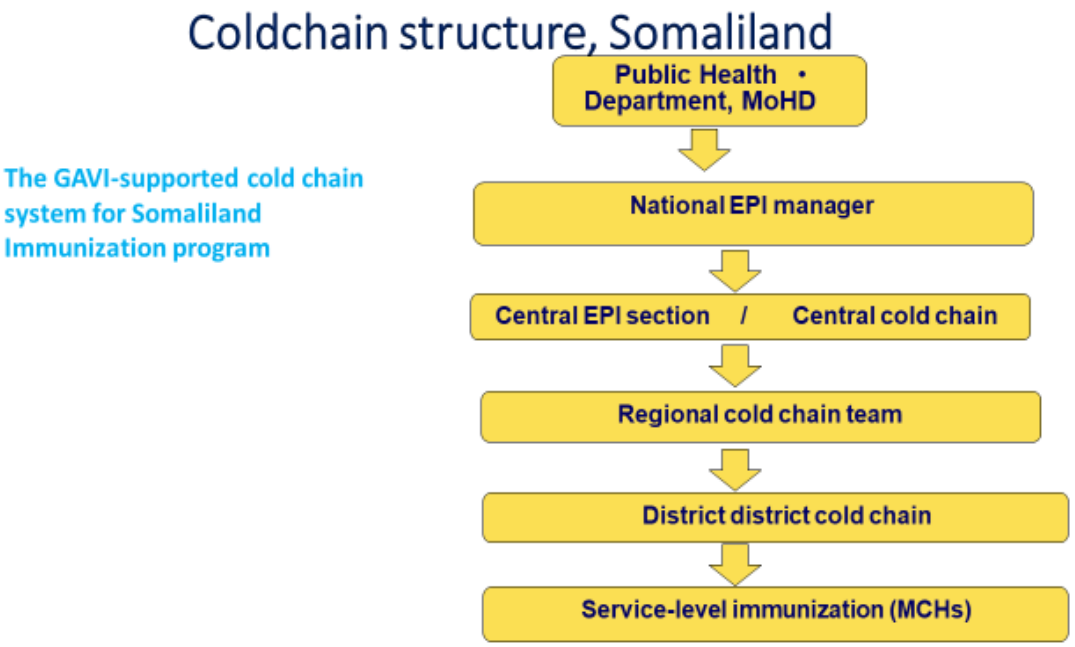
3) Identifying surge capacity: Assess and map available cold chain capacities according to the three temperature ranges (e.g. +2 °C to +8 °C, -20 °C, and -70 °C) for storing the different types of COVID-19 vaccines under development. Include all available cold chain equipment outside the immunization programme (e.g. pharmaceutical division, national reference laboratories, and private and business sectors) in the inventory and calculation of capacity.

4) Preparing a distribution plan: Prepare a distribution plan for vaccines and ancillary supplies (such as syringes, safety boxes, vaccine carriers, cooling packs, markers, data collection forms, AEFI response kits and IPC/PPE) based on the target population and number of staff that will comprise the vaccination and monitoring teams (e.g. vaccinators, recorders, social mobilizers, supervisors and monitors).

5) Reinforcing supply and stock management: Initially, the COVID-19 vaccine supply will be scarce, with short shelf life, and may not have VVM. Therefore, the monitoring and recording of cold chain equipment temperature, vaccines distribution, inventory and stock management, wastage rates should be done rigorously and efficiently throughout the supply chain.

6) Establishing a vaccine traceability system: Establish a robust mechanism to ensure the traceability of the COVID-19 vaccines to avoid a risk of diversion and falsification of the vaccines.

7) Planning for the security of vaccines and concerned staff: In the context of high demand but limited stocks, clear security arrangements must be in place to ensure the safety and integrity of COVID-19 vaccines and ancillary products throughout the supply chain. Develop a plan to safeguard the security of all concerned staff and all vaccine storage facilities, including during transit.



