Mini-cPIE (COVID-19 vaccination IAR)
What is it and how to conduct one?
Regional Webinar Training
29 & 30 April 2021
Interpretation in French, Russian, Spanish, and Portuguese is available by clicking 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.

Use the **Chat** feature for questions throughout the call.
Start-of-training poll

Source: WHO
Overview

- Opening, welcome and start-of-training poll
- What is a COVID-19 intra-action review?
- What is a mini-cPIE?
- How to conduct a mini-cPIE?
- End-of-training poll and resources
- Early country mini-cPIE experience sharing
- Q&A and wrap up
Short video on IAR methodology

COVID-19 best practices at country level through Intra-Action Reviews (IAR)

English: https://youtu.be/n8PUfV6WbYc
French: https://youtu.be/VIiTmjbrTp-k
Arabic: https://youtu.be/z6ALhmSqPNw
Chinese: https://youtu.be/H5gaagtl6JI
Russian: https://youtu.be/uyRkpdhoXSU
Spanish: https://youtu.be/pxrudMAm2gg
What is an intra-action review (IAR)?

- A country-led facilitated discussion that allows national and subnational stakeholders of the COVID-19 response to:

  1) reflect on the ongoing COVID-19 outbreak response at the country level to **identify current best practices, gaps and lessons learned**, and

  2) propose **corrective measures** and actions to **improve and strengthen the continued COVID-19 response**.

- Additionally, IAR findings and recommendations may contribute to improved management of **concurrent emergencies**.

**600+ Trigger questions**

**IAR guidance**

**Risk informed**

**Country led**

**Whole-of-Society**

**Webinars**

**Tools & templates**

**Facilitators’ training**

**Standalone IARs**

**13 Public health response pillars**

**Teaser video**

**OpenWHO course**

**Multi-sectoral**

**Seven languages**

**Success stories & exemplars**

**Promotion & advocacy**

**Online format**

**Support to countries**

**National & subnational**

**Post-IAR follow-up**

**Support to countries**

**Seven languages**

**Success stories & exemplars**

**Promotion & advocacy**

**Online format**

**Post-IAR follow-up**
IAR Scope – Possible pillars for consideration

1. Country-level coordination, planning and monitoring
2. Risk communication, community engagement and infodemic management
3. Surveillance, case investigation and contact tracing
4. Points of entry
5. National laboratory system
6. Infection prevention and control
7. Case management and knowledge sharing

8. Operational support and logistics in supply chain and workforce resilience
9. Strengthening essential health services
10. COVID-19 vaccination (NEW)
11. Vulnerable and marginalized populations (NEW)
12. National legislation and financing (NEW)
13. Public health and social measures (NEW)
14. Other possible topics and cross-cutting issues
Global COVID-19 IAR implementation

61 IARs conducted (by 47 countries) and 23 IARs in pipeline as of 22nd April 2021
(based on available information)

AFRO (N=26) ✤
- Angola
- Botswana ✤
- Burkina Faso
- Cameroon
- DRC
- Eswatini
- Ethiopia ✤
- Gabon
- Gambia
- Lesotho
- Liberia
- Malawi
- Mauritius
- Mozambique
- Namibia ✤
- Niger
- Nigeria
- Rwanda
- Senegal
- Sierra Leone
- South Africa ✤
- South Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe

AMRO (N=1)
- Brazil

EMRO (N=5)
- Afghanistan
- Lebanon
- Pakistan
- Tunisia
- Syria ✤

EURO (N=6) ✤
- Kyrgyzstan
- Latvia
- Netherlands ✤
- Ukraine
- Uzbekistan
- Republic of Moldova

SEARO (N=5)
- Bangladesh
- Bhutan
- India
- Indonesia
- Thailand

WPRO (N=4)
- Lao PDR
- Mongolia
- New Zealand
- Viet Nam

AFRO (N=11)
- Benin
- Burundi
- Central African Republic
- Côte d’Ivoire
- Gambia
- Guinea
- Kenya
- Lesotho
- Madagascar
- Mali
- Sao Tome and Principe

AMRO (N=0)

EMRO (N=5)
- Oman
- Jordan
- Somalia
- Sudan
- Somalia

EURO (N=0)

SEARO (N=4)
- Cambodia
- Maldives
- Myanmar
- Timor-Leste

WPRO (N=3)
- Cambodia
- New Zealand ✤
- Papua New Guinea

‖ Note: 1 country in WPRO is intending to conduct its second IAR.

