World Health Organization

Mini-cPIE (COVID-19 vaccination IAR)

What is it and how to conduct one?

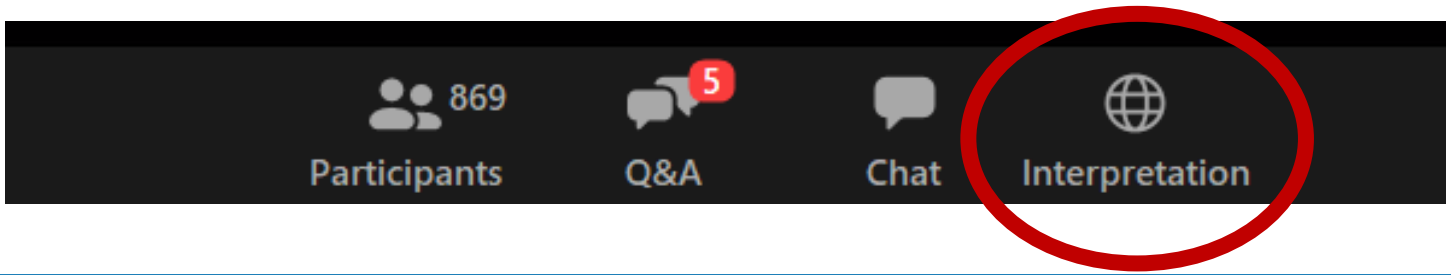
Regional Webinar Training

29 & 30 April 2021

Interpretation

Interpretation in French, Russian, Spanish, and Portuguese is available by clicking **Interpretation** button

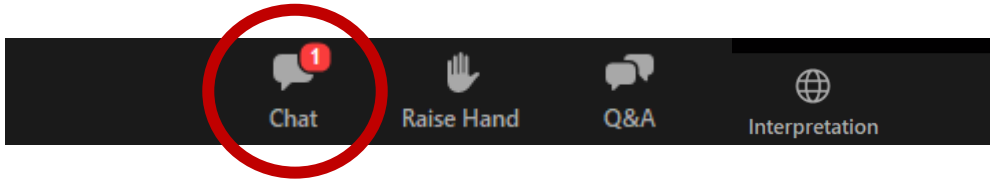
Click on “Interpretation” and choose the language that you would like to hear. To hear the interpreted language only, click “Mute Original Audio”



