

Op COVID SHIELD

National COVID Vaccine Campaign Plan

3 August 2021



Australian Government
Operation COVID Shield

The information contained within the document represents a point in time picture of the Commonwealth's Vaccine Rollout, it is not intended to bind the Commonwealth and may be subject to future changes.



How to read this document

- Please note, this document is kept to its core to improve readability and clarity
- The main body contains the essential elements of the Plan across situation, mission, execution, governance and control, and conclusion
- The Annexes provide additional details on various aspects of the Plan
- This document does not represent the exhaustive detail of all planning. This should be viewed as a living document that provides an overview of Australia's national vaccine rollout plan including situation, mission, execution, governance and control, and conclusion. The plan will be revised and updated as the vaccine rollout evolves.

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Foreword

On 8 June 2021, the Prime Minister appointed me Coordinator General of the National COVID Vaccine Taskforce, to be known as Operation COVID Shield. In this role, I have direct operational control of all relevant assets and resources across the Commonwealth.

Australia is still facing the challenges and impacts of COVID-19. This pandemic continues to see devastating global economic, health and social effects which are likely to extend into the foreseeable future. Continued outbreaks and the resultant lockdowns will continue without a vaccinated population, protected against the spread and severity of this ever-evolving virus.

While there are many factors involved in reducing the spread of COVID-19, vaccination is the most effective means we have to build nation resilience. Once we reach threshold vaccination rate levels, we will be able to live with this virus and begin our recovery.

Australia has been the envy of the world in how we have managed the pandemic to date. The Commonwealth will continue to seek early delivery of COVID-19 vaccines and this will allow us to greatly ramp up the vaccination rates across the nation.

The goal of the Taskforce is to ensure as many Australians are vaccinated as early as possible and this Campaign Plan shows how vaccines will be made available to all eligible people in Australia by the end of this year by building on both Australia's COVID-19 Vaccine and Treatment Strategy, and Australia's COVID-19 Vaccine National Rollout Strategy.

This plan establishes the framework to enable the States and Territories the flexibility to execute their vaccination programs based on their own unique environments and priorities. Fundamental to the plan is ensuring the motivation of all people in Australia to receive the vaccine as soon as they are eligible. The coordination between the numerous stakeholders involved in the national rollout will help ensure that we are able to deliver vaccines in as many locations, through as many providers and as easily as possible for all Australians to access.

Intrinsic to this plan is a collaborative assessments process to identify strengths and weaknesses to ensure the plan's overall success. The plan also realises the establishment of a National Response Option that will be able to react and support States and Territories when the need for additional vaccine capacity is required.

This is a critical endeavour for our nation. We all need to work together to ensure that we protect our people and recover as quickly as possible from this pandemic.

Together we can get this done.



LTGEN J.J. FREWEN
COORDINATOR GENERAL
NATIONAL COVID-19 VACCINE TASKFORCE



Summary

This document presents the National COVID-19 Vaccine Campaign Plan (the Plan) as part of Operation COVID Shield, announced by Prime Minister Scott Morrison on 8 June 2021. Implementation of the Plan will be coordinated by the National COVID Vaccine Taskforce (NCVTF) and led by Lieutenant General (LTGEN) John Frewen as the Coordinator General. The NCVTF's goals are to ensure public confidence in the vaccine rollout and to ensure that as many Australians as possible are vaccinated as early as possible.

The Plan proposes a National cooperative approach which builds on both Australia's COVID-19 Vaccine and Treatment Strategy, and Australia's COVID-19 Vaccine National Rollout Strategy to ensure Australia's vaccination goals are achieved. The Plan anticipates a levelling of uptake toward the end of the year as most willing people will have already been vaccinated. The Plan accounts for foreseen program risks and presents options to mitigate them including modelling of multiple scenarios, with a view to contingency planning and improving preparation for potential challenges such as low workforce capacity in certain states and territories, and reduced or new vaccine supply. The Plan also accounts for the need to continually assess the performance of the rollout and respond to changing circumstances, including the dynamic reallocation of supply, personal protective equipment (PPE), and consumables.

Successful implementation will require drawing in several stakeholders, including industry actors. The Plan proposes mechanisms for engagement and coordination with all stakeholders including states, territories, industry, the health sector and the community sector. These mechanisms will also ensure that the Plan is responsive to National Cabinet requirements

1 Situation

To ensure that the COVID-19 vaccine rollout is effective, accelerated and supported by the Australian public, Prime Minister Scott Morrison launched Operation COVID Shield on 8 June 2021. This whole-of-government effort is coordinated by the NCVTF and led by Coordinator General LTGEN John Frewen.

The goals of the NCVTF are to:

- Ensure public confidence in the vaccine rollout, and
- Ensure that as many Australians as possible are vaccinated as early as possible, within the Therapeutic Goods Administration (TGA) guidelines and available vaccine supply.

In his directive to LTGEN Frewen, the Chief of Defence Force assigned LTGEN Frewen the responsibility of developing a Campaign Plan to achieve the Prime Minister's objectives. LTGEN Frewen issued guidance to the NCVTF to develop a new National COVID-19 Vaccine Campaign Plan which built upon both Australia's COVID-19 Vaccine and Treatment Strategy, and Australia's COVID-19 Vaccine National Rollout Strategy.

A planning team was raised on 14 June to build on the existing program plan, with the aim of accelerating the vaccine rollout and taking into account the various challenges to rapid rollout.

1.1 The challenge

This Plan addresses several challenges that have been associated with safely accelerating COVID-19 vaccination in Australia. These include the following:

- Changed guidance from the Australian Technical Advisory Group on Immunisation (ATAGI) on 8 April 2021 recommending that the COVID-19 vaccine by Pfizer (Comirnaty) is preferred over the COVID-19 vaccine AstraZeneca in adults aged under 50 years. On 17 June, this guidance was further updated to adults aged under 60 years.
- Limited global supply of Pfizer vaccines, and surging demand for the Pfizer vaccine, which outpaces current supply. For example, demand increased in Victoria after an outbreak of COVID-19 in May 2021
- Reduced confidence about the AstraZeneca vaccine, which resulted in periods of low numbers of future bookings and associated inventory build-up
- Delayed delivery on initial targets set for priority cohorts including healthcare and quarantine workers (Phase 1A), owing both to global supply challenges, domestic supply shortfalls, and scale up challenges with contracted Vaccine Administration Service (VAS) providers
- Challenges in some aspects of the booking systems, including those of States and Territories. For example, fewer than half of clinics listed on the Vaccine Clinic Finder have online booking services
- Variation in eligibility criteria by jurisdiction, not aligned to National Cabinet decisions, is a source of confusion for individuals

- The short to medium term risks to Australia in managing COVID-19 outbreaks if a large portion of the community is unvaccinated
- The ongoing need to vaccinate people who become eligible and who present for vaccination later in the rollout.

1.2 Current state

The latest public vaccination data can be found at [health.gov.au](https://www.health.gov.au)¹.

At 23 July 2021, the following people were eligible for the COVID-19 vaccine:

- All individuals aged 40 and over
- All Aboriginal and Torres Strait Islander people aged 16 and over
- People aged 16 and over with an underlying medical condition or significant disability, NDIS participants, and carers of NDIS participants, aged 16 years and over
- Temporary visa holders aged under 50 who are currently in Australia and have been approved for return travel to Australia through the travel exemption process
- Quarantine and border workers
- Health care workers
- Aged care and disability care residents and staff
- Critical and high-risk workers aged 16 and over including defence, police, fire, emergency services and meat processing
- Individuals with an Australian Border Force outwards travel exemption in an eligible category
- Pregnant women (announced 23 July 2021).

Two vaccines, AstraZeneca COVID-19 vaccine and Pfizer COVID-19 vaccine, are currently approved and being administered in Australia. Based on ATAGI advice as at 2 August the recommended vaccines are:

- Individuals aged 60 years and older are recommended AstraZeneca and National Cabinet may consider Pfizer as a future option
- Individuals aged between 16 and 59 are recommended Pfizer²

In certain cases, individuals can choose which vaccine to receive:

- Individuals aged 40 and over are eligible for their ATAGI preferred vaccine, and adults aged 18-39 who are not in a priority group, can choose to receive AstraZeneca vaccine. (Priority groups are defined in section 3.4).

¹ <https://www.health.gov.au/resources/collections/covid-19-vaccine-rollout-updates#weekly-updates>

² Noting the National Cabinet decision 28 April 2021 to allow remote and very remote communities to receive Pfizer irrespective of age <https://www.pm.gov.au/media/national-cabinet-4>

- Individuals aged 18-59 can choose to receive AstraZeneca through the Commonwealth-led primary care vaccination network, following an informed consent process in which they understand the risk of developing TTS.

Vaccines are being administered through the following channels:

- Commonwealth:
 - In-reach for Aged Care and Disability residents via contracted VAS providers, which are administering Pfizer
 - 5,115 GPs, 135 CVCs (AZ), 62 CVCs (Pfizer), 158 ACCHs and 65 community pharmacies (AZ)
- State and Territories:
 - Sites including hospital hubs, high-throughput sites, and community hubs are administering both AstraZeneca and Pfizer

There is National Cabinet agreement to formulate a National Plan to transition Australia's National COVID Response from its current pre vaccination settings, focused on continued suppression of community transmission, to post vaccination settings focused on prevention of serious illness, hospitalisation and fatality, and the public health management of other infectious diseases.

1.3 Assumptions

This Plan rests on the following assumptions:

- New variants of COVID-19 will continue to emerge and consequently, booster shots may be required, potentially on an annual or more frequent basis
- Australia has purchased a sufficient supply of COVID-19 vaccines to execute the plan in 2021
- States and territories will expand their authorised immunisation workforce to achieve stated targets
- Primary care sites in Australia will participate in the vaccine rollout (encompassing GPs, ACCHs and community pharmacies), following a robust expression of interest/request for information process and are identified as suitable providers
- Most currently unvaccinated Australians wish to get vaccinated in the coming months³
- The Commonwealth will cooperate with states and territories to ensure resources will be made available in accordance with the National Partnership Agreement on COVID-19 Response and the Plan does not allocate any additional funding.
- Advice on age group suitability, cohort considerations and the need for boosters will continually be updated and the Commonwealth will need to be prepared to respond to these updates.

³ Research indicates that 64 per cent of eligible unvaccinated Australians wish to get vaccinated, 27 per cent are unsure, and 9 per cent are unwilling. The Plan assumes that sentiment will remain at least this high, and if it falls contingency planning will be required.

1.4 Timeline

This Plan covers the period from 1 July to 31 December 2021. The Plan is divided into three stages, which are defined in the Execution section (Section 3).

As described in the *National Plan to transition Australia's National COVID-19 Response* at National Cabinet on 2 July 2021 and updated 30 July 2021, it is expected that from 2022, a new plan will outline the approach for normalising management of COVID-19 and how Australia 'lives with' COVID-19, consistent with the transition to Phase D, Final Post-Vaccination Phase. The plan from 2022 will align with the National Cabinet four-phase plan for return to normality and continue to support new vaccination requirements and provide regional support and booster vaccines to refresh immunity or protect against new variants.

2 Mission

The NCVTF is to coordinate and lead the implementation of the COVID-19 vaccination program and public information campaign that will motivate eligible people in Australia to receive at least the first dose of the COVID-19 vaccination by 20 December 2021.

2.1 Aim

This Plan aims to detail how the Commonwealth in conjunction with the states and territories will be linked to targets which will be set out in the *National Plan to Transition Australia's National COVID Response*, as detailed [here](#).

3 Execution

3.1 Coordinator General's intent

3.1.1 Purpose

The purpose of this plan is to detail the mechanisms and arrangements that will lead achievement of vaccination targets which are set out in the *National Plan to Transition Australia's National COVID Response* (i.e., ~70% fully vaccinated to move to Phase B and ≥80% fully vaccinated to move to Phase C; see Annex A). These mechanisms and arrangements will ensure public confidence in the vaccine rollout and ensure as many Australians as possible are vaccinated as early as possible, within the TGA guidelines and available vaccine supply.

3.1.2 Method

The Plan will accelerate the vaccine rollout via three integrated workstreams:

- **Coordinate**, which will develop the framework and governance for a coordinated approach between the Commonwealth, jurisdictions, and the private sector
- **Motivate**, which will shape positive public sentiment and drive public action via targeted communications and incentives detailed in this document.

- **Deliver**, which will establish the capacity to build on existing vaccination efforts with additional channels and points of presence, and dynamic reallocation (within jurisdictions, or between with agreement of affected jurisdictions and the NCVTF) of supply, PPE, and consumables across channels, to drive a step up in vaccination supported by progressively increased supply.

These workstreams will achieve the following impact:

- Vaccines will be administered at an accelerated rate, ensuring supply is utilised as and when available, and minimising inventory build-up and wastage
- New channels will be opened progressively, with more points of presence that provide additional accessible options for different demographic groups (see Annex A).
- The public engagement strategy will motivate all people in Australia eligible for vaccines to take up the opportunity and inform them how and where to do so.

3.1.3 End state

Achievement of vaccination targets⁴ aligned with the *National Plan to Transition Australia's National COVID Response* (Annex A). Australia's standing as a 'partner of choice' with our near-region neighbours is enhanced through the supply of COVID-19 vaccines. Confidence in the vaccination program and regional support increases Australia's domestic economic activity and global standing. There are minimal health impacts from the spread of the virus through the community, protecting Australians from significant loss of life or hospitalisations. Australia is less disrupted by outbreaks, setting the environment for the progressive reopening of its international borders, and the normalising of COVID-19 management from 2022.

3.1.4 Centre of Gravity⁵

The Plan's "Centre of Gravity" – the key principle governing decision-making – is positive sentiment (see table over). The Centre of Gravity is what will ultimately decide the rates of public vaccination, and therefore deliver the desired public health outcomes.

⁴ Set out in the National Plan to Transition Australia's National COVID Response, ~70% fully vaccinated to move to Phase B and ≥80% fully vaccinated to move to Phase C

⁵ Centre of Gravity - The primary entity that possesses the inherent capability to achieve the desired end state.

