



Mini-cPIE (COVID-19 vaccination IAR) Clinic 2: Experience Sharing and Lessons Learned

Tuesday, September 21
12:00 – 13:30 CEST

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World Health
Organization

Mini-cPIE Clinic 2 
(COVID-19 Vaccination IAR)

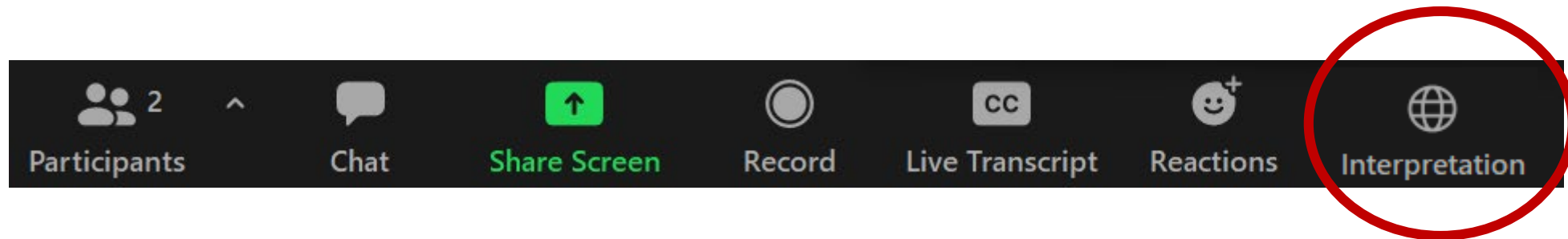
**Country Experience Sharing and
Lessons Learned**

21 September 2021



Interpretation in French and Spanish is available by clicking the **Interpretation** button

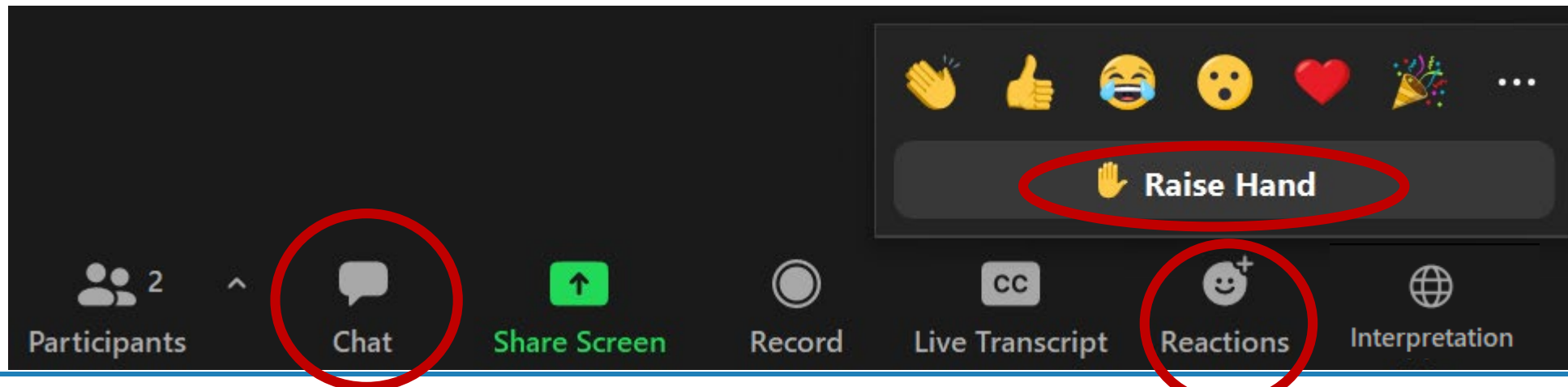
Click on “Interpretation” and choose the language that you would like to hear. To hear the interpreted language only, click “Mute Original Audio”





The PowerPoint, recordings, and all resources will be shared after the call.