Anticipated total number of countries that would have conducted IARs by Q1/Q2 2021 = 81

Note: countries that conducted several IARs
IAR package: Guidance and tools

Published on the WHO website on 23 July 2020

Available in 7 languages: ENG, FR, SP, CHI, AR, RUS, PT

Accompanying Tools & Templates


<table>
<thead>
<tr>
<th>TOOL NUMBER</th>
<th>TOOL</th>
<th>SUPPLEMENTARY TOOL</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Concept note template</td>
<td></td>
<td>Outlines the key elements (i.e. the scope, objectives and date of the review, key participants, methodologies, proposed budget; IAR team members and their roles) needed to prepare for an IAR.</td>
</tr>
<tr>
<td>02</td>
<td>Facilitator's manual</td>
<td></td>
<td>The manual includes instructions and recommendations for facilitators about how to organise and conduct an IAR. The manual highlights some of the key components that may need to be adapted to the national COVID-19 context.</td>
</tr>
<tr>
<td>03</td>
<td>Generic agenda template</td>
<td></td>
<td>This template for an agenda can be adapted depending on the format of the IAR (e.g. online or onsite) and the number of technical areas or pillars to be reviewed.</td>
</tr>
<tr>
<td>04</td>
<td>Generic presentation</td>
<td></td>
<td>This generic presentation can be adapted to the specific context of the country to facilitate the process of a country COVID-19 IAR.</td>
</tr>
<tr>
<td>05</td>
<td>Generic COVID-19 IAR trigger question database</td>
<td></td>
<td>This resource file has more than 600 trigger questions from which facilitators can select to stimulate reflection and discussion within the group and that can be tailored according to the needs of the review.</td>
</tr>
<tr>
<td>06</td>
<td>Note-taking template</td>
<td>6a</td>
<td>This template can assist note-takers in capturing the discussions during each step of the IAR, and the notes can later help with writing the report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6b</td>
<td>For COVID-19 vaccination IAR, please note there is a specific note-taking template available.</td>
</tr>
<tr>
<td>07</td>
<td>Final report template</td>
<td>7a</td>
<td>This template can be used by the report writer to summarise in a structured manner the analyses and recommendations arising from the review.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7b</td>
<td>For COVID-19 vaccination IAR, please note there is a specific final report template available.</td>
</tr>
<tr>
<td>08</td>
<td>Participant feedback form</td>
<td></td>
<td>This form can be used to collect feedback from the participants at the end of the IAR about how it was conducted and how useful it was.</td>
</tr>
<tr>
<td>09</td>
<td>Participant feedback form summary table</td>
<td></td>
<td>This is an Excel file that can be used to analyse participants’ feedback.</td>
</tr>
<tr>
<td>10</td>
<td>Exemplar story template</td>
<td></td>
<td>This template can be used by countries to document what worked during their COVID-19 response. These exemplar stories should be shared broadly with other countries, WHO and partners to enable peer-to-peer learning of best practices or new capacities implemented in the country.</td>
</tr>
<tr>
<td>11</td>
<td>Conducting safe online COVID-19 IAR during the pandemic</td>
<td></td>
<td>This checklist summarizes some of the key considerations for conducting COVID-19 IAR online, including a sample COVID-19 symptoms self-declaration form for participants.</td>
</tr>
<tr>
<td>12</td>
<td>Conducting effective online COVID-19 IAR during the pandemic</td>
<td></td>
<td>This checklist summarizes some of the key considerations for conducting COVID-19 IAR online, including online facilitation tips.</td>
</tr>
</tbody>
</table>
Country COVID-19 IAR – Key milestones

4TH & 5TH EC IHR MEETINGS
- 31 July & 31 Oct 2020 - IAR issued as a temporary recommendation to State Parties and advice to the WHO Secretariat

PUBLISHED GUIDANCE & TOOLS
- 23 July 2020 - Guidance for conducting a Country COVID-19 IAR and 10 tools available in six UN languages + Portuguese.