Critical capabilities

Critical vulnerabilities underlined

| | |
|---|--|
| Ability to administer vaccines | <ul style="list-style-type: none">Access to vaccines with an ongoing safe and effective profile against current and future strains of COVID-19Points of presence, with successful coordination between Commonwealth and Jurisdictions¹Qualified workforce who are willing to participate |
| Ability to distribute vaccines | <ul style="list-style-type: none">Delivery of vaccines, with adequate local and international supplyDelivery of consumables, with adequate supplyCOVID-19 Vaccine Administration SystemSecure supply chain, including cold chain |
| Ability to adapt in response to rollout performance | <ul style="list-style-type: none">Assessment function to track rollout performance over timeAccurate, timely, and detailed dataFlexible ways of workingInbuilt contingencies and adaptable capacity |
| Ability to influence the public | <ul style="list-style-type: none">Positive media campaignIncentives and recognitionTimely public sentiment data, including on vaccine hesitancy |

1. Commonwealth controls some components of the delivery process (e.g. supply allocations), but does not have direct control of the health assets in the States and Territories

Centre of Gravity

Positive public sentiment

This principle is maximised when there is high motivation for the public to get vaccinated and when the public perceives the rollout to be an effective and well-coordinated program and is supported by taking a user centred approach. It can be measured directly, for example through intention to get vaccinated and public trust and confidence in the program.⁶

The critical vulnerabilities in the Centre of Gravity include the following:

- **Access to vaccines with an ongoing safe and effective profile against current and future strains of COVID-19.** Vaccines are required to meet approval criteria for both the TGA and ATAGI, including successfully completing clinical trials and continuously monitoring safety signals.
- **Points of presence, with successful collaboration between Commonwealth, Jurisdictions, industry, and the health sector.** Collaboration between the Commonwealth and the states and territories commenced with a series of bilateral meetings in preparation for a 'Wargame' activity conducted on 6 July 2021. Collaboration is further described in Section 4.4.
- **A qualified workforce who are willing to participate.** Workforce, Channels and Administration are described in Section 3.3 and Annex B.
- **Delivery of vaccines, with adequate local and international supply.** The supply of vaccines is described in detail in Annex C.
- **Timely public sentiment data, including on vaccine confidence and broader experience of COVID-19 vaccination.** This is addressed through surveys and the effectiveness of public advertising campaigns to promote

⁶ Research indicates that 64 per cent of eligible unvaccinated Australians wish to get vaccinated, 27 per cent are unsure, and 9 per cent are unwilling. The Plan assumes that sentiment will remain at least this high, and if it falls contingency planning will be required.

vaccine uptake and incentives, in addition to experience of vaccination, described in Annex D.

3.2 Plan overview

Operation COVID Shield, through the Plan, establishes a national framework to coordinate vaccination efforts that will lead to achievement of vaccination targets⁷ set out in the *National Plan to Transition Australia's National COVID Response*. The overarching design of the Plan builds on both Australia's COVID-19 Vaccine and Treatment Strategy, and Australia's COVID-19 Vaccine National Rollout Strategy. It will ensure capacity to administer vaccines rises to meet the increasing vaccine supply as 2021 progresses via the expansion of existing channels, and introduction of additional channels and points of presence. The Plan anticipates a levelling of uptake toward the end of the year as most willing people will have already been vaccinated.

The Plan acknowledges two primary means of achieving increased vaccine administration: Commonwealth controlled channels and state and territory controlled channels. Commonwealth coordinated channels include primary care and in-reach (through contracted VAS providers). Primary care channels will be monitored via the Assessments process (section 4.2) for throughput and utilisation of doses with data to be incorporated into allocation and intervention planning. Commonwealth sponsored channels will be provided monthly allocations which contribute to achieving geographic targets in each State and Territory, and support priority and hard to reach cohorts serviced via the in-reach program. Further support is provided by the private sector including industry and business partners. States and territories will be provided actual and predicted monthly allocations for 2021 in line with target throughput, based on their respective populations. States and Territories retain the authority to sub-prioritise cohorts as required to meet local needs through State and Territory controlled channels.

Rolling progress against targets will be tracked and assessed by the NCVTF. Action will be taken if significant over or underperformance is observed relative to expected targets. If a channel is overperforming, action may be taken to reinforce success, either via capitalising on increased throughput in the observed channel or by replicating the success in other locations. On the other hand, if a channel is not able to use all supply, allocation may be dynamically reallocated to another channel or location within the specific State or Territory. These actions may be supplemented with a targeted communications campaign to support vaccine confidence, celebrate success or encourage positive sentiment.

The Plan assumes that vaccine eligibility will be expanded to new cohorts from September 2021 onwards. Currently, the Plan assumes that eligibility to receive the Pfizer vaccine will be expanded to ages 30 and over in September and ages 16 and over in October. These timings are indicative only. Any changes to eligibility will be subject to recommendations from medical advisory bodies (ATAGI and TGA) and will be made in consultation with states and territories.

⁷ Set out in the National Plan to Transition Australia's National COVID Response, ~70% fully vaccinated to move to Phase B and ≥80% fully vaccinated to move to Phase C

Unplanned events could impact rollout targets, whether related to sentiment, supply or distribution. To address potential adverse events, the Plan incorporates contingencies that suggest actions to be taken to ensure rollout progress is maintained and targets are still achieved.

In addition, the Plan ensures that Australia maintains support to its near-region neighbours as a partner of choice through the provision of vaccine supply. The Department of Foreign Affairs and Trade (DFAT) will continue to lead the international response for distribution of vaccines on an international scale with the NCVTF and Department of Health in support. Australia has committed to providing 20 million doses to near-region neighbours including 15 million to the Pacific and 2.5 million to Indonesia by the end of June 2022. Of the 20 million doses, 2 million will be delivered by the end of September 2021 and a total of 10 million will be delivered by the end of December 2021.

With all these elements in place, the Plan envisages Australia normalising management of COVID-19 from 2022, in which people's health is protected and their quality of life is minimally impacted by COVID-19 disruptions.

3.3 Vaccination roadmap

The roadmap schematic, depicted in Annex A, represents stages, workstreams, milestones and decision points of the vaccine rollout. It shows how the Plan progresses over time to achieve its targets.

The roadmap has three stages. These stages are based on material changes in supply, which in turn drive shifts in required workforce, vaccination administration channels and public communications:

- **Stage 1 (July – August):** Supply of existing vaccines, increasing use of Pfizer.
- **Stage 2 (August – September):** New and expanded channels to utilise increased Pfizer supply and introduction of new vaccines (Moderna, pending TGA provisional registration)
- **Stage 3 (October – December):** Further scale up of new channels and delivery capability to utilise increasing supply of new and existing vaccines.

The schematic shows the workstreams – **Coordinate, Motivate** and **Deliver**. At each stage in the rollout, different workstreams will be the 'Main Effort' or the 'Supporting Effort'. The 'Main Effort' lies on the critical path for the plan, while the 'Supporting Effort' enables the Plan.

The Plan includes Decision Points (e.g. "Is the immunisation workforce expanded to include additional roles?") and milestones (e.g. "Total workforce requirements identified across all channels."). These events drive changes to the rollout over time, including changes in eligibility, expansion of channels and supply reallocation when agreed. Progress against these checkpoints will be reviewed via the Assessments (described in section 4.2). Review will be informed by the latest Commonwealth, state and territory data on progress towards milestones and objective measures on Decision Points.

To build trust and confidence in the plan among the public and relevant stakeholders, there will be a strong bias by the Commonwealth to transparency on all non-sensitive rollout metrics to ensure progress is visible to the public and obstacles are quickly identified and addressed. Many jurisdictions are already

publicly reporting program progress, and others are encouraged to do so at a granular level where possible.

3.3.1 Coordinate

The **Coordinate** workstream will provide cooperative and coordinated governance and control between the Commonwealth and jurisdictions. This will be the Main Effort in Stage 1. The NCVTF is accountable to the Commonwealth. Interfaces between the Commonwealth and jurisdictions will be coordinated via standing arrangements, or jurisdiction-specific agreements if established arrangements are not already in place.

This workstream includes the following activities:

- *Enhancing workforce* – coordinating decisions about the immunisation workforce, including expanded eligibility, and harmonising the approach across jurisdictions where possible. For example, this may include allowing Paramedics and Enrolled Nurses to administer vaccines, onboarding community pharmacies and utilising previously untapped workforces such as medical and nursing students to provide pre- and post- vaccination supervision. Further detail is included in Annex B.
- *Engaging stakeholders* – engaging with public and private sector stakeholders to coordinate the vaccine rollout.
- *Enabling systems* – engaging with public and private sector stakeholders to coordinate the enabling systems e.g., booking platforms, eligibility checker. Simplifying the experience for consumers wherever possible.
- *Monitoring of channels* – standing up a new Assessments Cell in the NCVTF to monitor the administration of vaccines across new and existing channels. The Assessments Cell will track performance against rollout targets and targets. This function will allow the Commonwealth to dynamically reallocate across channels, ramp up new channels, or ramp down underperforming channels. Further detail on the Assessments is provided in Section 4.2.

3.3.2 Motivate

The **Motivate** workstream will shape positive public sentiment about the vaccine rollout through communications campaigns and incentives. This will be the Main Effort in Stage 2. Further detail is included in Annex D. This workstream includes the following activities:

- *Communications* – communicating with providers and the broader public about available vaccines, eligibility criteria and vaccination channels, including support for workforce and celebrating successes.
- *Incentives* – coordinating the use of incentives by the Commonwealth, jurisdictions and the private and community sectors to promote uptake of vaccines.

Improved public sentiment will depend on many different messengers providing consistent messages and incentives to the public. To support the use of the private sector and leverage off the existing audience available to Australian industry and business, an Industry Liaison Cell (ILC) is being stood up to enable coordinated messaging relevant channels. The ILC will also act as a clearing mechanism for

other offers of industry support including additional workforce and other contributions to Commonwealth and jurisdiction efforts.

3.3.3 Deliver

The **Deliver** workstream will build on existing vaccination efforts with additional channels and points of presence to step up vaccination in line with supply. This represents the largest change to the current program and is the Main Effort in Stage 3. Further detail is provided in Annex C. This workstream includes the following:

- *Supply* – coordinating the supply of vaccines into Australia over time to ensure sufficient volume to cover the Australian population and fulfil our international obligations. Available supply has been promulgated as the National and State Vaccination Stages, available on the Department [website](#). Major supply activities in Stages 2 and 3 include:
 - Bringing new vaccine supplies online (e.g. 25 million doses of Moderna, subject to TGA approval)
 - Securing additional storage hubs in Brisbane, Hobart and Darwin, with the intention of operationalising them in the near future
 - Establishing an expanded standing panel of consumable providers. The option of bilateral requests to trading partners for vaccines and consumables also remains available by exception.
- *Distribution* – ensuring timely distribution of vaccines from national stores to points of presence with minimal wastage through the expansion of a ‘Hub and Spoke’ model. Major activities in Stages 2 and 3 include managing supply chains as vaccine supply increases and new vaccines are introduced. The Pfizer and AstraZeneca vaccine distribution journeys are shown in Annex C.
- *Administration* – coordinating the channels by which vaccines will be administered to ensure scale and coverage of eligible people in Australia. Further detail is included in Annex C. To ensure monthly vaccination targets are achieved, supply may be dynamically reallocated across channels delivered by the Commonwealth, jurisdictions and industry actors, noting that supply will only be reallocated within individual State or Territories unless otherwise agreed. The Plan and reallocation process will aim to provide sufficient flexibility to allow:
 - Variation between individual state and territory plans, so that each jurisdiction can deploy channels aligned to their preferences and demographic requirements, at the time they deem appropriate, with support from the Commonwealth as required
 - Points of presence to reflect changes in channel preferences as new demographic groups become eligible, and to expand/enhance access for hard to reach cohorts or hard to reach areas
 - Dynamic reallocation across channels (within jurisdictions), locations or between jurisdictions when agreed to reinforce success or address underperformance where required
 - Collaboration with industry and business partners to help deliver vaccines.

3.3.4 National Response Option

An important addition to potential administration capacity is the National Response Option. The National Response Option is an opportunity to increase vaccination

capacity when and where required, for example in the event of an outbreak. It is intended to be capable of supporting the states and territories in achieving or exceeding targets either by reinforcing success or addressing delay in extraordinary circumstances.

The National Response Option will be dedicated solely to the task of administering vaccinations and will maintain a high level of readiness in the event of a callout, being dispatched to the location directed to provide between 2,000 and 3,000 additional vaccinations daily over the course of a two-week campaign. Consumables and vaccines will be progressively held with the National Response Option as supply permits during 2021. The workforce will be made up of NCVTF-controlled contractors not employed by other jurisdictions. It will consist of 50-100 FTE clinical staff, plus the required non-clinical staff. The workforce will reside in nationally dispersed locations and concentrate in a single location at the discretion of the Coordinator General. Clinical Governance will be at the direction of the Commonwealth, working in close conjunction with the state Chief Medical Officers CMOs for licensing, and will address cross border movement requirements in the event of border closures.

3.3.5 Contingency

Contingency planning, to identify and address risk, is an essential element of the Plan. It provides some certainty that significant events can be managed so that the mission and end state will still be achieved. The NCVTF acknowledges that not all events can be adequately treated so that the Plan remains on target. Successful achievement of the mission and end state relies on flexibility built into the Plan. The Assessments cell monitors progress against targets and makes recommendations to the Coordinator General on how to reinforce success or address potential failure (further described in section 4.2). Recommendations are jointly developed between the NCVTF and States and Territories when required and in accordance with the schedule and consideration hierarchy depicted in Annex E.

In addition, the Assessments monitor indicators and warnings that may predict the future occurrence of an event with the potential to impact achievement of the planned rollout targets. The Assessments maintain a list of possible events ranging from issues related to supply, distribution, administration, and public sentiment. Significant issues can be predicted as time progresses (e.g. if Moderna is not approved by the TGA within a given timeframe) while other events could occur at any time (e.g. a new side effect emerges).

Several events have Contingency Plans which have been developed during this iteration of the Plan, in conjunction with the wargaming undertaken with states and territories. Examples of these are represented on the Plan Schematic in Annex A and are represented as a Decision Point (e.g. if X occurs then do Y). Generally, a Decision Point is the catalyst for a Contingency Plan to be executed, either as a branch plan (where mitigating action is taken to fix the problem before returning to the original plan) or a sequel plan (where a new pathway to the target is necessary). Other events will require Assessments to perform immediate contingency planning resulting in recommendations to the Coordinator General about what emergency actions should be implemented to ensure progress toward targets is maintained.