Resources and Q&A

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

WELCOME
WELKOM
SALAM
WILLKOMMEN
ALOHA
BENVNUWE
SANNU DA ZUWA
WILKÓM
WELTASUALULEG
BON BINI
MU AMUHEZWI
DEGEMER MIRË SE VJEN
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EN
MAAYONG PAG-ABOT
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MAEVA
VELKOMMEN
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GHINI VINISHI
BIENVENIUS
BIENVENIDA
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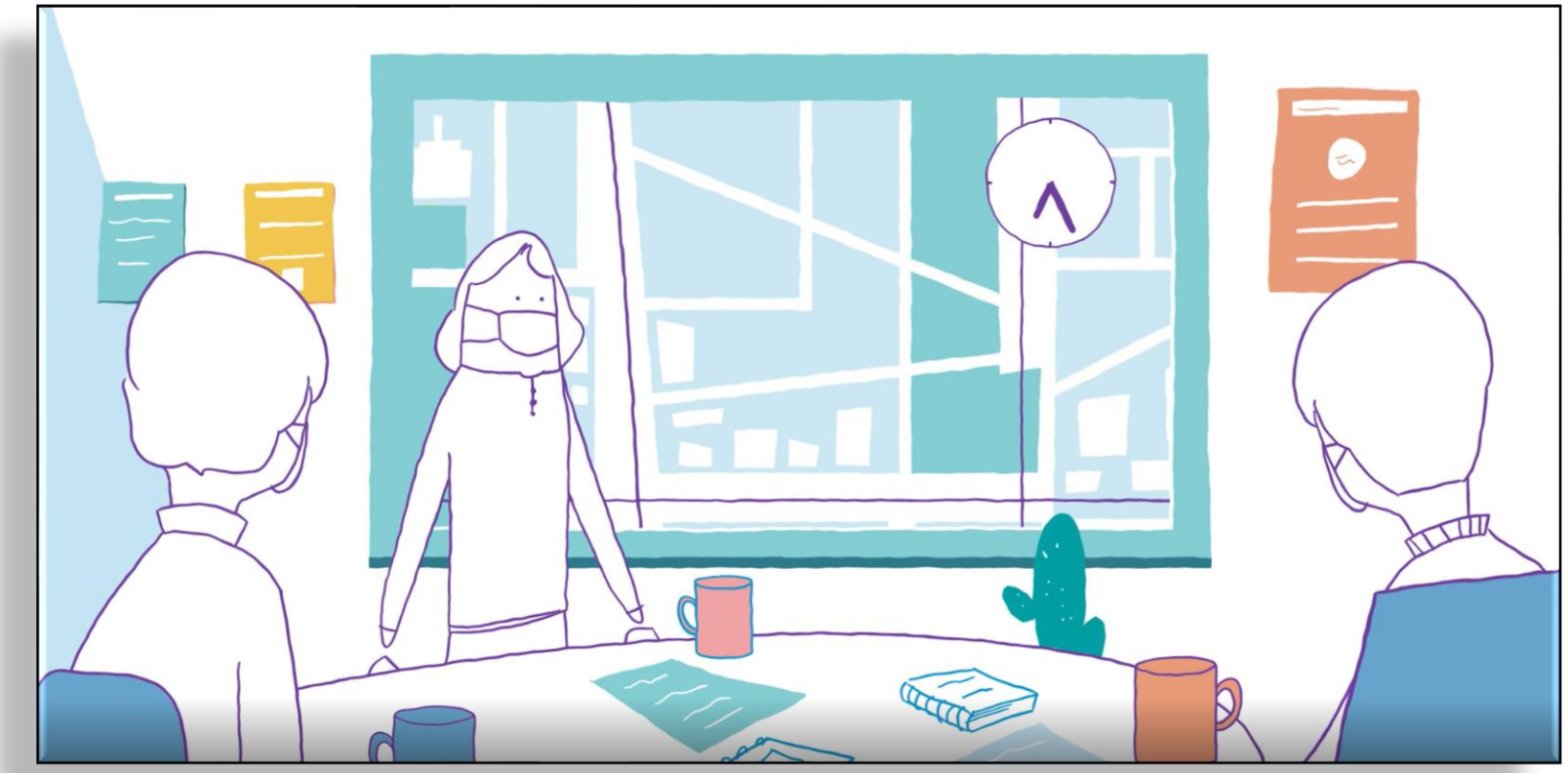
RÄXIM ITEGEZ
AMUHEZWI
TERE TULÕMAST
KELIBSIZ

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/VlTmjbrTp-k
Arabic: https://youtu.be/z6ALhmSqPNw
Chinese: https://youtu.be/H5gaagtI6JI
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**.

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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

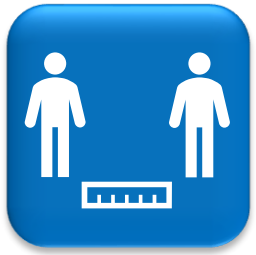
8. Operational support and logistics in supply chain and workforce resilience