HIGH-LEVEL ENGAGEMENT
- 4 Nov 2020 - Ask the Expert session
- 6 Nov 2020 - DG press conference

TRAINING
- 14 Dec 2020 - IAR teaser video
- 14 Dec 2020 - OpenWHO course

ADDENDUM & UPDATED TOOLS
- 30 Apr 2021 (tentative) - Addendum to the IAR guidance and updated/additional tools with new pillars including COVID-19 vaccination to be published in English and other UN languages.

ADVOCACY
- 8 Oct 2020 - Lancet Global Health commentary published on the necessity of IARs
- 3 Mar 2021 - Lancet Global Health commentary published on COVID-19 vaccination IAR (mini-cPIE)
What is a mini-cPIE?

Source: WHO
<table>
<thead>
<tr>
<th>Mini-cPIE (COVID-19 vaccination IAR)</th>
<th>“Classic” COVID-19 Vaccine Post-Introduction Evaluation (cPIE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHEN</strong></td>
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<tr>
<td>2-6 months post-introduction (Early phase)</td>
<td>6-18 months post-introduction (Mid to long phase)</td>
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<tr>
<td><strong>FORMAT</strong></td>
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<tr>
<td>• WHO COVID-19 Intra-Action Review (IAR) methodology:</td>
<td>• Comprehensive evaluation including site visits.</td>
</tr>
<tr>
<td>‒ Selected trigger questions guide discussion.</td>
<td>• 7 questionnaires: national, subnational, vaccination facility/site, health worker and other priority populations, immunization session observation, storage observation.</td>
</tr>
<tr>
<td>‒ Pre-review of key documents/indicators from routine monitoring data.</td>
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<tr>
<td>• Conducted online or face-to-face or a combination.</td>
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<tr>
<td><strong>FREQUENCY</strong></td>
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<tr>
<td>• Optional but strongly recommended to review COVID-19 vaccination implementation at least once in the early phase post-introduction.</td>
<td>• Optional but strongly recommended to conduct at least once or more cPIE in the mid to long phase of post-introduction.</td>
</tr>
<tr>
<td>• Countries may do multiple reviews focusing on different aspects of the roll-out and as vaccine products and target populations change.</td>
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<tr>
<td><strong>OTHER KEY CHARACTERISTICS</strong></td>
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<tr>
<td>• Program areas align with NDVP and “classic” cPIE.</td>
<td>• Data and findings from COVID-19 vaccination IAR (mini-cPIE) can inform the cPIE.</td>
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<tr>
<td>• A minimum set of key questions strongly recommended, with other questions optional.</td>
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</table>
Timeline of mini-cPIE and "classic" cPIE

**EARLY PHASE**
Mini-cPIE (COVID-19 vaccination IAR)
2-6 months post-introduction

**MID TO LONG-TERM PHASE**
“Classic” cPIE
6-18 months post-introduction

- **IAR$_1$, IAR$_2$, IAR$_n$**
- **cPIE$_1$, cPIE$_2$**

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine A cumulative doses received</th>
<th>Vaccine B cumulative doses received</th>
<th>Vaccine A doses administered</th>
<th>Vaccine B doses administered</th>
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<tr>
<td>Sep-22</td>
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</tbody>
</table>
Possible situations when mini-cPIE can be considered?

- Introduction of a new COVID-19 vaccine product in the country
- The need to review the COVID-19 vaccine regulatory and procurement process
- The desire to review a specific aspect of the COVID-19 vaccine roll-out, especially if challenges or successes have been reported
- Expanding the introduction of COVID-19 vaccine to a new priority group(s)
- Low demand from specific priority group(s)
Mini cPIE (COVID-19 vaccination IAR)

10. COVID-19 vaccination

Description: This pillar reviews the early phase(s) of the roll-out of COVID-19 vaccine implementation to identify vaccine delivery challenges needing corrective action and best practices for continual improvement and collective learning. Specific areas for in-depth review include: regulatory preparedness; planning, coordination, and service delivery; funding; supply chain and waste management; human resource management and training; vaccine acceptance and demand; vaccine safety; and monitoring and evaluation. The areas covered follow the National Deployment and Vaccination Plan for COVID-19 Vaccines (NDVP) and align with the COVID-19 vaccine implementation Post-Introduction Evaluation (cPIE) Strategy.