3.4 Priority populations

There are populations that have circumstances that require unique consideration to ensure equity of access and confidence in the vaccine rollout. To safeguard the

health and wellbeing of the Australian population, it is critical that these priority groups have access to vaccines and are supported in receiving them. The Plan will build upon and augment existing delivery mechanisms, continuing to take a user centred approach to ensure consumer needs are met. Where required, workforce and resource prioritisation will be reviewed by the Coordinator General to support those listed below. The Plan acknowledges that States and Territories retain the authority to sub-prioritise cohorts as required to meet local needs through State and Territory controlled channels.

3.4.1 Aged care

On 28 June the National Cabinet agreed to mandate that at least the first dose of COVID-19 vaccine be administered by mid-September 2021 for all residential aged care workforce. The NCVTF subsequently developed the Residential Aged Care Facility (RACF) Workforce Vaccination Plan. This plan details a comprehensive approach to achieving the target by mid-Sept by immediately prioritising in-reach vaccination at as many sites as possible. The type of in-reach vaccination program for each facility will be directed based on that determined to be the quickest and most efficient from either CVC, GP or VAS provider. Where in-reach is inefficient or difficult to achieve, other means will be facilitated including priority access at GPs, CVCs, Pharmacies, Disability Hubs as well as State and Territory run vaccination options. A supporting communications plan has already been initiated and can be supported by incentives and prompts for non-compliance. Progress toward the target will be actively monitored via the NCVTF Assessments Cell explained in detail later in this document. Recommendations developed via this Cell will dictate when and where contingency action will be initiated to ensure progress is maintained.

3.4.2 Disability accommodation

Vaccination rollout within the disability sector is to be managed as a discrete element of the national vaccination program, consistent with the Government's commitment to prioritise the protection of those most at risk to COVID-19 in our society.

The NCVTF is delivering Commonwealth In-Reach arrangements for people with disability in the Phase 1a disability cohort in partnership with the Departments of Health and Social Services.⁸ Activities are to be coordinated between the Departments and through engagement with external stakeholders, notably state and territory governments, disability service providers, vaccination providers and disability advocacy groups. Workers and carers eligible within the Phase 1a disability cohort are being vaccinated through these same Commonwealth In-Reach arrangements, while remaining eligible to receive vaccination through all other relevant channels.

The Phase 1a disability cohort, by its nature, means that individual participants will have critical relationships with General Practitioners, allied health professionals and

⁸ Phase 1a disability cohort is defined as people with disability living in residential support settings with two or more people with disability such as group homes, assisted boarding houses, other supported residential settings (including medium-term accommodation and shared social/community housing). This group is predominantly National Disability Insurance Scheme (NDIS) participants living in disability accommodation or residential aged care facilities. It also includes paid workers providing support to people living in residential accommodation with two or more people with disability.

disability service providers. Effective utilisation of all vaccination channels, including State & Territory Clinics, Primary Care and General Practice In-Reach, are fundamental to success. Achieving the practical completion of vaccination for this cohort is a priority (although full completion can only be attained for a point in time). It is expected that a large portion of the Phase 1a disability cohort will be vaccinated through these channels. Arrangements will be established for the vaccination of people within the disability sector who are eligible within Phase 1b. Work will also be undertaken, in due course, to establish business-as-usual arrangements for the delivery of COVID-19 vaccination programs.

3.4.3 Regional, Rural and Remote rollout

The regional, rural and remote rollout will continue to address limited access to hospital or primary care sites, using arrangements with the Royal Flying Doctor Service RFDS for vaccine administration services to supplement primary care channels in regional, rural and remote regions.

The approach to the remote rollout will continue as a subset of activities through the national vaccination program which will include expansion of subscribing GPs, community pharmacies in remote areas and continuation of the RFDS supports.

3.4.4 Quarantine and border workers

Quarantine and border workers are a priority group in the rollout who are already eligible. The NCVTF will work with Commonwealth controlled vaccination channels as well as states and territories to ensure this group receive priority access for vaccination and communications strategies continue to reinforce urgency within this group. The NCVTF will review with states and territories where policy settings can be adjusted to mandate vaccinations for workers in this group. The NCVTF will review all priority groups and where possible impose a target for complete vaccination of the group. The high turnover and fluctuating nature of this workforce is acknowledged as a complexity in this target group.

3.4.5 Health care workers

All health care workers are eligible for a COVID-19 vaccination and are being vaccinated through existing channels. As part of this Plan, the Commonwealth will provide guidance for states and territories so that private hospitals may be engaged to vaccinate staff in their workplace. Noting that where new/expanded workforces are allowed to administer vaccines, they will also require prioritisation for vaccination. The NCVTF will review with states and territories where policy settings can be adjusted to mandate vaccinations for health care workers. The NCVTF will review all priority groups and where possible impose a target for complete vaccination of the group. The particular subset of this workforce in aged care is being addressed with a target for completion of first dose for all workers by mid-Sept. Disability sector workers will continue to be vaccinated concurrently and priority of effort will switch to this sector following completion of the aged care sector.

3.4.6 Culturally and linguistically diverse communities

A targeted implementation plan has been developed for culturally and linguistically diverse (CALD) communities to ensure equity of access to the COVID-19 vaccine rollout. This will ensure that information and services for the COVID-19 vaccination

rollout are delivered in appropriate languages and formats for people from culturally and linguistically diverse communities, and within appropriate facilities and locations. This will be seen in the Motivate stream through tailored communication (e.g. translated in a number of languages) and in the Deliver stream by offering greater access to vaccination in community hubs (e.g. places of worship). Ongoing engagement and partnership with relevant peak bodies and State and Territory governments to understand the appropriate approaches will be critical to the success of equitable access for CALD communities.

3.4.7 Aboriginal and Torres Strait Islander

The Australian Government in partnership and collaboration with state and territory governments and the Aboriginal and Torres Strait Islander community controlled health sector will lead the implementation of the COVID-19 vaccination program for Aboriginal and Torres Strait Islander peoples. This will ensure that Aboriginal and Torres Strait Islander peoples' and communities' needs and perspectives are at the forefront of the program. As for all elements of the COVID-19 response, the rollout as it relates to Aboriginal and Torres Strait Islander people, will continue to be guided by the expertise of the National Aboriginal and Torres Strait Islander Advisory Group on COVID-19. A detailed implementation plan has been developed to outline further information and define roles and responsibilities for the vaccine rollout as it relates to Aboriginal and Torres Strait Islander people, and will be updated as required to take into account the latest advice and new vaccine program elements. The implementation plan will provide the detail necessary to ensure the vaccine program is responsive for Aboriginal and Torres Strait Islander people's needs.

The Aboriginal Community Controlled Health Services (ACCHS) are being progressively opened to also administer the Pfizer COVID-19 vaccine, in addition to the AstraZeneca vaccine, with a scale up of sites and volume. All ACCHS who wish to administer Pfizer are being on-boarded progressively. In addition to the ACCHS roll out, ACCHS operating as Commonwealth Vaccination Clinics are also being transitioned to deliver Pfizer vaccine.

3.4.8 External territories

The Department of Health has worked closely with the Department of Infrastructure, Transport, Regional Development and Communications to support the whole-of-community vaccination for Australia's External Territories, namely Norfolk Island, Christmas Island, and Cocos (Keeling) Island. Delivery of Pfizer vaccine and consumables arrived on Norfolk Island, Christmas Island, and Cocos (Keeling) Island in the week of 21/6. Each Island has its own dedicated Ultra Low Temperature freezer to store the vaccines. Vaccine administration has commenced and is being coordinated by the local health services.

3.4.9 12-15-year olds

This Plan recognises 12-15 year olds as a priority group. This NCVTF has developed a sub-plan which is being implemented following the TGA approval of Pfizer and the ATAGI statement from 1 August 2021 on advice specific to this group. Reflecting the ATAGI advice, the following groups of children among those aged 12–15 years will be prioritised from the 09 August for vaccination using the Pfizer vaccine:

- children with specified medical conditions that increase their risk of severe COVID-19 (including asthma, diabetes, obesity, cardiac and circulatory congenital anomalies, neuro developmental disorders, epilepsy, immunocompromised and trisomy 21)
- Aboriginal and Torres Strait Islander children aged 12–15 years
- all children aged 12–15 years in remote communities, as part of broader community outreach vaccination programs that provide vaccines for all ages (≥ 12 years).

The sub-plan notes that ATAGI will make further recommendations to Government about use of Pfizer in all other children in the 12–15 years age group within the coming months. This sub-plan acknowledges Pfizer supply will not be a constraint and therefore rapid rollout of vaccines for this cohort will be achieved. Details of the sub plan will be developed in conjunction with jurisdictions for vaccine rollout for this age group which will consider access to existing channels for vaccination and when or if school programs can be implemented.

3.4.10 Other priority populations

Vaccination of other priority populations (including people who are homeless, those in prison, those requiring drug and alcohol support, those in mental health facilities and social housing) are being planned for by jurisdictions by leveraging existing networks that already serve these cohorts, and may also be supported by primary care. Jurisdictions will be supported by the NCVTF. Immigration detention facilities will continue to be managed by the Department of Home Affairs. As the rollout continues the NCVTF may identify further priority groups (for example workers in food distribution centres and other critical sectors).

4 Governance and control

4.1 Governance

The Coordinator General reports to the Prime Minister and the Minister for Health and Aged Care, and the Cabinet. The Coordinator General works in partnership with States and Territories and also reports to the National Cabinet.

4.2 Assessments

The Plan requires detailed tracking through ongoing data collection, assessment and feedback. Assessments in the Vaccine Operations Centre (VOC) is a centralised function that will generate and translate program insights to develop intervention options and scenarios for deployment, see Annex E. The Cell will conduct analysis of data, track progress of the rollout against targets and provide weekly feedback to the Coordinator General. Assessments will allow the Plan to be continuously iterated based on real-time feedback, including bringing in insights from compliance activities undertaken across implementation channels where required to support the assessment of proposed interventions. Data-driven insights will be used to strategically shape the rollout narrative and communications strategy for the public and other stakeholders, in a manner that is keeping with the privacy

act. This information will be shared with jurisdictions and peak bodies in the context of regular (i.e. weekly) program review sessions. Peak bodies and jurisdictions are encouraged to flag additional data collection and sharing enhancements required (e.g. managing limitations on Local Government Area data in current data sources).

Targets will be set and monitored weekly in accordance with the method described in the Plan Overview (section 3.2). Where unacceptable tolerances are reached, contingency planning will be initiated. In addition, Assessments will monitor the conditions and/or schedule that may lead to consideration of a Decision Point by the Coordinator General in accordance with the method described in the Plan Overview (section 3.2). Decision Points are indicated on the roadmap schematic in Annex A.

Insights from Assessments will be used to develop proposed operational approaches to ensure appropriate development of plans to achieve program objectives. Options to reinforce success and failure may include:

- Allocate National Response Option
- Increase supply to location/channel
- Reinforce workforce
- Expand channel to other locations/jurisdictions
- Send/allocate Commonwealth funded/resourced Task Group
- Launch targeted communications campaign to improve or promote sentiment

4.3 Engagement

Operation COVID Shield is situated within a complex stakeholder environment, spanning hundreds of stakeholder groups and dozens of government bodies. The Commonwealth is well-positioned to establish national policy and coordination mechanisms, mobilise national resources and coordinate the private and community sectors to support the vaccination process. However, partnerships with states and territories, primary care providers, community sector, peak bodies, and delivery partners are critical to the success of the program. Ongoing engagement with industry, workers unions, essential workforces (e.g. clinical and administrative support) and the community sector will be required to ensure that the Plan is feasible and continues to drive positive sentiment. Engagement will also be critical with specific cohorts, e.g. Aboriginal and Torres Strait Islander communities and organisations, consistent with commitments around shared decision making and community control. Engagement will continue through many existing forums, set out in detail in Annex F.

A new platform for engagement is the Industry Liaison Cell (ILC), which will be established to ensure that industry, business partners and consortiums can rapidly support the vaccine rollout, set out in detail in Annex G. The ILC will coordinate the allocation of vaccines to approved business partners, in consultation with states and territories. The ILC will work with the Assessments Cell (described in section 4.2) by providing business engagement data to enable accurate monitoring of vaccine throughput and allocation to industry partners. The ILC will facilitate policy discussions relating to critical issues raised by business and report issues raised by industry stakeholders to the NCVTF Coordinator General.

There are several delivery partners that will enable the success of the Plan. See Annex C for current delivery partnerships. As the Plan is executed, additional partnerships may be required to achieve rollout targets.

The Plan recognises the roles that the whole network of public, community and private sector actors need to play but recognises efforts need to be coordinated. There are over 100 critical groups that have been prioritised for ongoing engagement. See Annex F for the current summary of priority stakeholders and proposed method for continued engagement.

4.4 Coordination

The Plan will be coordinated by the NCVTF as part of Operation COVID Shield. The primary means of ongoing coordination across the program is via the Assessments process outlined in Annex E. Key stakeholders (NCVTF members, subject matter experts within the Department of Health, and state and territory representatives) will attend regular coordination meetings. The states and territories are key partners with whom the Commonwealth will provide proactive coordination, with the role of states and territories outlined in Annex H. Other coordination arrangements will be implemented by standing agreements.

The Plan outlines national strategic-level goals, which will require further planning and input from key stakeholders as outlined above. Further planning will be undertaken by the NCVTF's Planning Cell and Program Office to ensure program schedules are amended, consistent with these goals. The progress of the rollout will be tracked via the Assessments Cell operating in the Vaccine Operations Centre (VOC), as outlined in section 4.2.

4.5 Funding

The costs of the COVID-19 Vaccination Program are largely funded by the Australian Government, with support from state and territory governments. The Plan does not allocate any additional funding.

The Australian Government has already committed over \$5 billion for the purchase of COVID-19 vaccines, and \$2 billion to support to delivery and administration of vaccines. Additional funds have been committed to communications activities and research.

State and territory governments are sharing the costs of delivering and administering COVID-19 vaccines with the Commonwealth. Under the National Partnership on COVID-19 Response, the Commonwealth is contributing 50 per cent of the price of states and territories administering each dose of a COVID-19 vaccine, and will further contribute 50 per cent of the genuine net additional costs incurred by states and territories to set up additional COVID-19 clinics after 21 April 2021. State and territory governments also contribute other funding, not covered by the National Partnership, to the cost of administering the COVID-19 Vaccination Program in their jurisdiction.