9. Strengthening essential health services

10. COVID-19 vaccination (NEW)

11. Vulnerable and marginalized populations (NEW)

12. National legislation and financing (NEW)



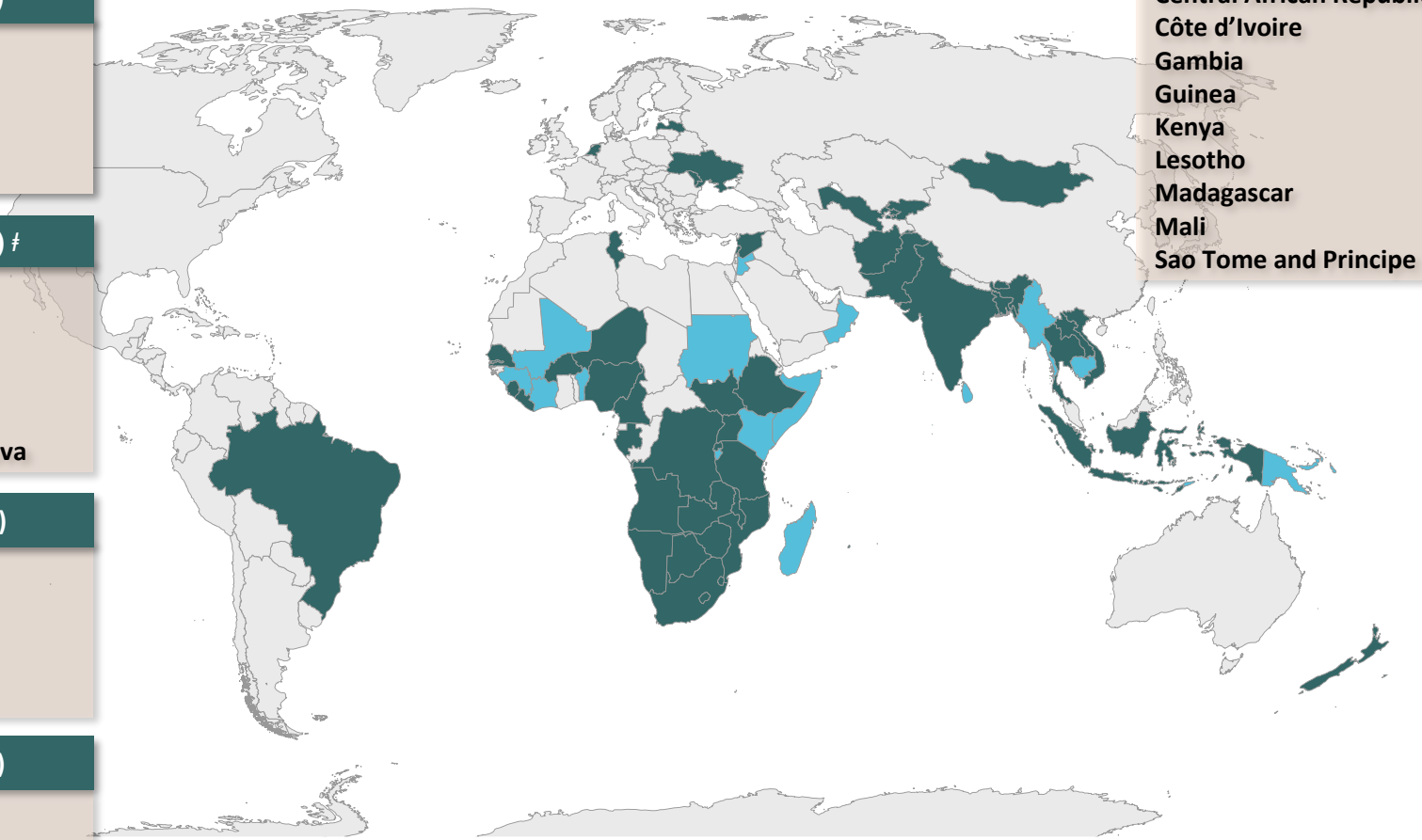
13. Public health and social measures (NEW)

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

ǂ Note: countries that conducted several IARs

AMRO (N=1)
- Brazil

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

EURO (N=6) ǂ
- Kyrgyzstan
- Latvia
- Netherlands ǂ
- 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)
- Sri Lanka
- Maldives
- Myanmar
- Timor-Leste