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION AREA</th>
<th>SECTION KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULATORY PREPAREDNESS</td>
<td>A</td>
</tr>
<tr>
<td>PLANNING, COORDINATION, &amp; SERVICE DELIVERY</td>
<td>B</td>
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<tr>
<td>FUNDING</td>
<td>C</td>
</tr>
<tr>
<td>SUPPLY CHAIN &amp; WASTE MANAGEMENT</td>
<td>D</td>
</tr>
<tr>
<td>HUMAN RESOURCE MANAGEMENT &amp; TRAINING</td>
<td>E</td>
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<tr>
<td>VACCINE ACCEPTANCE &amp; DEMAND</td>
<td>F</td>
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<tr>
<td>VACCINE SAFETY</td>
<td>G</td>
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<tr>
<td>MONITORING AND EVALUATION</td>
<td>H</td>
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</tbody>
</table>

Sub-topics in the COVID-19 vaccination IAR (mini cPIE) align with the NDVP and the “classic” cPIE
**Before a mini cPIE (COVID-19 vaccination IAR)**

Effectively use the Trigger question database - Video demo

<table>
<thead>
<tr>
<th>Possible indicators</th>
<th>Trigger questions</th>
<th>Relevance for this IAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.8. Planning, coordination, and service delivery</td>
<td>% of all vaccine doses distributed/administered by the private sector</td>
<td>Not relevant</td>
</tr>
<tr>
<td>10.8.7</td>
<td>What vaccine delivery strategies are being used to reach identified priority groups (e.g., health facility fixed-post, eco-health facility fixed-post, outreach, or mobile visits, others)?</td>
<td>Relevant</td>
</tr>
<tr>
<td>10.8.8</td>
<td>Were any major changes or deviations required in the planned vaccination strategy compared to what was stated in the NDVP? What were the reasons for the changes (e.g., product allocation)?</td>
<td>Maybe relevant</td>
</tr>
<tr>
<td>10.8.9</td>
<td>Have the current vaccine delivery strategies been successful? Please describe why or why not for each priority group and vaccine product.</td>
<td>Relevant</td>
</tr>
<tr>
<td>10.8.10</td>
<td>If the country has rolled out more than one COVID-19 vaccine product, what challenges and lessons learned have been identified related to the use of multiple vaccine products simultaneously? (e.g., in the case of scarce supply, have products been used interchangeably in individuals receiving 2 dose regimens?)</td>
<td>Not relevant</td>
</tr>
</tbody>
</table>
| 10.8.11 | What are the major barriers, if any, for administering COVID-19 vaccine to health workers? Please consider the following areas:  
- Identification of the group  
- Delivery to the group (i.e., do eligible individuals reach designated vaccination sites)  
- Refusal/reluctancy  
- Other barriers | Please select relevance |
| 10.8.12 | What are the major barriers, if any, for administering COVID-19 vaccine to elderly? Please consider the following areas:  
- Identification of the group  
- Delivery to the group (i.e., do eligible individuals reach designated vaccination sites)  
- Refusal/reluctancy  
- Other barriers | Please select relevance |

To be made available in 7 languages: ENG, FR, SP, CHI, AR, RUS, PT
Customized note-taking and final report templates

COVID-19 vaccination-specific note-taking template

At the end of the IAR, participants come up with a list of prioritized activities with:

- Timeline
- Responsible focal point
- Estimated budget and funding source
- Required support
- Indicators

COVID-19 vaccination-specific final report template

At the end of the IAR, participants come up with a list of prioritized activities with:

- Timeline
- Responsible focal point
- Estimated budget and funding source
- Required support
- Indicators

<table>
<thead>
<tr>
<th>PRIORITIZED ACTIONS</th>
<th>TIMELINE &amp; DEADLINE FOR COMPLETION</th>
<th>RESPONSIBLE FOCAL POINT</th>
<th>ESTIMATED BUDGET AND FINANCIAL SOURCE</th>
<th>REQUIRED SUPPORT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. For immediate implementation</td>
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<tr>
<td>B. For mid- to long-term implementation to improve the ongoing response to COVID-19 outbreaks (including for next wave)</td>
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</tbody>
</table>

Countries are encouraged to share their IAR findings through their final report by using this template or part of their IAR findings through their success stories (see Table 7). We encourage countries to share their IAR findings and success stories with other countries, WHO, and partners to enable peer-learning of best practices or new challenges experienced in the country, via their own ministry website or stories such as WHO’s COVID-19 Partners Platform, WHO’s Strategic Partnership Portal, etc. Do not hesitate to contact your WHO country office or regional office for technical assistance.
Any questions?
How to conduct a mini-cPIE?