4.6 Assurance

The national COVID-19 vaccine rollout will be governed consistent with best practice in Commonwealth deployment programs (Annex E). A Program Governance Committee will be established including a combination of Executive and independent membership to provide advice and support to the Coordinator General. The Committee will provide input on key strategic decisions as well as serving an important governance role in overseeing and advising on the management of key risks and the achievement of program outcomes. The

Coordinator General and the Program Governance Committee will be supported by Assessments providing reporting and data on Measures of Performance in order to have real-time information to monitor performance and information for decision making. The Coordinator General will also be supported by an independent assurance function which will provide independent advice and assurance regarding program management, process and policy compliance, operations and the management of significant risks.

4.7 Role of TGA and ATAGI

Access to COVID-19 vaccines in Australia is subject to clinical trial outcomes on the safety and effectiveness of each candidate and full approval by Australia's Therapeutic Goods Administration (TGA).

The Australian Technical Advisory Group on Immunisation (ATAGI) COVID-19 Working Group provides advice to the Minister for Health on the immunisation program for COVID-19 vaccines as they become available in Australia. The ATAGI COVID-19 working group provides advice to the Government on the effective and equitable use of COVID-19 vaccines available in Australia.

5 Conclusion

This Plan flags not only the requirement to accelerate the Nation's vaccine rollout, but also highlights the need for an unprecedented level of collaboration across boundaries, using all available resources of Governments at every level, industry partners and our diverse communities to ensure our collective health and prosperity.

This vision will have been realised when the vaccination targets which will be set out in the National Plan to Transition Australia's National COVID Response have been achieved. Australia maintains strong regional relationships due to our regional vaccine assistance, and trust and confidence in the vaccine program and COVID-19 management is inherent in the population. These achievements will allow for COVID-19 management to be normalised across Australia from 2022. The Nation will be minimally disrupted by outbreaks, and we will be able to progressively reopen our borders and continue to revitalise our economy.



Annexes

Annex A - Vaccination roadmap and campaign plan

Annex B – Workforce

Annex C – Deliver

Annex D – Motivate

Annex E – Assessments

Annex F – Stakeholders map

Annex G – Industry Liaison Cell

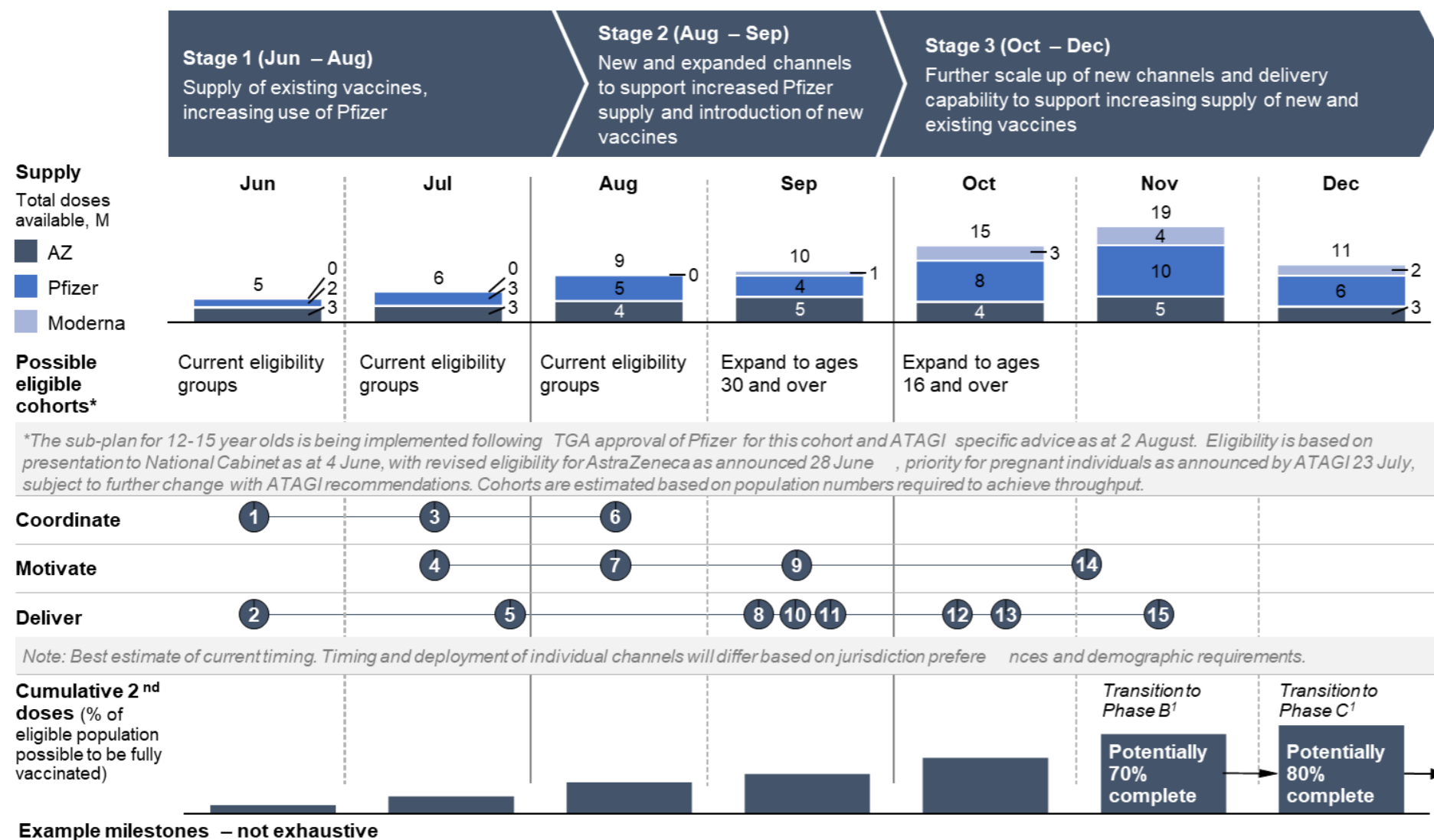
Annex H – States and Territories cooperation

Annex A - Vaccination roadmap and campaign plan



Op COVID SHIELD: National COVID Vaccine Campaign Plan

Mission: National COVID Vaccination Taskforce (NCVTF) is to coordinate and lead the implementation of the COVID -19 vaccination program and public information campaign that will motivate eligible people in Australia to receive at least the first dose of the COVID-19 vaccination by 20 December 2021.



1. State allocation requirements discussed
2. 800 new GPs onboarded
3. Workforce requirements across all channels defined
4. Motivate campaign 1 launched
5. Community pharmacies expanded
6. Workforce expanded to include additional roles
7. Motivate campaign 2 launched
8. National Response Option available for employment
9. Motivate campaign 3 launched
10. Mandatory aged care worker vaccination requirements completed
11. Additional mass vaccination and set up for workplace vaccination commenced in most metropolitan areas
12. Drive through clinics at scale in some metropolitan / regional areas
13. Disability vaccinations completed
14. Motivate campaign 4 launched
15. Expanded community hubs and workplace vaccinations at scale in most jurisdictions

End state

- Achievement of vaccination targets which will be set out in the National Plan to Transition Australia's National COVID Response
- Australia's standing as a 'partner of choice' with our near-region neighbours is enhanced through the supply of COVID-19 vaccines.
- Confidence in the vaccination program and regional support increases Australia's domestic economic activity and global standing.
- There are minimal health impacts from the spread of the virus through the community, protecting Australians from significant loss of life or hospitalisations.
- Australia is less disrupted by outbreaks, setting the environment for the progressive reopening of its international borders, and the normalising management of COVID-19 from 2022.

Centre of gravity

Positive sentiment

Administration principles

1. **Positive sentiment:** Channel expansion will be guided by positive sentiment through all three stages
2. **Scale:** New channels that are brought online are executed at scale at full capacity where possible
3. **Agility:** Flexible deployment of channels and dynamic reallocation of supply to meet consumer needs

Key features

- Flexible, dynamic plan** with in-built contingencies and adaptable capacity
- New types of channels** to provide a greater range of administration options
- Increased points of presence** to deliver increased vaccine supply in Stage 2 and 3
- National Response Option** with a dedicated workforce to be deployed at short notice
- New workforces coming onboard** to boost throughput and buffer against capacity shocks


¹ In accordance with the four step National Plan to Transition Australia's COVID19 Response

Annex B – Workforce

Both the primary care sector and jurisdictions have a role in recruiting, employing, and supporting the vaccination workforce. Each of these entities will have specific legislative concerns that will govern how the workforce is recruited and employed. This section details some legislative considerations for jurisdictions.

Cohorts of the existing workforce are fatigued and burnt out from continued utilisation during the pandemic and this is likely to be exacerbated further during the ramp up. Jurisdictional changes to legislation may further enhance the available pool from which the workforce is drawn to leverage new or underutilised cohorts. It is recommended that before States and Territories start utilising individuals who are not registered health professionals, they draw workforce from the yellow and red categories below. This has been realised in NSW with the announcement that some health science third year students and health practitioners such as physios, dieticians, podiatrists and radiographers can now administer vaccines in a supervised setting, after mandated training. This has mobilised a workforce that will be utilised in COVID-19 clinics and will free up those who were previously administering the vaccine to undertake supervisory roles or return to their usual clinical workplace. Jurisdictions will experience different workforce constraints; and the competing priorities of testing, hotel quarantine and vaccinations are difficult to manage. The following are recommendations that jurisdictions may wish to consider when addressing constraints:

- There are currently approximately 35,000 third and fourth year medical and nursing students in Australia; Victoria recently drew from this pool in order to accelerate the vaccination program and if it were to be expanded nationwide this workforce could be used to conduct pre and post vaccination administration, freeing up health workers to directly administer the vaccine. Alternatively, as is seen in NSW, senior health students could be used to directly administer vaccines under supervision. Whilst this carries risks in terms of the availability of students, whose priority should always remain their studies, it will provide the flexibility to undertake employment after hours and on weekends to provide this service.
- Paramedics and Enrolled Nurses (ENs) represent a significant workforce pool that could be utilised. This workforce is already employed; however it creates opportunities for flexibility in which individuals may be reassigned to support the vaccine rollout or recently retired individuals may wish to re-enter the workforce for the purposes of administering vaccines. Refresher courses may be required to support retired individuals getting back into the workforce.
- The proceeding tables (correct as at 22 July 21) represent the current state of vaccine workforce in Australia for registered healthcare professionals and students. If other jurisdictions were to adjust legislation to allow previously unqualified individuals to vaccinate, significant workforce could be unlocked. It is acknowledged that this would create a training liability; in NSW, this has been mitigated by a university course. Any new workforce that is used will likely be concentrated in metro areas as supervision is key to ensuring clinical guidelines are followed.
- The Chief Health Officers across each State and Territory will play a regulatory role to ensure that appropriate recruitment and training activities are completed within their jurisdiction.



There is an opportunity to enhance workforce participation through supports (e.g., coordinating childcare for this workforce where surge capacity is required during periods of school closure) and other enablers (e.g., rapid point of care testing).

These suggestions are made to enhance jurisdictional and Commonwealth vaccination capability.

Annex B – Workforce

Table 1: Registered workforce ability to administer COVID vaccinations in Commonwealth/Private clinics

| | | Medical practitioner | Nurse practitioner | Authorised Nurse Immuniser* | Registered nurse | Enrolled nurse | Midwife | Aboriginal & Torres Strait Islander Health Practitioner | Aboriginal Health Worker | Pharmacist immuniser | Pharmacist | Dentist | Paramedic | Students |
|------------------------------|------------|----------------------|--------------------|---|---|---|---------------|--|--|--|---------------|--------------|---|--|
| Australian Capital Territory | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ | ✗ | ✗ | ✗ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted | Written direction | Written direction | Written order | N/A | N/A | Written direction | Written order | N/A | N/A | N/A |
| New South Wales | Administer | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted | Written direction | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Northern Territory | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted | Written order | Supervision and written order | N/A | Authorised immuniser% - Unrestricted | N/A | Unrestricted | N/A | N/A | N/A | N/A |
| Queensland | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓+ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted | Unrestricted | Supervision of an immunisation professional** | Unrestricted | Unrestricted | Unrestricted | Unrestricted | Unrestricted | Unrestricted | Paramed 3/ECP or 4 | Under personal supervision of an immunisation professional** |
| South Australia | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✗ | ✓ | ✗ | ✗ | ✓ | ✗ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted | Written order | Supervision or direction | N/A | Supervision or direction | N/A | Unrestricted | N/A | N/A | S4 licence | N/A |
| Tasmania | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted | Supervision and written direction | Supervision and written direction | N/A | Supervision and written direction | Supervision and written direction | Unrestricted | N/A | N/A | Supervision and written order | Supervision and written order |
| Victoria | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ | ✗ | ✓ | ✓+ |
| | Conditions | Unrestricted | Unrestricted | Unrestricted^ | Supervision | Supervision | Supervision | Supervision | N/A | Unrestricted^ | Supervision | N/A | Supervision | Supervision |
| Western Australia | Administer | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ |
| | Conditions | Unrestricted | Unrestricted | Under direction given by a prescriber; or circumstances identified by SASA# | Under direction given by a prescriber; or circumstances identified by SASA# | Under direction given by a prescriber; or circumstances identified by SASA# (The SASA# requires supervision or direction) | N/A | Under direction from a prescriber in circumstances identified by regulations or under SASA# (there is not a SASA#) | Under direction from a prescriber in circumstances identified by regulations or under SASA# (there is not a SASA#) | Under direction from a prescriber or SASA# (there is a SASA# in place) | N/A | N/A | Under direction from a prescriber or under SASA# (there is not a SASA#) | N/A |