13. Manage reverse logistics

Following global guideline, the MoHD enhance relevant strategy and SOPs for managing reverse logistics should be developed. In the context of COVID-19 vaccine, reverse logistics refers to the process of retrieving unused vaccine either to reallocate, to recall, or to dispose of. Since most vaccines will neither have VVM nor expiry date, any unused vials at the end of the campaign must be returned to the higher store level for proper management. It is critical to ensure
all vaccine vials are duly accounted in all vaccine stores and service points.

14. Manage health-care waste

MoHD of Somaliland will take as critical point how to effectively manage the waste related to COVID-19 vaccination requires special attention, due to the infectious nature of the virus, and proper waste management procedures are critical for the safety of health workers and the community

Furthermore, if COVID-19 vaccines are delivered in a mass vaccination campaign strategy, the generation of health care waste will be amplified, due to the mandatory use of disposable and reusable materials and hazardous wastes, such as PPE, used by the vaccination teams.
To minimize risk to the communities, each vaccination team should 9ractice on-site waste segregation and implement reverse logistics, where health care waste is taken back to the facility by the vaccination team to be disposed of properly along with other hazardous wastes.

15. Human resource management and training

Having sufficient human resources and equipping them with the right knowledge, skills and attitudes is an essential part of the introduction of COVID-19 vaccine.

The MoHD will coordinate and plan with supporting partners, the strengthening of successful introduction of COVID-19 vaccines requires having sufficient staff and providing them with high-quality training and performance support. The current pandemic has put a strain on the health workforce at large, therefore it is important to identify, and plan, needs and surge/redeployment strategies in a holistic manner, i.e. factoring in the entire health workforce needs including the prevention, diagnosis, treatment and care of COVID-19 patients, as well as maintenance of other essential health services.

COVID-19 vaccination may present several new challenges, including more complex handling and storage requirements, more complicated immunization schedules and the targeting of ages outside the routine immunization system. Planners must evaluate if the current immunization workforce will be sufficient in number to deliver the vaccines in line with the vaccination strategy or strategies agreed upon, or if additional staff need to be recruited or deployed from other departments within and outside of the health sector to the immunization programme. If surge staff are needed, planners need to decide what occupational groups can give vaccines. In some contexts, it may be necessary to consider a more diverse mix of skills, including associate health professionals, e.g. community/associate nurses, community health workers, pharma assistants, etc. It is also important to ensure there is sufficient capacity in the other occupational groups responsible for different aspects of vaccine delivery, such as community mobilizers, supply chain management personnel, etc.

16. **Enhance supportive supervision**

The MoHD and supporting partners will having joint priorities agnedas to enahace the supportive supervision activities on Covax vaccination implementation, which will effectively to monitor the introduction of COVID-19 vaccine, bearing in mind the need of intensified supportive supervisory visits are recommended for the first 2 months or so following the COVID-19 vaccine introduction.

In addition, new supportive supervision instruments that specifically address the competencies required for the correct use of COVID-19 vaccine will need to be shown to significantly improve health worker performance and motivation. Supervisors can play an important role in the training process, including ensuring health workers have access to online learning materials, clarifying key points from online learning, developing and encouraging the use of job aids and other performance support tools, and conducting on-the-job training sessions for health workers. Countries are highly encouraged to identify indicators to assess the performance of health workers over time.
If supportive supervision is not currently being practiced, or is conducted irregularly, the introduction of COVID-19 vaccine can provide an opportunity to establish such a system (refer to the Training for midlevel managers [MLM] module on supportive supervision) and to use

innovative approaches such as digital tools for supportive supervision and self-assessment, as well as monitoring dashboards.

17. Vaccine acceptance and uptake (demand)

Introducing any new vaccine – especially with new target populations, through potentially new delivery strategies – is challenging. Ensuring acceptance and uptake of COVID-19 vaccination at country level presents a unique set of difficulties but is key to successful reduction of transmission and containment of the pandemic.

The MoHD and supporting partners will enegage full range of strategies that are required to contribute to achieving high acceptance and uptake of COVID-19 vaccines. This includes communications, risk communications, community engagement, digital listening and the delivery of quality vaccination services.

Local behavioural and social data should be used to inform the design and evaluation of targeted strategies, through aligning or integrating this work with similar existing vaccination uptake activities may offer broader benefits and facilitate efficient implementation.
To support implementation of these activities, any additional and specialized expertise in strategic communications and the behavioural and social sciences may be identified in dedicated agencies, research groups or in academia.