1. Planning and Preparation

Source: WHO
Timeline – planning, conduct and follow up

1. Establish IAR coordination team and designate roles and responsibilities
2. Develop concept note
3. Convene meeting with stakeholders
4. Provide IAR orientation
5. Train and brief facilitators
6. Desk Review
7. Conduct IAR
   - Identify best practices, lessons learned.
   - Propose activities to address root causes.
   - Prioritize activities.
8. Finalize IAR report
9. Follow up on prioritized activities

- 1 week before an IAR
- 0.5-2 days
- < 2 weeks
- Regularly
A country can conduct IAR with the following considerations:

- 10-20 participants
- 0.5 day to 2 days
- Single pillar or multiple pillars
- National and/or subnational
- Online, onsite, or mixed format
Key stakeholders to invite

- COVID-19 Incident Management Task Force and vaccination subcommittee
- Key Ministry of Health officials
- Members of the Interagency Coordination Committee (ICC)
- National subject matter experts on key program areas (regulatory, vaccine safety, cold chain, etc.)
- Subnational COVID-19 vaccination program staff
Other considerations to add onto mini-cPIE

- Site visits
- Key informant interviews
- Vaccination session and storage observation
- Online survey
- Desk review
How to conduct a mini-cPIE?

2. Roles and responsibilities

Source: WHO
Core team: Roles and responsibilities

- Lead coordinator
- Note takers
- Facilitators
- Report writers
- Moderators (For online IAR)
- IT support
Possible online platforms to use

The online platform should allow:

<table>
<thead>
<tr>
<th>Basic functions (At the minimum)</th>
<th>Advanced functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Presentation mode</td>
<td>- Break-out room options</td>
</tr>
<tr>
<td>- Screen sharing</td>
<td>- Recording options</td>
</tr>
<tr>
<td>- A chat box</td>
<td>- Voting options</td>
</tr>
<tr>
<td>- “Mute” and “hand raising” buttons</td>
<td>- Participants pre-registration</td>
</tr>
<tr>
<td>- Unlimited meeting time</td>
<td>- Simultaneous interpretation</td>
</tr>
<tr>
<td>- Simple installation process</td>
<td></td>
</tr>
</tbody>
</table>
How to conduct a mini-cPIE?

3. Facilitated discussion

Source: WHO
Key steps of the discussion

Introduction: **COVID-19 vaccination timeline and current situation**

**STEP 1**
Step 1: What went well? What went less well? Why?

**STEP 2**
Step 2: What can we do to improve COVID-19 vaccination?

**STEP 3**
Step 3: The Way Forward
Key steps of the discussion

Introduction: COVID-19 vaccination timeline and current situation

Objectives of the mini-cPIE (COVID-19 vaccination IAR)

NDVP or other national COVID-19 vaccination plan

Existing systems prior to the COVID-19 vaccine roll-out

Actual timeline of the COVID-19 vaccine roll-out

Period of review for the mini-cPIE

Area to be covered in the mini-cPIE
Key steps of the discussion

Step 1: What went well? What went less well? Why?

OBJECTIVE

To identify the best practices performed (including the new capacities developed) during the response and the key challenges encountered, their impacts on the response, and the contributing factors (root causes) that led to them.
Key steps of the discussion

Step 1: What went well? What went less well? Why?

Root Cause Analysis
A method used to identify the factors that led or contributed to success or failure in relation to a specific issue or problem identified.
Key steps of the discussion

**Step 1: What went less well? Why?**

**Why is this happening?**

- Vaccine recipients are receiving "mix and match" 2 dose regimens (2 different products)
- Unknown efficacy/safety of mixed regimens; Supply imbalances

**Why is that?**

- If the correct product isn't available for the 2nd dose, the recipient is given the one in stock

**Why was that?**

- Staff don't want to waste doses in open vials and so they give whatever product is available

**Why was that?**

- Staff have been trained to monitor wastage and to keep wastage rates low

**Why?**

- Why haven't staff been trained on 2 dose regimens?