Table 2: Workforce ability to administer COVID vaccinations in Jurisdictional clinics

| Health practitioners | Australian Capital Territory | New South Wales | Northern Territory | Queensland | South Australia | Tasmania | Victoria | Western Australia |
|--|------------------------------|-----------------|-------------------------------|-------------|--------------------------|-----------------------------------|-------------|---|
| Medical practitioner | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nurse practitioner | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Authorised Nurse Immuniser* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Registered nurse | Written direction | ✓ | Written order | ✓ | Written Order | Supervision and written direction | Supervision | ✓ |
| Enrolled nurse | Written direction | ✓ | Supervision and written order | Supervision | Supervision or direction | Supervision and written direction | Supervision | Supervision or written direction - SASA |
| Midwife | ✗ | ✓ | ✗ | ✓ | ✗ | ✗ | Supervision | ✗ |
| Aboriginal & Torres Strait Islander Health Practitioner | ✗ | ✓ | Supervision and written order | ✓ | Supervision or direction | Supervision and written direction | Supervision | Under direction - SASA |
| Aboriginal & Torres Strait Islander Health Practitioner Authorised Immuniser | N/A | N/A | ✓ | N/A | N/A | N/A | N/A | N/A |
| Aboriginal Health Worker | ✗ | ✗ | ✗ | ✓ | ✗ | Supervision and written direction | ✗ | Under direction - SASA |
| Pharmacist immuniser | Written direction | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pharmacist | ✗ | ✓ | ✗ | ✓ | ✗ | ✗ | Supervision | ✗ |
| Paramedic | ✗ | ✓ | ✗ | 3/ECP or 4 | S4 licence | ✗ | Supervision | ✗ |
| Dentist | ✗ | ✓ | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ |
| Oral health therapist | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Radiographer | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Radiation Therapist | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Occupational Therapist | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Physiotherapist | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Podiatrist | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Dietician | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Speech Pathologist | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |

Table 3: Student workforce ability to administer COVID vaccinations

| Students | Australian Capital Territory | New South Wales | Northern Territory | Queensland | South Australia | Tasmania | Victoria | Western Australia |
|-------------------------|------------------------------|-----------------------------|--------------------|-------------|-----------------|-------------|-------------|-------------------|
| Medical | ✗ | Supervision – Line of sight | ✗ | Supervision | ✗ | Supervision | Supervision | ✗ |
| Nursing | ✗ | Supervision – Line of sight | ✗ | Supervision | ✗ | ✗ | Supervision | ✗ |
| Midwifery | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | Supervision | ✗ |
| Pharmacy | ✗ | Supervision – Line of sight | ✗ | Supervision | ✗ | ✗ | ✗ | ✗ |
| Paramedicine | ✗ | Supervision – Line of sight | ✗ | Supervision | ✗ | ✗ | Supervision | ✗ |
| Dentistry | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Podiatry | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Radiation Therapy | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Radiography | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Physiotherapy | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Occupational Therapy | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Speech Pathology | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Nutrition and dietetics | ✗ | Supervision – Line of sight | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |

* An authorised nurse immuniser is a registered nurse or midwife who has completed an immunisation education program as specified by each jurisdiction

SASA Structured Administration and Supply Arrangement

+ Medical, Nursing Pharmacy and Paramedicine students in QLD; Fourth Year Medical and third year Nursing, Midwifery and Paramedicine students in VIC

^ Authorised nurse immunisers and pharmacist immunisers cannot give a written order to another health professional in VIC

% Authorised Aboriginal and Torres Strait Islander health practitioner immunisers meet the Chief Health Officer's COVID-19 Vaccination Administration Protocols (CVAP) – NT only

** An immunisation professional means a medical practitioner authorised to administer vaccines under the HDPR or registered nurse who has completed an immunisation program nurse course approved by the Chief Executive of Queensland Health or a pharmacist who has completed a training program accredited to meet the Australian Pharmacy Council's Standards for the accreditation of programs to support Pharmacist Administration of vaccines

GREEN – health professionals who can administer vaccines without supervision or written order; can give a written order to a health professional coded YELLOW to administer a vaccine[^]; can supervise health professionals coded YELLOW in the administering of vaccines.

YELLOW – health professionals that can administer vaccines under the supervision of, or under a written direction from, a health professional who is coded GREEN; cannot supervise others in the administering of vaccines.

RED – health professionals who cannot administer vaccines under any circumstances (i.e. under supervision or a written order); cannot supervise others.

Annex C - Deliver

AstraZeneca Vaccine Distribution Journey

Legend:

This denotes responsibility for risk associated with activity



Vaccination Stability

Refrigeration (2 - 8°C)

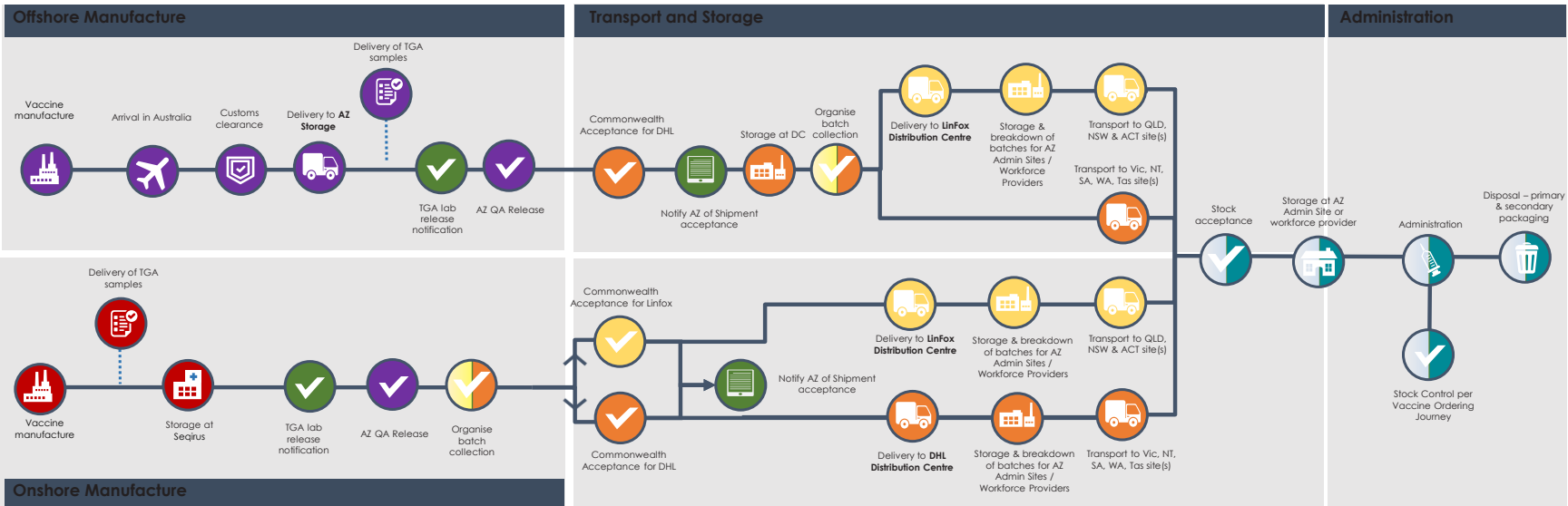
Stability currently able to be maintained for 6 months in standard cold refrigeration

Room Temperature (19 - 30°C)

48 hours after opening at 2-8°C
6 hours after opening at room temperature (up to 30°C)

Distribution

Vaccination Administration Facility



Annex C - Deliver

Pfizer Vaccine Distribution Journey

Legend:

This denotes responsibility for risk associated with activity



*In-reach: Residential Aged Care, Residential Disability Care

Vaccination Stability

Thermal Shipper (-40 to 0°C)

Stability able to be maintained for 30 days via dry ice replenishment every 5 days
30 days

ULT Freezer (-20 to 0°C)

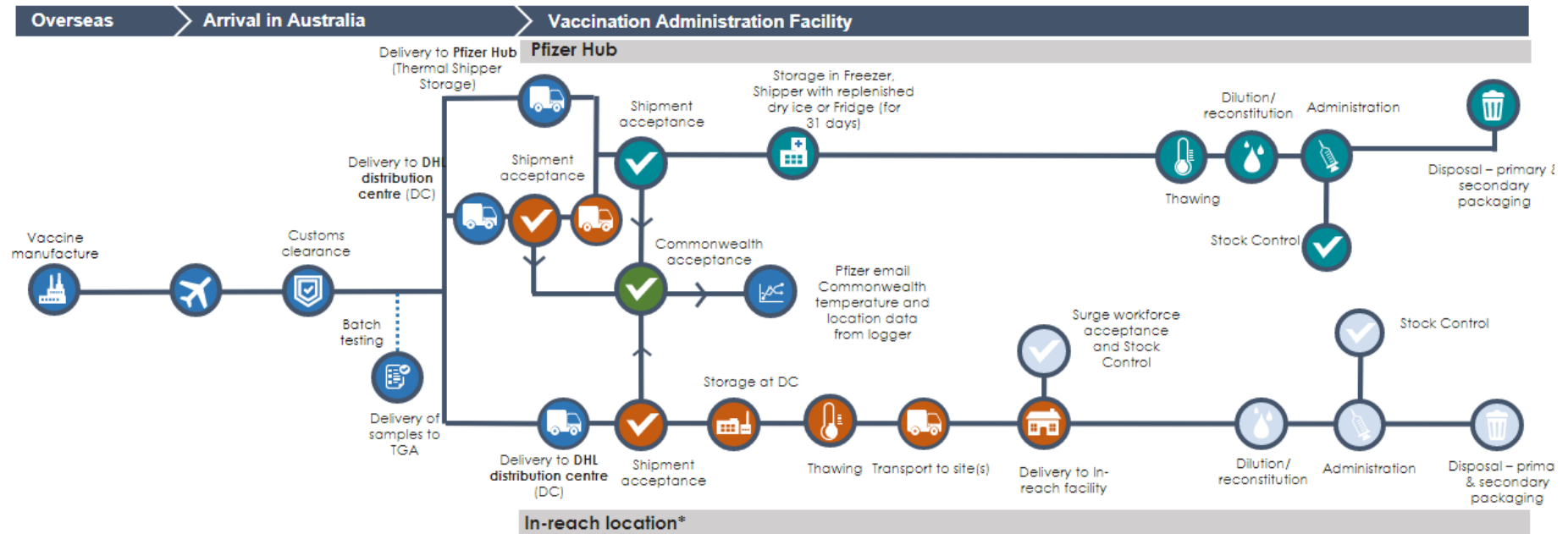
Stability able to be maintained when stored as frozen liquid
6 months

Refrigeration (2 - 8°C)

Stability able to be maintained for up to 31 days in standard cold refrigeration
Time to reach 2-8°C from frozen: ~3 hours
Up to 31 days

Room Temperature (19 - 30°C)

Stability able to be maintained as vaccine thaws and after dilution prior to being discarded
Time to reach room temperature: 30 minutes
2 hours prior to dilution, 6 hours after dilution



Annex C - Deliver

Supplying manufacturers. COVID-19 vaccines are supplied by the following suppliers by Advance Purchase Agreements (APA):

- AstraZeneca/University of Oxford (53.8 million doses)
- Pfizer-BioNTech (40.0 million doses)
- Moderna (25 million doses, pending successful clinical trials and TGA approval)
- Novavax (51 million doses, pending successful clinical trials and TGA approval)
- COVAX facility (25.6 million doses).

National storage hubs. Australian government-controlled regional COVID-19 vaccine storage hubs are located in Sydney, Perth and Adelaide. At the time of publication, the Australian government and the NCVTF is in the process of securing additional hubs in Brisbane, Hobart and Darwin, with the intention of operationalising them in the near future.

Supply for the National Response Option. Vaccines used to supply the National Response Option will not disrupt the ability of jurisdictions to obtain and deliver second dose vaccines.

The National Medical Stockpile does not hold COVID-19 vaccines.

Domestic manufacturing capability. The AstraZeneca/University of Oxford COVID-19 vaccine is currently the only vaccine being produced locally in Australia. The Australian government is also in the process of planning a facility to give Australia the sovereign industrial capability to produce messenger RNA (mRNA) vaccines, although this proposal is not yet fully developed and is beyond the scope of this Plan.

Supply management. Vaccines, consumables and PPE stock levels are being intensively managed by the NCVTF using the COVID-19 Vaccine Administration System (CVAS). CVAS is a digital ordering and inventory management system that vaccination providers can use to order COVID-19 vaccines and related products, as well as report delivery acceptance, stock on hand and wastage. CVAS contains trigger-points for ordering and predictive ordering. Quantities supplied are proportional to each receiving organisation's size and a combination of expected/actual patient throughput. The CVAS system is also being adopted by the NCVTF's distribution partners and the States and Territories to accelerate the resupply process, improve stock visibility and reduce the amount of orders that need to be processed manually.

Expanded access to consumables. The NCVTF is in the process of establishing an expanded standing panel of consumable and PPE providers. Bilateral requests to Coalition partners for vaccines and consumables also remains available by exception.

Distribution partners. Dalsey, Hillblom and Lynn (DHL) Australia and Linfox are the NCVTF's distribution partners, with DHL being the principal distributor of Pfizer vaccines. Surge distribution is achieved through accredited sub-contractors. The

Royal Flying Doctor Service (RFDS) has also been contracted to distribute vaccines to selected rural and remote areas (MMM6 and MMM7 communities).¹

Increased supply of vaccines. Australia is scheduled to receive a significant increase of vaccines from July to December 2021. These include Pfizer (already in distribution chain), Moderna (yet to be released in Australia) and Novavax (yet to be approved and released). In anticipation of this increase, DHL and Linfox are developing additional cold storage capabilities for vaccine distribution.

Distribution targets. The NCVTF's distribution targets are as follows:

- Wastage
- Adherence to Cold-Chain requirements
- Stock Delivered in Full on Time (DiFoT).

Other performance indicators monitored by NCVTF are the following:

- The frequency of deliveries
- The time required to deliver the vaccines from the point of departure
- The number and location of vaccine-capable freezers in use by the distribution partners.

Distribution to international partners. Distribution to international partners is organised and managed by DFAT through their industry partner Palladium. This arrangement between the NCVTF and DFAT is being formalised through a Memorandum of Understanding (MOU) currently under development.

Vaccine administration. Administration within the Deliver workstream is presented in Annex A based on the likely owner: Commonwealth, State and Territory, and Industry/Private sector. The likely owner is based on current maturity of channel (i.e. drive through preparation by VIC) and will change over time based on collaboration with jurisdictions. The Plan notes that doses will need to be allocated to each of these groups. Commonwealth channels (including Primary Care and National Response Option) will be provided doses by the Commonwealth; State and Territory channels (including hospital hubs and high-throughput sites) will be provided doses by States and Territories; Industry/private sector channels (including workplace vaccinations) may receive doses from Commonwealth or State and Territories depending on the specific partnership.

This document presents the current view to develop further with States and Territories as locally appropriate operational plans are built out. A likely national view is presented, but individual channels by State will differ based on local preferences and demographic requirements. The expectation is that some channels will be run by both Commonwealth and States and Territories in different locations, but they are presented here under one owner for simplicity.