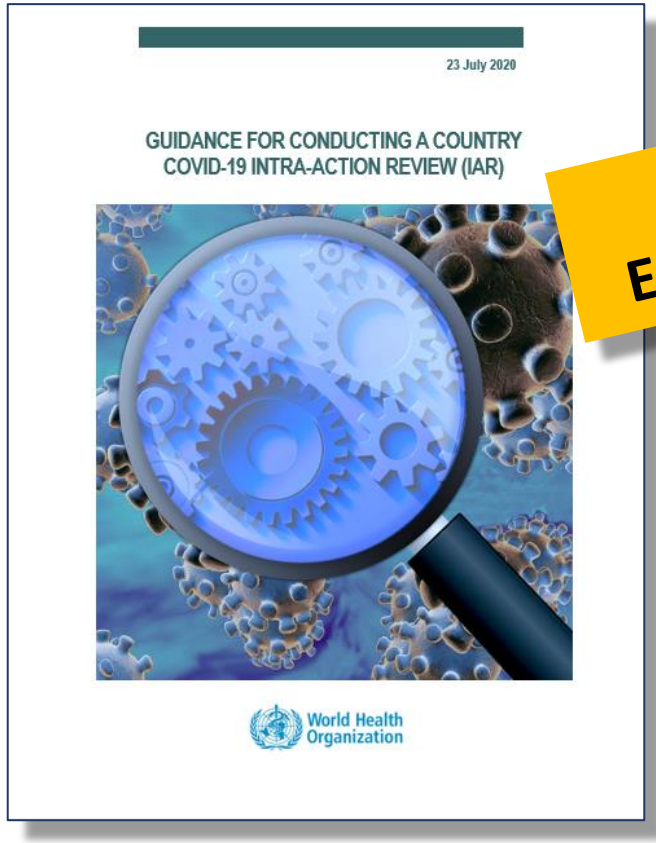
WPRO (N=3)
- Cambodia
- New Zealand **
- Papua New Guinea

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

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

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

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

TOOL NUMBER	SUPPLEMENTARY TOOL	DESCRIPTION
01	Concept note template	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.
02	Facilitator's manual	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.
03	Generic agenda template	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.
04	Generic presentation	This generic presentation can be adapted to the specific context of the country to facilitate the process of a country COVID-19 IAR.
05	Generic COVID-19 IAR trigger question database	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.
06	Note-taking template	**6a.** 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.
		6b. For COVID-19 vaccination IAR, please note there is a specific note-taking template available.
07	Final report template	**7a.** This template can be used by the report writer to summarise in a structured manner the analyses and recommendations arising from the review.
		7b. For COVID-19 vaccination IAR, please note there is a specific final report template available.
08	Participant feedback form	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.
09	Participant feedback form summary table	This is an Excel file that can be used to analyse participants' feedback.
10	Exemplar story template	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.
11	Conducting safe onsite COVID-19 IAR during the pandemic	This checklist summarizes some of the key considerations for conducting COVID-19 IAR onsite, including a sample COVID-19 symptoms self-declaration form for participants.
12	Conducting effective online COVID-19 IAR during the pandemic	This checklist summarizes some of the key considerations for conducting COVID-19 IAR online, including online facilitation tips.

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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.

TRAINING

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

HIGH-LEVEL ENGAGEMENT

- **4 Nov 2020** - **Ask the Expert session**
- **6 Nov 2020** - **DG press conference**