**Why not?**

- Specific training materials on this issue have not been provided by the national level

**CONCLUSION: the root cause was a need for guidance and dissemination of training materials on 2 dose regimens**

**5 WHY’s**

- Why haven't staff been trained on 2 dose regimens?
- Why wasn't that?
- Why not?
- Why was that?
- Why was that?
Key steps of the discussion

Step 1: What went well? Why?

1. Health workers knew they were eligible and knew where to go when vaccine became available for their group.

Why do you think uptake was high in this group?

2. We were able to notify and follow-up eligible staff through a text alert and appointment system.

Why? How were you able to communicate with this group effectively?

3. A system for health worker vaccination was in place prior to the COVID-19 pandemic.

Why did the system work so well?

4. A system for health worker vaccination was in place prior to the COVID-19 pandemic.

Why was it developed?

5. Important for health workers to be vaccinated for common vaccine-preventable diseases to prevent disease transmission in the healthcare setting.

Why?

Conclusion: the root cause was effective adaptation of an existing platform for vaccination of health workers.
### Key steps of the discussion

#### Step 1: Document limiting and enabling factors

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Impact(s)</th>
<th>Limiting Factors</th>
</tr>
</thead>
</table>
| Insufficient supply for one vaccine product | • Decreased vaccine uptake  
• Some vaccination sites inappropriately provide "mix and match" 2 dose regimens | • Lack of guidance and training materials for how to handle 2nd dose visits when the correct product is not in stock  
• Vaccination staff substitute products aiming to limit wastage |

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Impact(s)</th>
<th>Enabling factors</th>
</tr>
</thead>
</table>
| Use of electronic messaging for appointments and reminders for health worker priority groups | • High uptake among eligible registered health workers  
• Efficient communication method can be adapted for other priority groups | • System was established prior to the response.  
• Health worker registries have been maintained and updated  
• Health workers are familiar with the system |
### Key steps of the discussion

**Step 1: Discussion of overall best practices and challenges**

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>What best practices can be identified from the country’s implementation of COVID-19 immunization, and how can these be further strengthened and instituted?</td>
</tr>
<tr>
<td>2.</td>
<td>What is the number one thing you would do differently or change about the COVID-19 vaccination programme going forward?</td>
</tr>
<tr>
<td>3.</td>
<td>What is the most important piece of advice you would give another country just starting their program?</td>
</tr>
</tbody>
</table>
OBJECTIVE

To identify the key activities that can be undertaken in order to overcome challenges and to embed/institutionalize best practices in the ongoing response.
Key steps of the discussion

Step 2: What can we do to improve COVID-19 vaccination?

Development of specific activities:
- to build on enabling factors to institutionalize best practices
- to address the limiting factors to overcome challenges
Key steps of the discussion

Step 3 : The Way Forward

OBJECTIVE

To clarify the way forward for activities identified through the IAR and define the final steps in the IAR process.
Key steps of the discussion

In the plenary session, assess the difficulty and impact of the proposed activities and prioritize the "quick wins":

Level of **DIFFICULTY** for implementation (financial resources, human resources, political obstacles...)

**DIFFICULT** ➔ **EASY**

Level of **IMPACT** of each activity on improving the ongoing COVID-19 vaccination roll-out

**LOW IMPACT** ➔ **HIGH IMPACT**
Key steps of the discussion

Step 3 : The Way Forward

1. Establish an Intra-Action Review Follow-up team.
2. Agree on the process to document progress in implementing the recommendations.
3. Decide on the approach to ensure the engagement of senior leadership.
4. Identify responsible persons for writing the final report of IAR findings and decide on which stakeholders to share with.
5. Define plans for broader dissemination of results for peer learning
Suggested formats for sharing results for peer learning

- Full report
- Executive summary, including overall best practices and challenges
- Exemplar stories (aspects of specific programme areas to highlight)
Poll and Resources

Source: WHO
Available resources

**IAR Guidance and Tools**

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

**OpenWHO IAR online course**


**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!
Early country mini-cPIE experience sharing

Source: COVAX
The Botswana lessons learned from the COVID-19 Vaccine rollout Intra Action Review

Dr Ndibo Monyatsi presenting on behalf of
Dr Malebogo Kebabonye
Director of Health Services
Ministry of Health and Wellness

April 29, 2021
Progress in Phase 1 Vaccination

- **Target population:** 1,531,498 persons
- **Phased approach:** Phase 1 = 264,383, Phase 2 = 765,764, Phase 3 = 501,351 persons
- Received 54,000 doses of AstraZeneca Vaccines; 30,000 doses of COVISHIELD (bilateral donation) and 24,000 doses of SK-Bio (COVAX Facility)
- Total number of clients vaccinated to date stands at 54,380.