¹ Using the Modified Monash Model

There are several administration channels, including points of presence of site types currently in play (e.g. mass vaccination hubs and community hubs), and new channel types which are not currently operational as part of the COVID-19 vaccine rollout in Australia (e.g. drive-through).

Channels:

1. General Practices (GPs) – existing general practice sites with an enhanced focus on weekend availability.
2. Commonwealth Vaccination Clinics (CVCs) – Commonwealth funded vaccination clinics that exclusively administer COVID-19 vaccines
3. Aboriginal Community Controlled Health Services (ACCHS) – incorporated Aboriginal organizations initiated by and based in a local Aboriginal community that administers COVID-19 vaccines
4. Community pharmacies – that utilise existing community pharmacies with existing vaccine infrastructure. (Although pharmacies are part of Primary Care they are split out separately for management in this Plan due to their large number of sites of presence, and unique policy considerations). CPs will have an enhanced presence on weekends.
5. In-reach – including in-reach vaccination for both residents and staff of aged care and disability residences (including utilisation of hubs), and rural and remote communities
6. National Response Option – workforce and/or infrastructure that can be easily transported from one location to another as needed, controlled and provided by the Commonwealth
7. Hospital hubs
8. High throughput (mass vaccination) – fixed facility, pedestrian access high-throughput sites that may include stadiums or conference centres
9. Drive-through – optional drive through (vehicle-based) high-throughput sites that may include stadium carparks
10. Community hubs – community-partnered sites including places of worship or transport hubs
11. Retail hubs – retail-partnered sites including shopping centres or supermarkets
12. Workplace vaccinations – on premise vaccination at workplaces
13. School programs – school-based vaccination programs

Administration channels by potential owner

| | GP | CVC | ACCHS | Pharmacy | In-reach | National Response Option | Hospital hubs | High-throughput (mass vaccination) | Drive-through | Community Hubs | Retail Hubs | Workplace vaccinations | School programs |
|---------------------------|----|-----|-------|----------|----------|--------------------------|---------------|------------------------------------|---------------|----------------|-------------|------------------------|-----------------|
| Commonwealth | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | |
| States and Territories | | | | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Industry / private sector | | | | | | | | | | | ✓ | ✓ | |

 Currently operational
  In planning, or potential

Draft - subject to medical advice

Channel types

Existing channel Workforce established Workforce to be confirmed
 C Commonwealth S&T States and Territory governments I Industry/private sector

| Point of presence type | Description | Potential channel owner | Workforce |
|--|---|---|--|
|  Primary care GP CVC ACCHS Community pharmacies | <i>Existing General Practice sites</i> <i>Commonwealth vaccination clinics</i> <i>Aboriginal Community Controlled Health Services</i> <i>Community pharmacies sites e.g., metro and regional sites</i> | C ^{With} | GP, NP, authorised nurse immuniser, RN, EN, Aboriginal & Torres Strait health practitioner/ worker, paramedic, 3 rd year medical students, pharmacists ¹ |
| | In-reach <i>In-reach vaccination of aged care, disability, and rural and remote rollouts</i> | C ^{With} | Contracted VAS providers: Aspen Medical, Sonic, International SOS, Royal Flying Doctor Service |
| |  States and Territories Hospital hubs Mass vaccination hubs Community hubs | S&T | State and Territory government workforces; existing health professionals (as above for Primary Care) |
| | National Response Option <i>Sites that can be easily transported from one location to another as needed, does not have to be on wheels</i> | C ^{With} | To be confirmed - Contracted VAS providers: Aspen Medical, Sonic, International SOS, Royal Flying Doctor Service; ADF |
|  Additional high throughput (mass vaccination) <i>Fixed facility, pedestrian access high-throughput site, may include stadiums, conference centres</i> | C ^{With} S&T | Contracted VAS providers; State and Territory government workforces | |
|  Drive through <i>Drive through (vehicle-based) high throughput site, may include stadium carparks</i> | C ^{With} S&T | | |
|  Additional community hub <i>Community-partnered site including places of worship, transport hubs²</i> | C ^{With} S&T | | |
|  Retail hub <i>Retail-partnered site including shopping centres, supermarkets¹</i> | C ^{With} S&T I | Service provider contracted by workplace/employers | |
|  Workplace vaccination <i>On premise vaccination at workplaces</i> | S&T | | |
|  School program <i>School-based vaccination program</i> | S&T | State and Territory workforce arrangements | |

1. Legislation for authorised immunisers differs across jurisdictions

2. May include sites that can be easily transported from one location to another as needed, but does not have to be on wheels

Administration principles. Channels are anticipated to be stood up in response to changing conditions (e.g. new or increased availability of supply, new or changed eligibility, or an area beginning to fall behind the required vaccination throughput and requesting increased capacity). Additional channels will be piloted and assessed for throughput and uptake before being rolled out at scale.

The sequence of expanding channels is based on three principles:

1. **Positive sentiment:** Channel expansion will be guided by positive sentiment through all three stages
2. **Scale:** New channels that are brought online are executed at scale at full capacity where possible
3. **Agility:** Flexible deployment of channels and dynamic reallocation of supply within states or territories to meet consumer needs. Dynamic reallocation will occur within jurisdictions and will only occur between jurisdictions with the agreement of affected jurisdictions and the NCVTF.

Based on these principles, channels are expected to be sequenced in the following way, noting that ongoing engagement with States and Territories will continue to refine this sequence:

- In Stage 1, ongoing utilisation of existing sites (including primary care and mass vaccination sites) will be expanded to increase throughput of AstraZeneca and Pfizer, and to ensure the delivery of vaccinations for the aged care workforce
- In Stage 2, additional high-throughput sites (e.g. mass vaccination and drive-through clinics) will be set up to administer the increased supply of Pfizer. Drive-through clinics have been prioritised to enable the vaccination of people aged 30 years and above and to support vaccination in regional and rural areas; it is acknowledged not all jurisdictions will be able to support this channel.
- In Stage 3, more channels (community hubs, workplace vaccinations, and retail hubs) will be scaled up to administer the increased supply of Pfizer, Moderna (pending TGA provisional registration) and other vaccines, while providing increased consumer choice. These channels will provide additional coverage of remaining eligible cohorts, noting the importance of variety for younger consumers who have more transient relationships with primary care.

Annex D - Motivate

The **Motivate** workstream will coordinate communications and incentives to shape positive public sentiment about the vaccine rollout. This workstream plays a central role in enabling the NCVTF mission and Centre of Gravity (Positive Sentiment). The Motivate workstream will deliver an enhanced communications strategy that builds on existing advertising campaigns and promotional materials.

Objectives

The Motivate workstream has five objectives:

1. **Execute a communications strategy that delivers on the NCVTF mission** by motivating eligible people in Australia to receive at least the first dose of the COVID-19 vaccine by 20 December 2021. This includes:
 - Communications – communicating with providers and the broader public about the Plan, including information about available vaccines, eligibility criteria and vaccination channels
 - Incentives – coordinating the use of incentives by the Commonwealth, jurisdictions, private and community sectors to promote uptake of vaccines.
2. **Support the Centre of Gravity (Positive Sentiment)** by monitoring public confidence in the vaccine rollout including of the involved workforce, identifying leading indicators of public confidence and recommending interventions to appropriate stakeholders where required
3. **Ensure public communications are consistent and accurate** by maintaining a central repository of information about the vaccine, educating hesitant cohorts, and providing advice to stakeholders on how to communicate about the rollout
4. **Maximise reach and coverage of eligible people in Australia** by acknowledging the needs of different segments of the population and leveraging a range of communication channels at national, State and Territory levels. These channels may include:
 - Traditional news media – e.g. TV and radio advertisements, newspaper articles, press conferences, media releases
 - Electronic media – e.g. Departmental websites, booking systems
 - Social media – e.g. Facebook, Instagram, Twitter
 - Physical media – e.g. billboards, signage at vaccination centres
 - Direct messaging – e.g. newsletters, email, text messages.
5. **Enable dynamic changes to the communications strategy** in response to changes in circumstances, public sentiment, channel performance and other external shocks

Communications roadmap

The communications roadmap, detailed below, provides the current plan for public communications about the vaccine rollout. The timing of these communications will

be contingent on public sentiment and the outcomes of other decision points in the Coordinate and Deliver workstreams. The schedule described is indicative and will be coordinated with States and Territories to ensure national communication is consistent with evolving jurisdiction-level plans for channel expansion. These milestones are mapped on the campaign schematic in Annex B.

The Motivate communications strategy will contain seven components:

1. **Communications about Op COVID Shield.** The Motivate workstream will coordinate public communications about Op COVID Shield, including the Plan itself. This includes explaining the objectives of the Plan and its relationship to other components of the national vaccine rollout.
2. **Communications about vaccine availability, safety and efficacy.** The Motivate workstream will coordinate communications about which vaccines are available in Australia and their characteristics, including safety and efficacy. This includes communications to address public concerns about potential side effects and to counter misinformation about getting vaccinated. New communications will leverage learnings from the launch of earlier vaccines (e.g., AstraZeneca) and have a strong focus on coordination with ATAGI and other relevant stakeholders to simplify messaging for consumers.
3. **Communications about administration channels.** This includes engagement with providers and the broader public about new points of presence and channels. Based on the current plan of channel expansion, communications will be launched in accordance with the following schedule, where appropriate given differences in timing across jurisdictions:

| Channel | Date (pending decisions from Commonwealth and State and Territories about whether to open up these channels) |
|-----------------------------|--|
| Expanded primary care | Ongoing |
| In-reach | Ongoing |
| Community pharmacies | Ongoing |
| Drive-through | Set up in mid-August, first pilots in mid-September and operating at scale in most jurisdictions by mid-October |
| Mass vaccination | Ongoing |
| Community hubs | Ongoing |
| Workplace vaccination | Set up in late September 2021, first pilots in mid-October 2021 and operating at scale in most jurisdictions by late November 2021 |
| Retail hubs | Set up in early October 2021, first pilots in late October 2021, operating at scale in most jurisdictions by late November 2021 |
| School vaccination programs | Early December 2021 (pending decision about whether to open school programs) |

4. **Communications about changes in eligibility criteria.** In conjunction with the Coordinate and Deliver workstreams, the Motivate workstream will be responsible for engaging the public about changes in who is eligible to get the vaccine. Based on the current plan of eligibility criteria, communications will be launched in accordance with the following schedule:

| Change in vaccine eligibility | Date |
|-------------------------------|------|
| | |

| | |
|--|---|
| Expansion to entire 12-15 age group for Pfizer / Moderna | Subject to ATAGI guidance |
| Expansion to 30+ age group for Pfizer / Moderna | September 2021 (pending decision about whether to open up eligibility to this cohort) |
| Expansion to 16+ age group for Pfizer / Moderna | October 2021 (pending decision about whether to open up eligibility to this cohort) |

5. **Communications celebrating our workforce and their successes.**

Supporting and celebrating the work of those involved in the front-line response for the vaccination programme is critical to the Centre of Gravity. This will focus on using inclusive language to reflect the diversity of the immunisation workforce (e.g., nurses, Aboriginal community health providers, etc.).

6. **Public advertising campaigns to promote vaccine uptake.** As of the date of publication, there are four phases of advertising that are planned to be launched before December 2021. These will focus on motivating specific demographic groups in line with eligibility criteria and driving uptake for those who are not yet vaccinated. Campaigns will be launched in accordance with changes in supply and eligibility, noting that the specifics of the campaign may change if required.

| Campaign | Date |
|---------------------|---------------------|
| Motivate campaign 1 | Mid-July 2021 |
| Motivate campaign 2 | Mid-August 2021 |
| Motivate campaign 3 | Late-September 2021 |
| Motivate campaign 4 | Early-November 2021 |

1. **Other incentives to promote vaccine uptake.** The Commonwealth will leverage key incentives to drive vaccine up-take, including:

- Personal freedoms: providing vaccinated people with greater personal freedoms.
- Choice of vaccine: providing people with a choice in the vaccine administered to them (following the increase in current vaccine supply and a potential third vaccine approved for use in Australia)
- Ease of access: providing more opportunities for people to get vaccinated, and ensuring these channels have a high ease-of-access, such as community pharmacies which can facilitate walk-in appointments.

While studies have shown financial incentives are unlikely to drive whole-scale vaccine uptake, the NCVTF will continue to work with jurisdictions and industry in looking at the role financial incentives have to play in targeting cohorts of people. This may include considering the role of gift vouchers and prize-drawers led by industry and business.

Stakeholder consultation

The NCVTF has started consultation with the states and territories in bilateral meetings and the wargame on 6 July. Key themes that emerged from these preliminary discussions include:

- **Coordinated and clear messaging is required across all levels of Government.** Public leaders should speak to the same expert advice about vaccine availability, eligibility, safety and risks (e.g. side effects)
- **The first 48 hours is critical in responding to any adverse event.** Pre-planning and rapid response plans (e.g. communications templates) should be developed as soon as possible to prepare for adverse events
- **Specific communication campaigns and messengers can drive uptake in priority and hard-to-reach groups.** The Motivate workstream should acknowledge the needs of priority groups (e.g. homeless, people in detention facilities) or specific cohorts that require targeted messaging (e.g. aged care, disability, remote, CALD communities, Aboriginal and Torres Strait Islanders and peoples). Specific communication campaigns should be developed to reflect the needs of these groups (e.g. leveraging local community leaders to promote vaccine uptake in rural and remote regions, translating vaccine information into a variety of languages). Ongoing engagement and partnership with relevant peak bodies and state and territory governments will be required to develop appropriate communication strategies for these groups.
- **More visible and tangible incentives can be deployed to increase demand,** including government and private sector incentives. Further detail on incentives is provided below and on page 35 of this document.

Further consultation will be required to develop the details of the Motivate workstream and communications strategy. This will occur in two main streams:

- **Further consultation with jurisdictions** (i.e. state and territory representatives, including those who attended bilateral discussions or the wargame on 6 July). In the short term, the Commonwealth will set up a regular (weekly) review cycle with jurisdictions. This cadence may change as the rollout progresses.
- **Further consultation with other stakeholder groups.** As detailed in Section 4.3, these groups include primary care providers, peak bodies (e.g. AMA), workers' unions and representatives from specific cohorts that may require targeted messaging (e.g. Aboriginal and Torres Strait Islander communities). Further detail of these stakeholder groups is provided in Annex G. This engagement will occur on an ad-hoc basis as required ahead of critical milestones (e.g. launching a new communications campaign, changing eligibility criteria, opening new administration channels) or in response to external events (e.g. a major decline in public sentiment).