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Agenda

Welcome & Objectives

Global COVID-19 vaccination IARs (mini-cPIEs) Implementation Status

Country experience sharing – Ghana with Q&A

Country experience sharing – Uganda with Q&A

Interactive discussions – Part I and II

Evaluation and wrap-up

Map Results

Respond at [PollEv.com/projectecho016](https://www.poll-ev.com/projectecho016)

Where are you joining from?



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2012. All rights reserved.

Data Source: World Health Organization
Map Production: WHO Graphics

Total Results: 98

Purpose of the mini-cPIE clinic



- To create a **platform for countries to share their learnings and experiences** with peer countries on their review and adjustment to COVID-19 vaccine roll-out using the mini-cPIE tools.
- To cultivate a community of learning for COVID-19 vaccine roll-out and **directly connect countries with one another** to maximize on peer-learning.
- To provide opportunities for countries interested in reviewing their COVID-19 vaccine roll-out to **receive practical tips and technical support on how to conduct a mini-cPIE**.



Global mini-cPIE implementation status

As of 17 Sept 2021



Already conducted a mini-cPIE

AFR	AMR	EMR	EUR	SEAR	WPR
Botswana		Somalia	Armenia *	Bhutan	
Chad			Montenegro *		
Congo (DRC)					
Congo (RoC)					
Eswatini *					
Ethiopia					
Gambia					
Ghana					
Guinea-Bissau					
Liberia					
Niger					
São Tomé and Príncipe					
Senegal					
South Sudan					
Uganda					
Zambia					

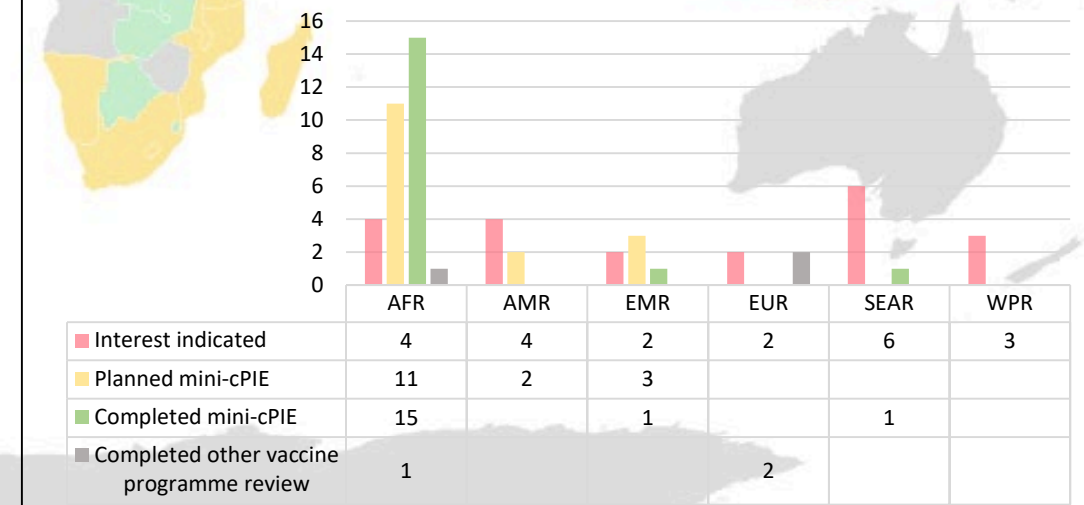
Planning to conduct a mini-cPIE

AFR	AMR	EMR	EUR	SEAR	WPR
Cameroon	Bolivia	Lebanon			
Kenya	El Salvador	Morocco			
Lesotho		Syria			
Madagascar					
Malawi					
Mozambique					
Namibia					
Sierra Leone					
South Africa					
Tanzania					
Togo					

Interest in conducting a mini-cPIE

AFR	AMR	EMR	EUR	SEAR	WPR
Algeria	Barbados	Pakistan	Albania	India	Lao DPR
Burkina Faso	Chile	Tunisia	Moldova	Indonesia	Mongolia
Mali	Trinidad & Tobago			Maldives	Vietnam
Nigeria	Uruguay			Nepal	
				Sri Lanka	
				Timor-Leste	