18. Initiate demand planning

Strictly following all possible strategic elements of demand for uptake of vaccibes, the MoHD and supporting partners will provide an overall framework for action, but success will depend on them being translated into time-bound operational plans. This in turn will require:
a) Securing high-level political support: Experience of the pandemic to date has shown the dangers of incoherent and sometimes conflicting and inaccurate messages. Planning without adequate buy-in from all stakeholders risks failure and wasted effort. It is essential to conduct national-level advocacy meetings with parliamentarians, medical and nursing associations, civil society networks, existing community engagement networks, relevant ministries, religious bodies/leaders, NGOs and donors to engage and involve various groups in planning and implementation, with particular emphasis on engaging local communities and acknowledging their voices at a national level.
Such engagement and involvement will create an enabling environment for vaccine introduction and for leveraging commitment and resources. Countries may want to commence now by mapping at all levels – community through to national – which key stakeholders have been critical champions or sceptics in the past and consider how they might be engaged. Some countries have found success with engaging with non-traditional stakeholders early and including them in the planning and trainings to gain their understanding and support for the vaccine.
b) Clarity, quality and dissemination: Plans only work if they are clear and accepted by those responsible for their implementation – avoiding overlap, duplication of effort that humber program improvements, as its always advised different sources of information on COVID-19; will be increasing demand are of the highest quality is critical. Plans should be informed by local data and outline tailored strategies, segmented per audience and per area of activity. Acceptance and uptake of vaccination can be supported through multiple types of activities, not only through the use of

multiple communication channels, including social and traditional media and two-way interpersonal communications essential for responding to concerns and broader community engagement.

c) Capacity building: Most countries realized the effectiveness the above activities, but there are new aspects specifically related to COVID-19 vaccine, in which Somalilanf MoHD and supporting partners should focus is to identify capacity building needs early in the process and ensure that they are fully integrated into training curricula for frontline health workers, social workers and community influencers and mobilizers. In addition to core skills and competencies associated with the role and responsibilities of each function, staff may also be trained in rapid data collection and use at a community level.

d) Use of data for planning, monitoring and evaluation: Demand planning needs to be informed by data on the full range of behavioural and social drivers of uptake. Data should be used to inform the selection, design and targeting of strategies and, furthermore, can guide the selection of measures that can also be used for tracking trends and assessing outcomes. A monitoring framework is an essential part of any demand plan, and measures established in early assessments should inform development of a framework for the monitoring and evaluation of the plan. Regular assessments of behavioural and social drivers, in accordance with the monitoring framework, will then guide any adjustments to strategies – to be
responsive to any changes in the programme, the information environment, or in any other areas that may impact vaccination acceptance and uptake.

e) Integration with broader technical plans: For its importance, the MoHD and supporting partners will implement tailored communication and community engagement activities to build demand successfully, they should be integrated in broader technical plans from the beginning, including needs assessment and microplanning. This will be important to build consensus and buy-in from key stakeholders, and to ensure rapid and effective crisis communications and rumor management.

Demand work cannot operate as a separate pillar and therefore these connections should be identified and strengthened from the outset.

19. Understand and act on the *drivers of vaccine acceptance and uptake*

In the behavioral change context, the drivers of vaccination are complex, context-specific and change over time. Regular and timely data collection, analysis and use of data on the behavioural and social drivers of vaccination uptake will inform evidence-based planning and contribute to the monitoring and evaluation of interventions.

Such a systematic approach to planning will also offer insights that can potentially mitigate the negative effects of any service disruptions, system shocks and vaccine-related events.

In the context of COVID-19 vaccines, the gathering, analysis and use of behavioural and social data aims to understand the characteristics of priority target groups and related influences.

When carrying out surveys, assessments or other rapid data collection activities to understand the drivers of vaccination, it will be important to account for: what people think and feel about vaccines; the social processes that drive or inhibit vaccination; individual motivations (or

hesitancy) to seek vaccination. Regular data gathering activities will be necessary as the introduction and roll-out of COVID-19 vaccines evolves and can also contribute more broadly to strategies to enhance uptake of all routine vaccines and the quality of PHC.