Jurisdiction communication campaigns

The Commonwealth acknowledges that states and territories have developed their own communication strategies to support the vaccine rollout. In this context, the Motivate workstream will observe the following principles:

- **The Commonwealth will play a coordinating role.** The Motivate workstream will develop a national communications strategy, grounded in a set of common principles that will apply to all jurisdictions.
- **The Commonwealth will maintain accountability for communications at the national level.** The Commonwealth will continue to manage national media campaigns, in consultation with jurisdictions.
- **States and territories will maintain accountability for communications within their jurisdiction.** It is the role of each State and Territory to manage their own communications and ensure that their campaigns complement the Commonwealth communication activity.
- **The Commonwealth will provide advanced notice of changes to the communication strategy.** Where possible, the Commonwealth will provide states and territories with notice of upcoming changes to the national communication strategy. The Commonwealth will aim to provide sufficient lead time, in discussion with jurisdictions, to allow jurisdictions to pivot their own campaigns to align with the national strategy. Note that this timeframe may be shortened if the government needs to respond to an emergency (e.g. a COVID-19 outbreak).

Measuring public sentiment


As detailed above, one of the objectives of the Motivate workstream is to support the Centre of Gravity (Positive Sentiment) by monitoring public confidence in the vaccine rollout. To achieve this objective, the Motivate workstream will:

- **Work in close collaboration with the Assessments Cell** (see Section 4.2) to identify leading and lagging indicators of public confidence in the rollout (e.g. sentiment data from consumer surveys, number of bookings by channel and jurisdiction)
- **Leverage existing market research programs across jurisdictions** to collate insights on public sentiment and share them with Commonwealth, state and territory actors. The Motivate workstream will set up a forum to share sentiment and behavioural insights across jurisdictions.
- **Mobilise resources for a rapid media response** if there is a sudden change in community sentiment that requires a coordinated approach to public communications (e.g. a major public figure experiences adverse side effects, a major change in eligibility criteria)
- **Recommend changes to communications strategies** across the Commonwealth, States and Territories if required

If, as part of the Assessments process, public sentiments found to be declining, a communications plan will be developed and implemented.

Incentives

Incentives can play an important role in persuading individuals to get vaccinated. On 2 July 2021, the Prime Minister announced the 'Roadmap to a COVIDSafe Australia'. This roadmap detailed multiple incentives to promote uptake of vaccines, including allowing vaccinated individuals to quarantine at home and easing domestic border restrictions. Examples of incentives are listed on page 35 of this document.



The use of incentives will need to be coordinated across the public, private and community sectors. This includes:

- **Coordinating the use of incentives between the Commonwealth, States and Territories** as part of the ongoing review cycle with jurisdictions. Where possible, incentives will be made consistent across jurisdictions.
- **Coordinating the use of incentives by industry** – The Motivate workstream will collaborate with the Industry Liaison Cell (ILC, detailed in Annex H) to coordinate any use of incentives by industry partners. Through the ILC, the Motivate workstream will closely monitor the use of incentives in the private sector.

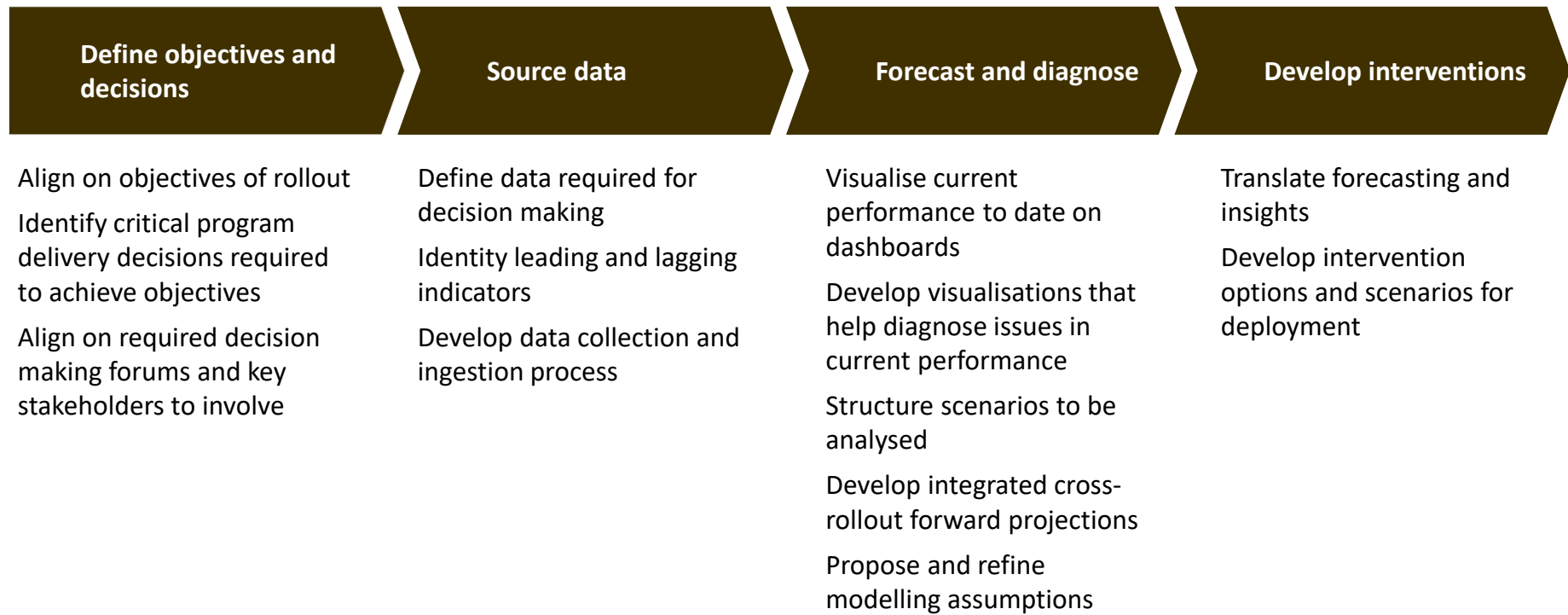
Annex E – Assessments

Assessments meeting cadence

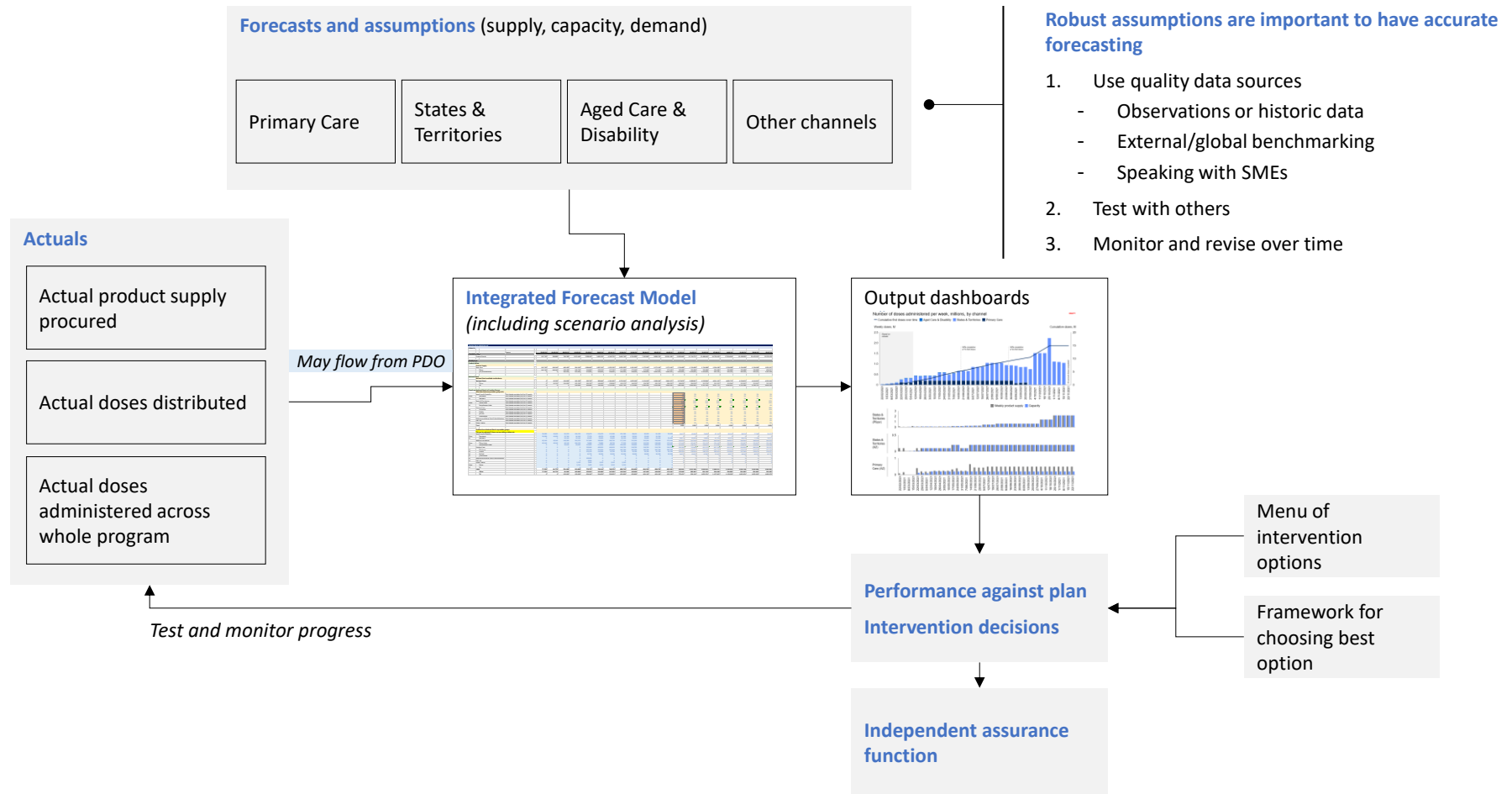
| Meeting | Frequency | Description | Attendees |
|-------------------------------------|---|--|--|
| Policy principals Committee | Weekly – 60 min | Central coordination and planning between jurisdictions Align on critical shared communications and messaging Rapid escalation of issues and discussion to inform potential interventions | Coordinator general Policy leaders from each S&T, Operational leads as required Assessment Cell lead VOC Lead |
| CG Decision and Forward Planning | Fortnightly – 45 min | Synthesised update on current vaccine delivery timeline, changes from prior fortnight, and drivers of change Raise prioritised set of issues, challenge, and decisions for escalation and align on actions and path to resolution | Coordinator General Assessment Cell lead VOC lead |
| Independent assurance | Monthly – 45 min | Independent advice and assurance regarding program management, process and policy compliance, operations and the management of significant risks | Coordinator General Assessment Cell lead VOC lead |
| Operational planning meeting | Weekly – 45 min | Using CG decision to create execution orders for the and mapping to operationalisation relevant teams to enact | Coordinator General Assessment Cell lead Program Delivery Office lead |
| State and Territory insight sharing | Weekly – offline With meetings as required | Sharing of assessments findings with states and territories for use as they see fit Will meet to discuss ad hoc as required | Coordinator General Assessment Cell lead Policy and Operational leaders from each S&T |

Assessments cadence is underpinned by streamlined sharing of data from operations and other sources

Key activities of the Assessments function



Example data flows and assumptions



Annex F – Stakeholders map

Not exhaustive

Vaccine taskforce stakeholder short list

| Commonwealth Departments, Agencies, and Divisions | State and Territory | Advisory Bodies | Operational Partners | Stakeholders |
|--|--|--|---|---|
| <ul style="list-style-type: none"> • Prime Minister (PM&C) • Health Minister (MO) • Integrated COVID-19 Taskforce • Therapeutic Goods Administration • Office of the Gene Technology Regulator • Services Australia • Australian Defence Force • Australian Digital Health Agency • National Disability Insurance Agency • Department of Foreign Affairs and Trade • Whole of Government Communications Working Group • Emergency Management Australia | <ul style="list-style-type: none"> • First Ministers • State and Territory Health Ministers / CEOs / CHOs • State and Territory Management / Operational / Data Teams • National Health CIOs Roundtable (NHCIOR) • State Governed Health Services | <ul style="list-style-type: none"> • Australian Technical Advisory Group on Immunisation • Science and Industry Technical Advisory Group • Australian Health Protection Principal Committee and its subcommittees | <ul style="list-style-type: none"> • Vaccine Suppliers, e.g. Pfizer, AstraZeneca, CSL, COVAX • Logistics Partners, e.g. DHL, Linfox • Workforce Providers, e.g. Aspen, International SOS • Training Provider – e.g. ACN | <ul style="list-style-type: none"> • Australian Medical Association and Royal Australian College of General Practitioners • Pharmacy Guild of Australia and Pharmaceutical Society of Australia • National Aboriginal Community Controlled Health Organisation and other Indigenous Peak Bodies • Industry and business partners • Consumer Peak Bodies • Community and Cultural Leaders • Workers’ unions |
| Engaged on an as-needed basis | Engaged via National Cabinet, through bilateral meetings, and on an as-needed basis | Engaged directly by the Taskforce on an as-needed basis | Engaged as part of regular working rhythms through workstreams | Engaged directly by the Taskforce on an as-needed basis |

Underlying all of this is the Plan’s commitment to the most important stakeholder – the Australian public

Annex G - Industry Liaison Cell

Ongoing engagement with industry partners is critical to the success of the Plan. The Industry Liaison Cell (ILC) will be established to engage industry, business partners and consortiums that provide services to the vaccine rollout. The ILC will work in close collaboration with the existing Treasury Business Liaison Unit (BLU) to facilitate industry engagement.

Objectives

The ILC has five objectives:

1. **Enable coordinated messaging across public, private and community channels** (e.g. collaborating with industry partners to develop business communications strategies, building information packs and templates for employers running workplace vaccinations)
2. **Act as a clearing mechanism for offers of industry support** (e.g. additional workforce, standing up workplace vaccinations and other contributions to Commonwealth and jurisdiction efforts)
3. **Collaborate with the Assessments cell to provide business data** to enable accurate monitoring of vaccine throughput and allocation
4. **Facilitate policy discussions relating to critical issues** raised by business stakeholders (i.e. standards, indemnity)
5. **Report issues raised by industry stakeholders** to the Coordinator General.