### Total Number of Health Care Workers Vaccinated:

- **26/03/2021 - 26/04/2021**

### Number of clients vaccinated presenting with co-morbidities:

26/04/2021
• Rationale: To improve vaccination processes in preparation for the next consignment

• Timeline: Planned within three days; driven by MOHW Botswana & supported by WHO

• Tools: Trigger questions adapted from WHO AFR guide

• Desk review: Relevant documents in line with NDVP programme areas

• National team composed of the different Technical WG Sub Committee programme areas

• Report: Drafted including lessons to other countries, using the COVID-19 vaccination IAR template
Highlights of selected Best Practices

Planning coordination, service delivery
- Agile NDVP + district micro-plans
- Presidential Task Force coordination and MOHW technical & operational support
- Appointed liaison officers for all districts
- Availability of designated vote (funding) for COVID-19 activities
- Expansion of ICC to co-opt members
- Establishment of MOHW Control Command Centre, COVID-19 Call Centre and National Emergency Operation Centre (NEOC) with representative structures at district level (DEOC)

Financing & Resource mobilization
- Mobilization of resources from partners e.g. Pooling of resources by other governments and agencies like air support and logistics
- Designated vote (funding) for Covid-19 activities

Communication and Demand generation
- Communication strategy included Risk communication
- Vaccine acceptance and risk perception survey for the general public
- Demand creation and uptake national campaign launch; #ArmReady
- Prominent persons such as former president, V..P, ministers & traditional leaders were used as champions and influencers

Monitoring & Evaluation
- Customized data collection tools on DHIS2 Tracker & developed manual backup data collection tools (COVID-19 Vaccination Register, Tally Sheet, Summary Form and the Vaccination Card)
- Data used for managerial action using the disaggregated data
Findings – Key challenges

• Absence of NITAG or Scientific Committee
• Limited supply of vaccines
• Vaccine hesitancy among some health workers especially the young age group
• Fast-paced global media/information releases leaving the country communication and media response trailing behind
• Human resource shortage (nurses, health care auxiliary, health education assistants and data clerks)
• Knowledge gaps in AEFI assessment and management, medical screening for vaccination eligibility (e.g. very sick patients)
• Low access and use of electronic data systems due to shortage of equipment and internet bandwidth resulting in delay in reporting and consolidation of national vaccination data
Prioritized actions – Identified from the IAR

• Establish the National Immunization Technical Working Group

• Determine integrated training needs and undertake refresher training for district implementers (Regional TOT refresher trainings: face to face/ virtual)

• Mobilize human resources (nurses, health care auxiliary, health education assistants and data clerks) and procurement of additional ICT equipment

• Facilitate WHO/MOHW collaboration on data analysis and reporting for experience sharing at all levels

• Conduct data quality reviews, intra-campaign monitoring, IAR, and PIE

• Conduct Vaccine acceptance and perceptions survey to guide targeted communication strategy to reach health workers
Key lessons learned – Interim COVID-19 vaccine roll-out

What is the most important piece of advice you would give another country just starting their program?

• Activation of few sites initially and expansion to other sites served as a pilot to guide implementation
• Expansion of vaccination sites improved compliance to COVID-19 protocols and vaccine uptake
• Availability of designated vote (funding) for Covid-19 activities for smooth implementation
• Use of prominent persons such as former president, vice president, ministers and traditional leaders as champions and influencers improved acceptance and demand

What advice would you give to countries in using IAR

• Conducting the process within a short time of commencing vaccination has allowed the country to identify key challenges that have to be amended prior to the next consignment
Results for the poll
Feedback or Questions

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

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Cindy Chiu de Vázquez (chiuc@who.int)

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
Extra Slides – For Reference
## Roadmap of the COVID-19 IAR process

### Pre-IAR
1. Design
   - Design the IAR.
   - Select an appropriate IAR format (e.g. online or onsite).
   - Build an IAR team.
   - Develop a budget.
   - Develop an agenda.
   - Develop a concept note.
   - Identify and invite participants (key stakeholders).
   - Select an online platform or a venue.