Mini-cPIE and other reviews implementation status by region



*Used alternate methodology for conducting a standardized COVID-19 vaccination programme review



COVID-19
INTRA-ACTION REVIEW



COVID-19
VACCINATION PILLAR

Mini-cPIE Clinic 2 (COVID-19 Vaccination Intra-Action Review)

EXPERIENCE SHARING FROM COUNTRIES

EXPERIENCE SHARING FROM GHANA



Mini-cPIE (COVID-19 Vaccination Intra-Action Review)



DR KWAME AMPONSA-ACHIANO
PROGRAMME MANAGER, EPI
GHANA HEALTH SERVICE
GHANA



Mini-cPIE (COVID-19 Vaccination Intra-Action Review)

DESCRIPTION OF THE MINI-CPIE

1. Review period: 01 OCT 2020 – 30 JUN 2021
2. Date of review: 21 JUL 2021 – 22 JUL 2021
3. Geographical scope: Both national and subnational
4. Number and profile of participants: 71 participants (50 in-person and 21 virtual)
5. Programme evaluation areas reviewed: COVID-19 vaccination pillar
 - A. Planning, Coordination & Resource Mobilization
 - B. Training, Service Delivery & HR Management
 - C. Risk Communication & Community Engagement
 - D. Regulation and Vaccine Safety
 - E. Data Management and M&E
 - F. Supply Chain & Waste Management



GOOD PRACTICES & CHALLENGES IDENTIFIED: Planning, Coordination & Resource Mobilization

GOOD PRACTICES

1. Strong political commitment at all levels; High level oversight by the Inter-Ministerial Coordinating Committee (IMCC) chaired by the President of the Republic
2. Clear national structures (National Task Force, TWG) for coordination and monitoring of implementation of vaccination plan
3. Good intersectoral collaboration to identify priority groups guided by NITAG and aligned to international guidelines and best practices
4. Technical support by NITAG-Ghana to identify population sub-groups based on vulnerability, business continuity and national security
5. Bottom up-approach in final decision making on vaccine distribution

CHALLENGES

1. Erratic global vaccine supply challenges resulting in inadequate vaccines to cover the target population (demand exceeds supply)
2. Relatively short turnaround time for deployment of vaccines either due to the short shelf-life or pressure from the population and government to quickly deploy whatever arrives
3. Inadequate and delayed release of funding for operational activities



GOOD PRACTICES & CHALLENGES IDENTIFIED: Training, Service Delivery & HR Management

GOOD PRACTICES

1. Population segmentation into sub-groups based on vulnerability, business continuity and national security
2. Translation of the NDVP into implementable microplans at the operational level
3. Use of multi-faceted vaccine delivery strategies (mobile and fixed) to reach all targeted groups; Special teams were deployed to identified national institutions, pharmacies, marketplaces etc.
4. Use of virtual training platforms for timely capacity building of healthcare workers as well as to reach wider audience
5. Use of electronic data entry platform for transactional data

CHALLENGES

1. Unstable internet facility across the country affected participation during virtual training; virtual trainings limited practical demonstration and concentration on the part of participants
2. Slow electronic registration process led to overcrowding at vaccination posts



GOOD PRACTICES & CHALLENGES IDENTIFIED: Risk Communication & Community Engagement

GOOD PRACTICES

1. Development and implementation of a National Communication blueprint for COVID-19 activities: Vaccination Communication strategy borne out of it
2. Extensive stakeholder engagements prior to the deployment of the vaccines
3. Establishment of a misinformation and rumour management taskforce at the national and regional levels
4. Use of opinion, religious, traditional and political leaders as advocates for vaccination
5. The presence of the GHS COVID-19 dashboard which provides update on the pandemic and response activities to the general public
6. Constant media engagement cleared a lot of doubts

CHALLENGES

1. Vaccine hesitancy among healthcare workers and other prioritized groups
2. The negative use of social media and mass media for misinformation/disinformation on vaccines
3. Communication around 'blood clots' as an adverse event following AstraZeneca / Johnson & Johnson administration in Europe affected Vaccine uptake