Workstreams

The ILC will have three workstreams:

1. Communications – coordinating communication strategy with industry partners
2. Incentives – coordinating the use of incentives across industry (e.g. discounts)
3. Workplace vaccinations – working with approved business partners to deliver workplace vaccinations.

Capabilities required

To meet these objectives, the ILC requires five main capabilities:

- **Ability to coordinate industry communications about the rollout**, including:
 - a. Communications strategy that is tailored to the needs of industry partners, acknowledging differences between sectors (e.g. frontline health response, retail, hospitality, etc.)
 - b. Clear and consistent templates for messaging (e.g. information packs for employers running workplace vaccinations)

- c. Visibility of communications across public, private and community channels to identify potential inconsistencies or misinformation.
- **Ability to coordinate offers of industry support**, including:
 - a. Visibility of opportunities where industry can augment government capabilities to accelerate the rollout (e.g. additional workforce, data analytics, logistics support)
 - b. Regular touchpoints with industry representatives to develop forward plans for how these capabilities can be deployed at the national, state and territory level
 - c. Ability to mobilise industry capabilities in a timely manner in response to changes in circumstances (e.g. outbreaks, workforce shortages).
- **Ability to track and monitor business data**, including:
 - a. Accurate, timely and detailed industry data to enable monitoring of vaccine throughput and allocation via industry partners
 - b. Close collaboration with the Assessments Cell to input data into decision-making processes whilst maintaining privacy considerations.
- **Ability to facilitate policy discussions relating to critical issues** raised by business stakeholders, including:
 - Visibility of the current policy landscape relating to business involvement in the vaccine rollout (e.g. administration standards, regulation of business incentives)
 - Clear protocols for onboarding new business partners (e.g. approval processes for workplace vaccinations).
- **Ability to track issues raised by industry stakeholders**, including:
 - a. Clear lines of communication with business partners to raise risks, issues or opportunities to accelerate the rollout
 - b. Regular (e.g. weekly) briefings to the NCVTF Coordinator General to recommend interventions to address issues raised by industry partners.

Annex H - States and Territories cooperation

The Australian states and territories as one of the two primary means of achieving high levels of public sentiment and increased administration rates of vaccines, play a fundamental role in the Plan. The creation of innovative, stable, and scalable State and Territory administration channels to meet the required throughput capacity is essential for success. Continued close coordination and information sharing between the Commonwealth and the S&Ts will allow more accurate assessment and re-allocation of effort, including vaccine supply and workforce focus, to the point of need across the nation. Similarly, a unified and aligned communications strategy will greatly enhance public sentiment and support for the vaccination program. The Plan acknowledges the unique environments, challenges and capabilities within each S&T and allows flexibility in the ways in which each S&T achieves their targets. This Annex details how the S&Ts integrate with and support the three integrated workstreams of the plan.

State and Territory coordination

Coordination between the Commonwealth and S&Ts is critical to ensure that the Centre of Gravity is protected and that all geographic regions have appropriate vaccination throughput capacity as supply becomes available. Coordination therefore forms the Main Effort during Stage 1. To quote one State and Territory's COVID-19 executive: "[The jurisdictions] can do almost anything, but can't do it overnight". Key areas of coordination with S&Ts as identified in bilateral meetings and the wargame on 6 July are as follows:

- Weekly coordination meetings between the Commonwealth and State and Territories
- Involvement of primary care in the coordination process
- Transparency in COVID-19 vaccine supply allocations to allow planning at the S&T level and early identification of capacity issues
- Identification and development of additional channels of delivery, including workplace, school and retail hub programs
- Updates on progress in building the vaccine workforce across all channels
- Dynamic reallocation between channels (within jurisdictions, or between jurisdictions with agreement of all affected jurisdictions and the NCVTF) when required to optimise vaccination capacity and throughput
- Preplanning and rapid response plans to deal with major events which may impact the program
- Sharing of learnings and materials between all involved governments
- The approval of opening new cohorts based on TGA advice
- Tracking and assessment of vaccination data at a detailed geographic level by channel, to inform future allocation, identify best practice learnings, support dynamic re-allocation and measure milestone attainment.

State and Territory motivation

Positive public sentiment towards the vaccine uptake and the rollout more broadly is the Centre of Gravity of the Plan. For such positive sentiment to be sustained, a communications and incentive strategy that is aligned between the Commonwealth and S&Ts will be essential. Keeping the public motivated will be the Main Effort for Stage 2. S&Ts have indicated willingness to provide support for their local areas as

required at the Wargame on 6 July, with tailored communications for their population segments and regions. These will be based on the detailed understanding of the population sentiment within their own jurisdiction. The following support from S&Ts will aid in the coordinated, clear, and timely messaging for the population:

- Alignment with Commonwealth initiatives including an engagement strategy aligned to stages of the rollout
- Collaboration and engagement with the Commonwealth on the introduction of incentives
- Assessment of public sentiment within each S&T, by location and population segment.


State and Territory delivery

States and Territories have already demonstrated their ability to stand up a number of vaccination channels, ranging from mobile clinics to mass vaccination centres. There are also plans in place in most States and Territories to scale up capacity to meet demand and vaccine supply. These initiatives will need to continue to be expanded upon to ensure that vaccine delivery is resilient enough to withstand unforeseen and unplanned events which may affect some channels, for example, the reduction in availability of some portions of the workforce due to a significant COVID-19 outbreak. This will be a challenge, particularly in the smaller States and Territories who have indicated that they have less reserve capacity in their delivery plans to draw on in such an event. Early forecasts of capacity shortfalls (whether due to workforce constraints or other) will better allow the Commonwealth to build and augment States and Territories where the need arises. Delivery will focus on supply, distribution and administration of vaccines across the nation and will require the Commonwealth and S&Ts to work together on the following:

- Common understanding of primary care capacity, broader jurisdiction capacity, and therefore geographic locations where additional channels will best facilitate improved vaccination outcomes
- Refinement of estimated required throughput based on per capita allocations and likely ability to administer over time, by channel by geography
- Tracking and assessment on progress against these estimated required throughputs
- Ability to internally re-allocate between State and Territory, and Primary Care channels based on the throughput within a given geography
- Early identification of workforce shortfalls to allow the Commonwealth the ability to support and augment these areas.
- Targeted solutions to deliver vaccines to priority cohorts (e.g. in reach, mobile, pop-ups) , noting that states and territories retain the authority to sub-prioritise cohorts as required to meet local needs through State and Territory controlled channels.

Indicative projected capacity

The Department of Health [website](#) details the allocations that have been secured by the Commonwealth for each S&T. This has enabled the S&Ts to develop initial plans based on the current view of vaccine delivery. As has been already raised in the S&T Bi-lateral meetings and highlighted in the Wargame conducted on 6 July 21, there are a number scenarios that could arise that will affect the ability to vaccinate, using all of the current projected allocations. The graphs below present a

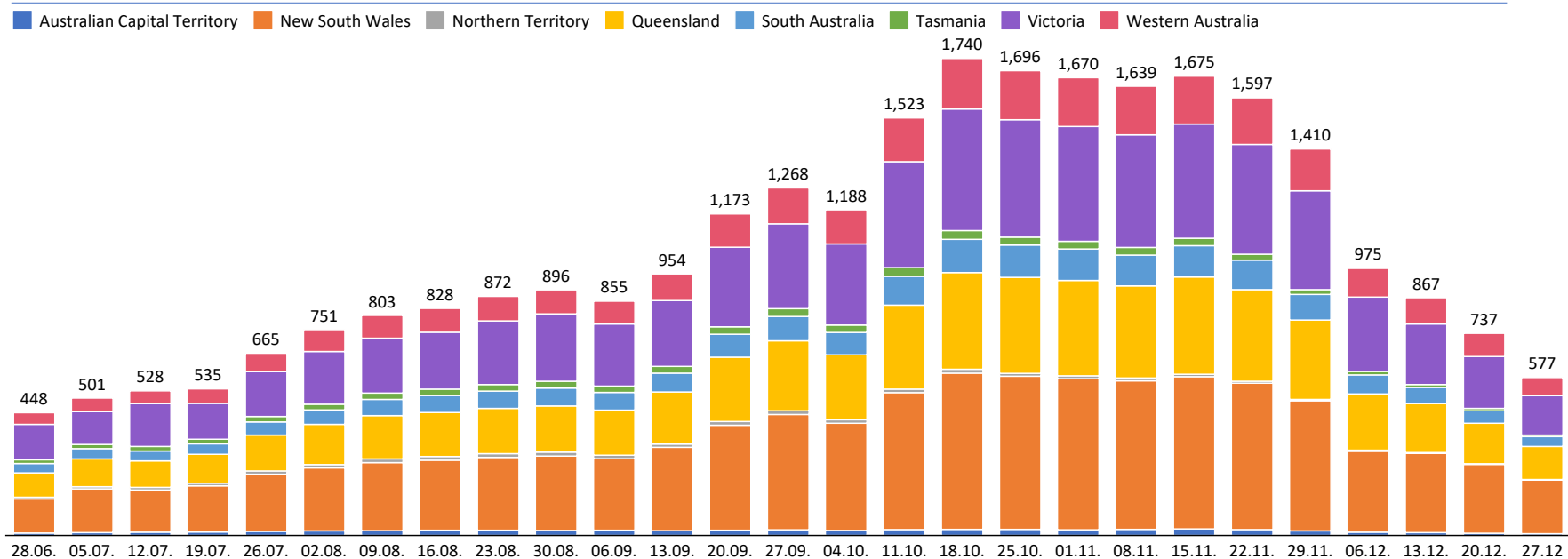


view of the estimated throughput capacity required by geographic location, through both Commonwealth and S&T channels, to achieve the mission (based on modelling as of 2 July). These graphs will be required to be further refined as the NCVTF incorporates the S&T plans to establish increased vaccination capacity and as we gather more information on the throughput of primary care channels into the future. These projections and plans will also allow for future assessment of vaccination rates and milestones and allow for contingency actions such as dynamic re-allocation and the deployment of the National Response Option.

Annex H - States and Territories cooperation

Indicative projected capacity required by week by state

Thousand doses per week (estimate)



1. Detailed assumptions: Assumptions have been made to balance load across different channels and will be refined over time. The highest throughput week is the week commencing October 18, with 1.7M doses/week. In addition to GPs and State and Territory Hubs, new channels include opening metropolitan pharmacies, standing up additional mass vaccination sites, 'drive-through' sites, community hubs (e.g. churches), and retail hubs (e.g. a major retailer car parks). No one new channel makes up more than 20% of throughput at any given time. Plan assumes supply comes online as per agreements with the pharmaceutical companies. Plan assumes 91% demand for vaccines, and 78% utilisation of supplied doses (most recent Pfizer utilisation as of 31/06). 2nd doses are prioritised, and then remaining doses are used for dose 1s. All Moderna is used exclusively by pharmacies, other channels utilise Pfizer (pending data on uptake of AstraZeneca following the 28/06 Prime Ministerial announcement post National Cabinet). Eligible population is those aged 16 and over. Assumes that workforce for new channels can be identified and stood up. Outputs highly sensitive to changes in number of points of presence per channel, and throughput per point of presence. Assumes a mixed AstraZeneca second dose strategy (as a conservative assumption for modelling of throughput only, despite no ATAGI advice re same) with 50% of current individuals with 1 dose getting Pfizer and 50% getting AstraZeneca. Actuals as of 27/06/2021

6 Glossary

| Term | Summary or meaning of term |
|------------------------|---|
| National Cabinet | The Australian intergovernmental decision-making forum composed of the Prime Minister and State and Territory Premiers and Chief Ministers |
| Department of Health | A department of the Government of Australia charged with overseeing Australia's health system that is administered by State and Territory Governments |
| Coordinator General | An appointed individual placed in charge to lead a Taskforce |
| Channels | Authorised group or bodies who will deliver the vaccines |
| Eligible people | Refers to cohorts listed in Section 1.2 (as at July 2021) |
| Jurisdiction | An Australian State or Territory government |
| Near-region neighbours | Countries with which Australia has close contact and cooperation primarily located within Asia-Pacific |
| Commonwealth | The Federal Government of Australia |
| Taskforce | A temporary group brought together under one leader for the purpose of accomplishing an objective |
| Stakeholder | An entity whose influence or support may affect the organisation's ability to achieve the end state |
| Vaccine | A biological preparation that provides active acquired immunity to a particular infectious disease |
| Booster | An extra administration of a vaccine after an earlier dose |
| Governance | The system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account |
| Legislative changes | A change to law |
| Workforce | Designated group of people authorised to deliver vaccines |
| Workstream | The sequence of industrial, administrative, or other processes through which a piece of work passes from initiation to completion |
| Decision point | A point in time when the Coordinator General or their staff, anticipates making a key decision concerning a specific course of action |
| Hub | A centrally controlled vaccination centre |
| Coalition partner | A country with whom Australia is partnered with to achieve a common goal |
| Cold-Chain | A temperature-controlled supply chain |

| | |
|---------------------|---|
| Wastage | The loss of vaccines doses |
| Mechanism | An established process by which something takes place or is brought about |
| Whole of Government | A joint activity performed by diverse ministries, administration and public agencies in order to provide a common solution to a particular problem or issue |

7 Abbreviation List

| Abbreviation | In full |
|--------------|--|
| ACCHS | Aboriginal and Torres Strait Islander Community Controlled Health Services |
| APA | Advanced Purchase Agreement |
| ATAGI | Australian Technical Advisory Group on Immunisation |
| CMO | Chief Medical Officer |
| CVAS | COVID-19 Vaccine Administration System |
| CVC | Commonwealth Vaccination Clinic |
| DFAT | Department of Foreign Affairs and Trade |
| DHL | Dalsey, Hillblom and Lynn |
| DiFoT | Stock Delivered in Full on Time |
| GP | General Practitioner |
| ILC | Industry Liaison Cell |
| KPI | Key Performance Indicator |
| Linfox | Linfox Logistics |
| LTGEN | Lieutenant General |
| MMM | Modified Monash Model |
| MOU | Memorandum of Understanding |
| NCVTF | National COVID Vaccine Taskforce |
| PHN | Primary Health Network |
| PPE | Personal Protective Equipment |
| RFDS | Royal Flying Doctor Service |
| TGA | Therapeutics Goods Administration |
| VAS | Vaccine Administration Service |
| VOC | Vaccine Operations Centre |