2. Prepare
   - Collect and review relevant background information.
   - Choose and adapt the trigger questions.
   - Identify and brief facilitators.
   - Set up the IAR (e.g. logistics arrangements).

### During the IAR
3. Conduct
   - Conduct the analytical part of the IAR; include:
     - timelines for key milestones;
     - identification of the strengths, challenges and new capacities developed;
     - identification and prioritization of areas for improvement.
   - Build consensus among participants.
   - Close the IAR and gather feedback from participants.

### Post-IAR
4. Results
   - Conduct a debriefing with:
     - the IAR team;
     - senior COVID-19 vaccination programme management
   - Use the IAR as an opportunity for advocacy, resource mobilization and the development of strategic partnerships.
   - Finalize the IAR report.

5. Follow up
   - Document progress by conducting post-IAR follow up.
   - Compile lessons learned and success stories.

### Timeline
- **1 week before an IAR**
- **0.5–2 days to conduct the IAR**
- **Immediately after and during the following 2 weeks**
- **Regularly and as needed**
IAR role: Lead coordinator

Lead coordinator is responsible for the overall planning, conduct and follow-up of the IAR, including:

✓ Developing a concept note with a well-defined scope.
✓ Identifying and training facilitators.
✓ Identifying and inviting relevant stakeholders as the participants.
✓ Deciding on the IAR format (onsite/online/mixed).
✓ Conducting desk review of relevant background information and timeline of the response.
✓ Developing an agenda.
✓ Overseeing and coordinating the documentation of the IAR findings (e.g., final report, success stories, implementation of recommendations).
IAR role: Facilitators’ key tasks before an IAR

- Complete the IAR e-learning course
- Read the WHO IAR Guidance
- Read the IAR Facilitator’s Manual
- Attend the IAR planning meetings
- Facilitate the IAR
The role of the facilitators in an IAR

FACILITATORS

To do:
✓ Maintain an unbiased perspective and use open-ended questions to guide the discussion
✓ Focus on learning. IAR is not an evaluation of performance but an opportunity to learn challenges and best practices
✓ Ask people to give honest opinions
✓ Ensure all participants have an opportunity to speak

NOT to do:
✓ Do not criticize, blame or judge the performance
✓ Do not focus on the negative. An IAR is as much about recording and analyzing what worked well as about what did not work
✓ While an IAR is a learning framework, avoid lecturing participants
✓ Do not allow your own opinion or experience to influence or disrupt the conversation of groups
**IAR role: Moderator**

**MODERATORS**

**Moderators (for online IAR)** are responsible for monitoring the chat box and managing the participants request to speak, including:

- Assigning participant to break out sessions and bringing all participants back to the plenary session.
- Inviting participant to mute their microphone after testing their audio.
- Muting the microphone of participants who forget to do so.
- Identifying who will speak next.
- Reminding participants to use the “raise hand” button if they want to comment and unmute themselves.
Note-takers need to make sure that comments and discussions are well captured and documented in the note-taking template (on their computer) through the plenary and group sessions by:

- Using the note-taking template provided.
- Sharing their screens with the participants while taking notes (for online IAR).
- Ensuring discussions are accurately captured in the note-taking template.
Report writer will compile all notes from note-takers and then:

✓ Draft a final report for each group based on notes taken by note-takers.

✓ Compile reports from each group (all subtopics discussed) into a final IAR report, which can be used for internal documentation and broader sharing.

✓ Draft success stories to highlight the best practices and new capacities instituted during the COVID-19 response for broader sharing to promote peer-learning.
IT support (for online IAR) will assist participants or members of the IAR team with IT issue, especially on the use of the online platform. The individual assigned for IT support should:

✓ Support the IAR team to prepare the online set-up.
✓ Be available during the IAR if technical issues arise.
✓ Decide which platform to be used.
✓ Be reachable by phone or other chat groups at all time.
Final tips for a successful mini-cPIE

▪ Country-led process with country ownership and a whole-of-society approach.

▪ Should be customized to fit the unique needs and contexts of each country.

▪ Should have a well-defined and agreed scope among all stakeholders.

▪ Should have a well-defined follow-up strategy of recommendations to ensure commitment and mutual accountability.

▪ Develop a culture of conducting mini-cPIEs for continuous learning of the COVID-19 vaccine roll-out as a good management practice.