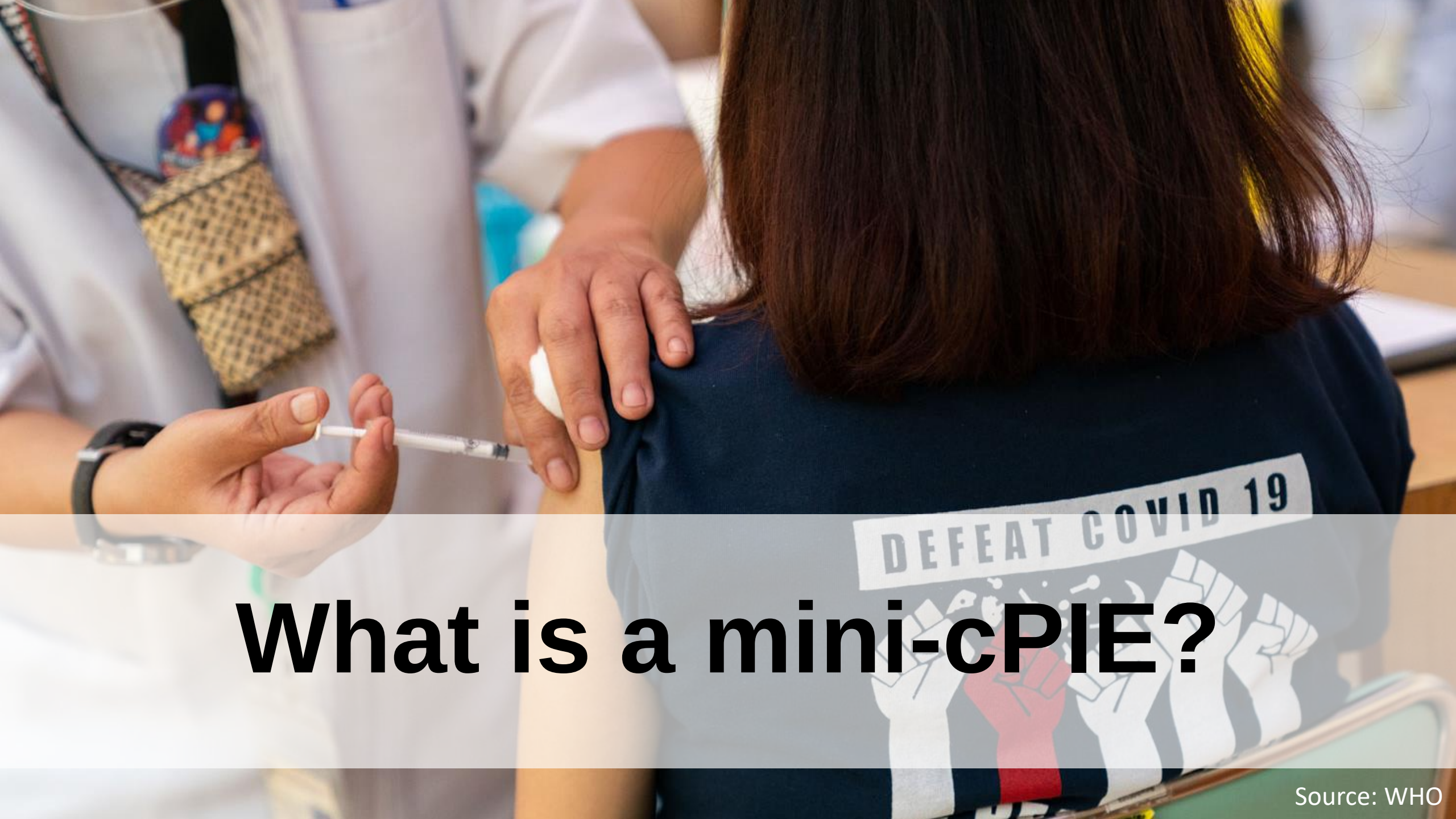
ADDENDUM & UPDATED TOOLS

- **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

THE LANCET Global Health

- **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

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

Timeline of mini-cPIE and "classic" cPIE

EXAMPLE

EARLY PHASE

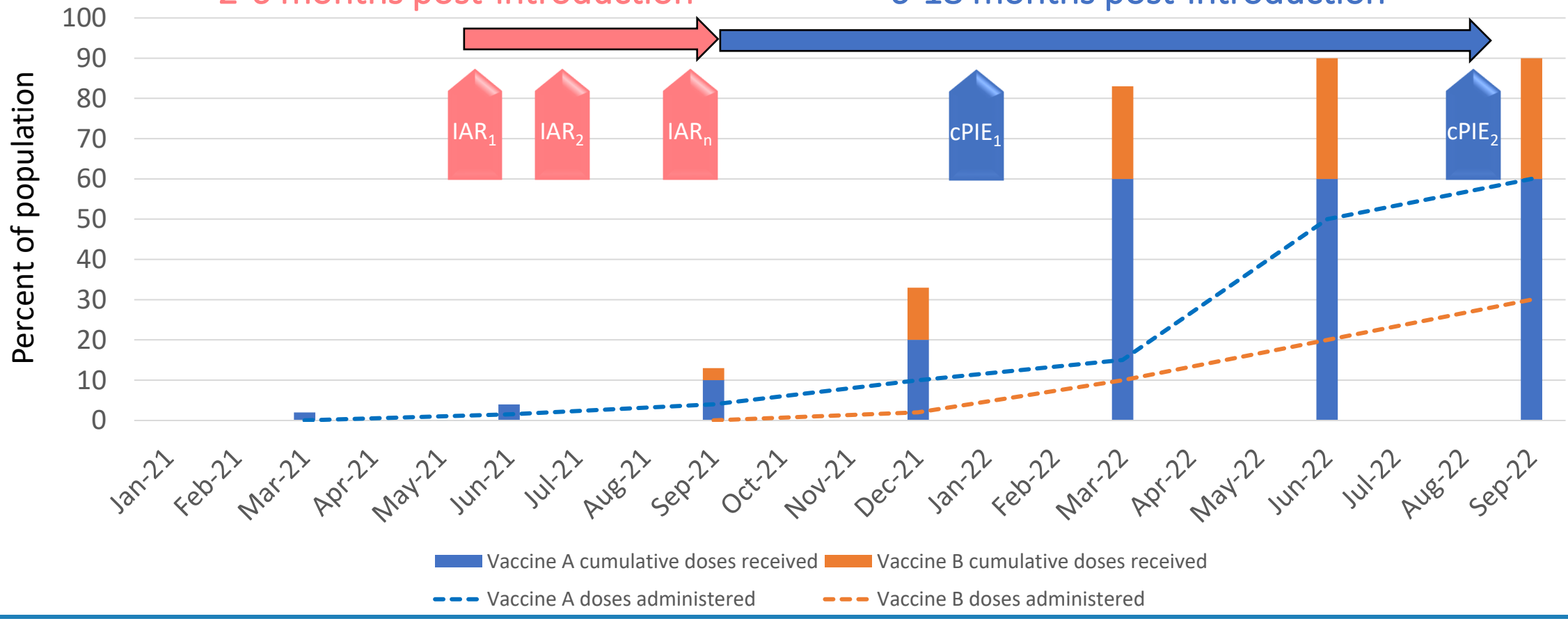
Mini-cPIE (COVID-19 vaccination IAR)