GOOD PRACTICES & CHALLENGES IDENTIFIED: Regulation and Vaccine Safety

GOOD PRACTICES

1. Continuing enhanced partnership between NRA and the Ghana Health Service
2. Expedited review of COVID-19 vaccines for the issuance of Emergency Use Authorization
3. Publication of Frequently Asked Questions and safety updates on each phase of the deployment on the website of the FDA
4. Establishment of multiple channels of reporting of safety issues (Phone calls, online and paper-based)
5. Use of active monitoring strategies in addition to the enhanced spontaneous reporting of AEFIs
6. Regular and timely causality assessment of all serious AEFIs reported and publication of same help with transparency and engenders uptake

CHALLENGES

1. Inadequate funding to conduct active safety monitoring activities (Cohort Event Monitoring) and investigation of serious AEFIs
2. Inadequate public education on AEFI reporting as some non-serious but expected cases were not reported
3. Delay in publication and sharing of AEFI feedback after causality assessment



GOOD PRACTICES & CHALLENGES IDENTIFIED: Data Management and M&E

GOOD PRACTICES

1. Established a 'Vaccination Control Room' (as part of EOC) for COVID-19 vaccination that reviews vaccination exercise using real-time data and provides feedback to regions, districts and teams concerned
2. Established a dashboard for monitoring vaccine uptake and overall campaign implementation at real-time
3. Implemented an electronic registry
4. Use of QR code for the verification of all persons vaccinated in Ghana
5. Hologram was affixed on vaccination cards to authenticate the validity of the cards issued to clients

CHALLENGES

1. Telecommunication network challenges led to delayed data synchronization
2. The use of two different data collection apps that were not fully interoperable
3. The introduction of new vaccination cards with enhanced security features while the campaign had already started. This resulted in mismatch of the serial numbers on the new cards and the electronic records in the database
4. Inadequate/inappropriate electronic devices (tablets and laptops) for data collection slowed down the e-registration and overall vaccination process



GOOD PRACTICES & CHALLENGES IDENTIFIED: Supply Chain & Waste Management

GOOD PRACTICES

1. System for expedited clearance of vaccines at the port of entry (from the tarmac) and for timely delivery of vaccines to all levels
2. Drone delivery of vaccines to hard-to-reach vaccination sites
3. Internal redistribution of vaccines and other logistics among regions and within districts during implementation to ensure optimal usage
4. Quantification and bundling of logistics
5. Engagement of a private waste management company to support in waste management at the operational level

CHALLENGES

1. Receipt of vaccines with very short shelf-life received in the country posed deployment challenges
2. Lack of ultra-negative temperature storage capacity at all levels limited the country's ability to access vaccines that required such storage temperature
3. Inadequate incinerators in some districts affected optimal waste management



IMPACT ON THE COVID-19 VACCINE ROLL-OUT

NOTE: Actions taken following the mini-cPIE (COVID-19 vaccination IAR) and the impact of these actions on the COVID-19 vaccine roll-out in the country

ACTIONS TAKEN FOLLOWING THE MINI-CPIE

IMPACT ON COVID-19 VACCINE ROLL-OUT

1. Organized in-person training for key regional and district officers

Improved understanding of the processes and quality of the vaccination roll-out.

2. Surveys to quantify and identify determinants of hesitancy ongoing

Extent of vaccine hesitancy and associated factors identified and being addressed

3. Development of evidence-based information package for health workers and general population

Concerns among health workers and the general public addressed through a two-way dialogue

4. Procure additional appropriate tablets and laptops for data capture

Adequate tablets available to support the vaccine roll-out



MOST IMPORTANT ADVICE FOR OTHER COUNTRIES

What is the most important piece of advice you would give another country interested in conducting a mini-cPIE?