20. Develop an integrated demand approach

The ministry and supporting partners will be spearheaded to establish an enhanced integrated approach for vaccination acceptance and uptake has four inter-related strategic elements:

1. Social listening, digital engagement and misinformation management
2. Risk communication and community engagement
3. Empowering frontline health workers
4. Crisis communications

As major very important key considerations for supporting risk communication and community engagement the following activity-points need to address much in vaccine hesitancy:

a) listen to communities and gather social data to understand their concerns and beliefs, and address through timely and targeted communications and other strategies;

b) use channels, including media and social media, to proactively share information about vaccination in general, the COVID-19 vaccine development process, key risks and challenges, to build public awareness of and trust in the development and roll-out process;

c) through risk communications and community engagement, share information from trusted sources in local languages about eligibility and roll-out plans, details on populations that are initially prioritized for vaccination;

d) partner with national and community civil society organizations, faith-based organizations, NGOs, etc., and include training of journalists as key advocates in the response;

e) work with communities and religious and influential leaders, to dialogue and deliver messaging;

f) community leaders can also be empowered with access to more detailed information on the vaccines and roll-out plans;

g) engage local medical providers and ensure they support vaccination activities;

21. Vaccine safety monitoring, management of adverse events following immunization (AEFI) and injection safety

The vaccine safety monitoring of COVID-19 vaccines is unique and complex and requires specific attention by countries.

COVID-19 vaccine development uses new technologies never previously licensed, against a novel target pathogen with many unknowns, in settings with varying capacities to identify, report, investigate, analyze, determine the cause of and respond to safety issues '

During the course of the planning and implementation of the Covax vaccine, the MoHD will abide the global guidelines of deployment and administration of many COVID-19 vaccines may

involve multiple vaccine presentations, from different manufacturers, potentially being delivered through different vaccine delivery platforms simultaneously in a single country. As some of the potential vaccine products use new technologies never before licensed, against a novel target pathogen with many unknowns, in settings with varying capacities to identify, report, investigate, analyze, determine the cause of and respond to AEFI, the need to establish robust monitoring systems will be unprecedented.
This will require extraordinary national, regional and global efforts to ensure real-time monitoring, knowledge sharing and communication mechanisms to warrant that any safety concern can be identified early and investigated in a timely manner, safeguarding the health of target populations and, ultimately, maintain trust in the immunization programmes and the health systems.

22. Somaliland NDVP requirements for vaccine allocation.

To be considered for vaccine allocation,[1] AMC 92 countries are required to submit an NDVP that meets minimum requirements of the following four components to signify country preparedness to deliver vaccines from the COVAX Facility. In addition to these four minimum criteria areas, the RRC will take special note of the country plans for regulatory approval and assess if support is needed in order to complete the regulatory processes prior to shipment of vaccines.

Targt population: Countries will need to provide information on the identification and prioritization of the first 1–3% of the target population, including the rationale and criteria for selecting the target groups, sequencing of target groups, and the role of the National Immunization Technical Advisory Group (NITAG) or equivalent body in identifying priority target populations, especially if they differ from the *WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply* or product specific recommendations.

Strategies for vaccinating each of the target groups should be described, including the potential venues and modalities used.
To foster early introduction, countries have the option to identify the priority groups and develop delivery strategies in phases. For the first phase of submission, all components of the NDVP should elaborate the systems necessary for vaccination rollout. However, countries have the **option** to focus only on the first priority groups and delivery the strategy for the first 1–3% of the population in phase 1.
While the plans should provide a general indication of the subsequent target groups up to 20% and beyond of the population (phase 2), specific details for vaccination of these groups can continue to be developed while phase 1 priority groups are already being vaccinated. In this case a subsequent review by the RRC will be required to recommend allocation for phase 2 and beyond. However, if the RRC determines that the NDVP provides enough detail to approve allocation for both phase 1 and phase 2, this can be done simultaneously, and the country will remain on the allocation list for future rounds

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