1. Involve all key partners and stakeholders
2. Representation from the sub-national levels is key
3. IAR must cover all components of the vaccination response
4. Have a plan in place for the compilation and completion of the IAR report

What is the most important piece of advice you would give another country on improving their COVID-19 vaccine roll-out?

- Involve all key stakeholders in planning and implementation of the country's NDVP
- Establish timely and regular feedback mechanisms to maintain trust and build confidence among the general public
 - Make time to feed the media with the right information

Questions welcome!

For more information on any of the material presented, please contact:

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EXPERIENCE SHARING FROM **Uganda**

Mini-cPIE (COVID-19 Vaccination Intra-Action Review)



DR. Annet Kisakye
EPIFP
WHO
Uganda



Mini-cPIE (COVID-19 Vaccination Intra-Action Review)

DESCRIPTION OF THE MINI-cPIE

1. **Review period: 10/03/2021 - 15/07/2021**
2. **Date of review: 22 – 23 July 2021**
3. **Geographical scope: Both national and subnational**
4. **Number and profile of participants: 50 (MOH, Partners, VAC, UNITAG, District representation)**
5. **Programme evaluation areas reviewed:**
 - **Planning and Coordination**
 - **Vaccine Service Delivery**
 - **National Drug Authority (NDA)**
 - **Vaccine Cold Chain and Logistics**
 - **Demand Generation & Risk Communication**
 - **Data, Monitoring and Evaluation**
 - **AEFI Reporting and Investigation**
 - **Funding and Resource mobilization**
 - **Cross cutting issues**



GOOD PRACTICES & CHALLENGES IDENTIFIED

Planning and Coordination

GOOD PRACTICES:

- Leveraging the TWG to ensure timely submission of documentation for inclusion in the NDPV1.
- Expanding the planning and co-ordination of discussions to involve DLG stakeholders and HDPs at the subnational level.

CHALLENGES:

- Multiple reporting lines of the planning and coordination pillar (e.g., to Strategic meeting, NITAG, IMT, NTF, TCC, ICC etc)
- Development of a comprehensive plan for the national vaccine access/procurement approach beyond COVAX with resources identified to cover the targeted 49.6% of the population.
- Suboptimal involvement of the private sector, VHTs in COVID-19 response specifically regarding vaccination.



GOOD PRACTICES & CHALLENGES IDENTIFIED

Cold Chain & Vaccine Logistics

GOOD PRACTICES:

- Nationwide assessment of cold chain storage and weekly temperature reporting from the districts.
- Continuous re-supply of vaccines and materials to districts based on utilization.
- Partner support in stock validation, distribution, and co-ordination at the subnational level.

CHALLENGES:

- Insufficient information on waste management activities at the service sites.
- Inadequate channels on daily updates on COVID-19 stock utilization to provide real time information on stock status.



GOOD PRACTICES & CHALLENGES IDENTIFIED

Service Delivery and Training

GOOD PRACTICES:

- Comprehensive district microplan that captured service points, vaccination teams, target populations and cold chain facilities.
- Early mapping of the vaccination sites in time for the vaccination rollout.
- Vaccine authorization importation and pharmacovigilance done on time.

CHALLENGES:

- Uptake of vaccination by prioritized persons was initially slow because of hesitancy among some groups e.g. HWs.
- Vaccination service points were in only 5 centres/district, limiting access to vaccination.
- Difficulty in planning for vaccination activity of unknown duration and minimal in-puts including financial resources.
- Virtual trainings were suboptimal due to internet connectivity, lack of data bundles.



GOOD PRACTICES & CHALLENGES IDENTIFIED

Communication and Demand

GOOD PRACTICES:

- National level stakeholder engagements
- Partner mapping conducted using 4W matrix
- Periodic MOH top leadership statements to the public increased.
- Evidence generated from studies conducted to inform design of message.
- Generated and distributed FAQs which are updated in line with prevailing trends and regular talking points.

CHALLENGES:

- Hesitancy of HWs whom the community relies on as the most trusted source of health information.
- Looming infodemic affected the pillar efforts leading to firefighting approaches.
- Scarcity of vaccines was a breeding ground for MISTRUST.
- The everchanging landscape of scientific information e.g. 8 weeks then 12 weeks interval.
- Restrictions of vaccines to pre-determined priority groups created community concerns.



GOOD PRACTICES & CHALLENGES IDENTIFIED

Data Monitoring and Evaluation

GOOD PRACTICES:

- Holding regular data trainings/webinars to address gaps.
- Definition and size estimation of the target populations by reviewing epidemiological data to guide vaccine distribution and coverage.
- Strong co-ordination among partner support.
- Interrogation of data twice a week to provide feedback to the districts.

CHALLENGES:

- Delayed data entry at the vaccination sites due to insufficient devices, data bundles, HR.
- Slow data cleaning process at district and health facility level that delays data visibility and use.
- The need to increase uptake led to increase in vaccination sites leading to logistical challenges.



GOOD PRACTICES & CHALLENGES IDENTIFIED

Vaccine Safety

GOOD PRACTICES:

- Webinar trainings for specialists at regional referral hospitals.
- Panel of haematologists facilitated to develop an algorithm to address VITT.
- Functional national AEFI committee.

CHALLENGES:

- Late reporting of AEFIs through DHIS2 platform.
- Reporting focusing on serious AEFIs.
- AEFI line list discrepancy between DHIS2 and the NDA vigiflow.

Cross-Cutting Issues

CHALLENGES:

- In July 2021, Uganda has a case of circulating derived polio virus from the environment and will require an outbreak response campaign in the face of covid vaccine roll out – how to get the highest quality polio campaign.
- COVID-19 vaccine roll-out has seen multiple barriers and factors affecting optimum uptake of the vaccine and moving factors; we need to conduct operational research to answer these challenges.
- How can we deploy the resources of covid vaccine rollout in ensuring reduction of VPDs morbidity and mortality?



IMPACT ON THE COVID-19 VACCINE ROLL-OUT

NOTE: Actions taken following the mini-cPIE (COVID-19 vaccination IAR) and the impact of these actions on the COVID-19 vaccine roll-out in the country

ACTIONS TAKEN FOLLOWING THE MINI-CPIE

IMPACT ON COVID-19 VACCINE ROLL-OUT

1. Initiated the review and amendment of NDPV; currently referring to it as NDPV2 – different pillar representation.

Need for additional resource mobilization to factor in the new areas e.g. expansion of sites; GOU resources for vaccine procurement.

2. Use of CIVC tool to cost NDPV2.

Resource gaps identified and mapped against areas.

3. Implementation of catalytic activities to address gaps identified is ongoing e.g. face to face trainings of HWs ongoing.

As we plan for multiple vaccine products currently in the country the IAR findings are addressing the gaps identified

4. Updating the macroplans to reflect all issues to improve efficiency.

Available resources will be mapped against the key areas – vaccine availability, data management, increased service points to ~10, etc.



MOST IMPORTANT ADVICE FOR OTHER COUNTRIES

What is the most important piece of advice you would give another country **interested in conducting a mini-cPIE?**

- Government commitment is key to take the lead in preparations of the IAR.
- All pillars specific for COVID-19 vaccine rollout to be engaged.

What is the most important piece of advice you would give another country on **improving their COVID-19 vaccine roll-out?**

- Government and political leadership plus. commitment is key to re-echo the importance of COVID-19 vaccine.
- Use of 4W matrix for partner support to avoid duplication of efforts.
- Community engagement right from the grassroots
- Engaging all HWs and not only those offering the service.

Questions welcome!

For more information on any of the
material presented, please contact:

Annet Kisakye
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INTERACTIVE DISCUSSION

Part I: Learnings from COVID-19 vaccine roll-out

Moderator:

Dr Jenny Walldorf

New Vaccines, IVB, WHO HQ





Poll

What topics/themes related to COVID-19 vaccine roll-out would you like to see discussed in future mini-cPIE clinics?



INTERACTIVE DISCUSSION

Part II: Learnings from mini-cPIE planning and conduct

Moderator:

Dr Maung Maung Htike

Emergency Preparedness & IHR,

WHO SEARO





End-of-clinic Evaluation



- Full report
- Executive summary, including overall best practices and challenges
- Exemplar stories (aspects of **specific program areas** to highlight)
- **Present in the next mini-cPIE clinic!**

NOTE: Country IAR core team will receive a **Certificate of Achievement upon sharing COVID-19 vaccination IAR results for peer learning.**

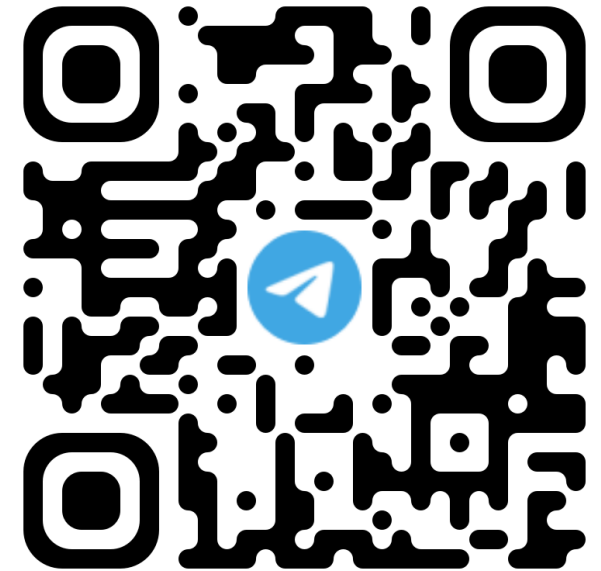




Please scan this QR code or follow the link in the chat to join the Telegram “Mini-cPIE Discussion Group”.

This is a messaging platform for you to:

- Receive **notification** of the next clinics.
- Receive updates on **tools and resources**.
- **Share ideas** with each other.



Available resources



IAR Guidance and Tools

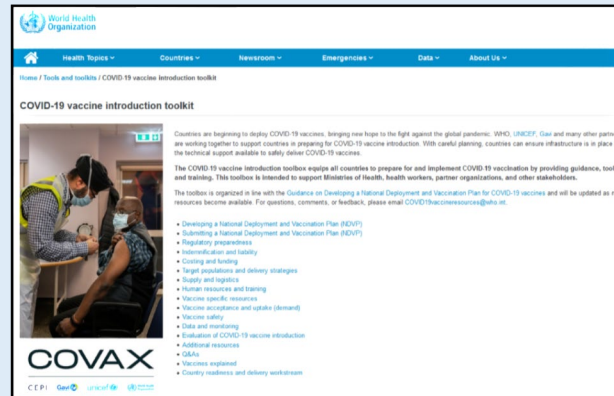


https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1

IAR guidance and tools (version 1.0) are available in all six UN languages (Arabic, Chinese, English, French, Russian, Spanish) + Portuguese

IAR addendum and updated and additional tools (version 2.0) are currently in English but will be available in all six UN languages and Portuguese soon!

mini-cPIE (COVID-19 vaccination IAR) specific tools



<https://www.who.int/tools/covid-19-vaccine-introduction-toolkit#Evaluation%20of%20COVID-19%20vaccine%20introduction>

OpenWHO IAR online course



<https://openwho.org/courses/covid-19-intra-action-review-en/>

Available in Arabic, English, French, Russian, Spanish and Portuguese!



To watch the training webinar
“Mini-cPIE (COVID-19 vaccination IAR) –
What is it and how to conduct one?”,
please go to [link](#) or download the pdf slides [here](#).

**For recordings, slides and Q&A from the mini-cPIE
clinics, please go to [link](#).**

For more information and technical support on any
of the material presented, please contact:

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https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1
<https://www.who.int/tools/covid-19-vaccine-introduction-toolkit#Evaluation%20of%20COVID-19%20vaccine%20introduction>
<https://www.technet-21.org/en/topics/cpie>