2-6 months post-introduction

MID TO LONG-TERM PHASE

"Classic" cPIE

6-18 months post-introduction



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HEALTH EMERGENCIES programme

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)

COVID-19 IAR Trigger question database

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.

PROGRAM EVALUATION AREA	SECTION KEY
REGULATORY PREPAREDNESS	A
PLANNING, COORDINATION, & SERVICE DELIVERY	B
FUNDING	C
SUPPLY CHAIN & WASTE MANAGEMENT	D
HUMAN RESOURCE MANAGEMENT & TRAINING	E
VACCINE ACCEPTANCE & DEMAND	F
VACCINE SAFETY	G
MONITORING AND EVLUATION	H

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

	Possible indicators (For trigger question selected that are linked to specific indicators, it is preferable to collect any available data before the IAR so that it can be validated and put in context during the discussion)		Trigger questions (Please only select questions that are relevant for this IAR)	Relevance for this IAR
10.B. Planning, coordination, and service delivery	10.B.6	% of all vaccine doses distributed/administered by the private sector	Did organizations outside of the MoH (private sector, NGO's, faith-based organizations, etc.) participate in COVID-19 vaccine administration in certain priority groups? If yes, how did they participate and how well has this worked?	Not relevant
10.B. Planning, coordination, and service delivery	10.B.7		What vaccine delivery strategies are being used to reach identified priority groups (e.g. health facility fixed-post, non-health facility fixed-post, outreach, or mobile visits, other)?	Relevant
10.B. Planning, coordination, and service delivery	10.B.8		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 allocated)?	Maybe relevant
10.B. Planning, coordination, and service delivery	10.B.9	•Vaccine uptake overall and by priority group •Behaviour and social drivers survey or qualitative evaluation results	Have the current vaccine delivery strategies been successful? Please describe why or why not for each priority group and vaccine product.	Relevant
10.B. Planning, coordination, and service delivery	10.B.10		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?)	Not relevant
10.B. Planning, coordination, and service delivery	10.B.11	•Vaccine uptake by priority group •Behaviour and social drivers survey or qualitative evaluation results	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/hesitancy •Other barriers	Please select relevancy
10.B. Planning, coordination, and service delivery	10.B.12	•Vaccine uptake by priority group •Behaviour and social drivers survey or qualitative evaluation results	What are the major barriers, if any, for administering COVID-19 vaccine to older people? Please consider the following areas: •Identification of the group •Delivery to the group (i.e. do eligible individuals reach designated vaccination sites) •Refusal/hesitancy •Other barriers	Please select relevancy

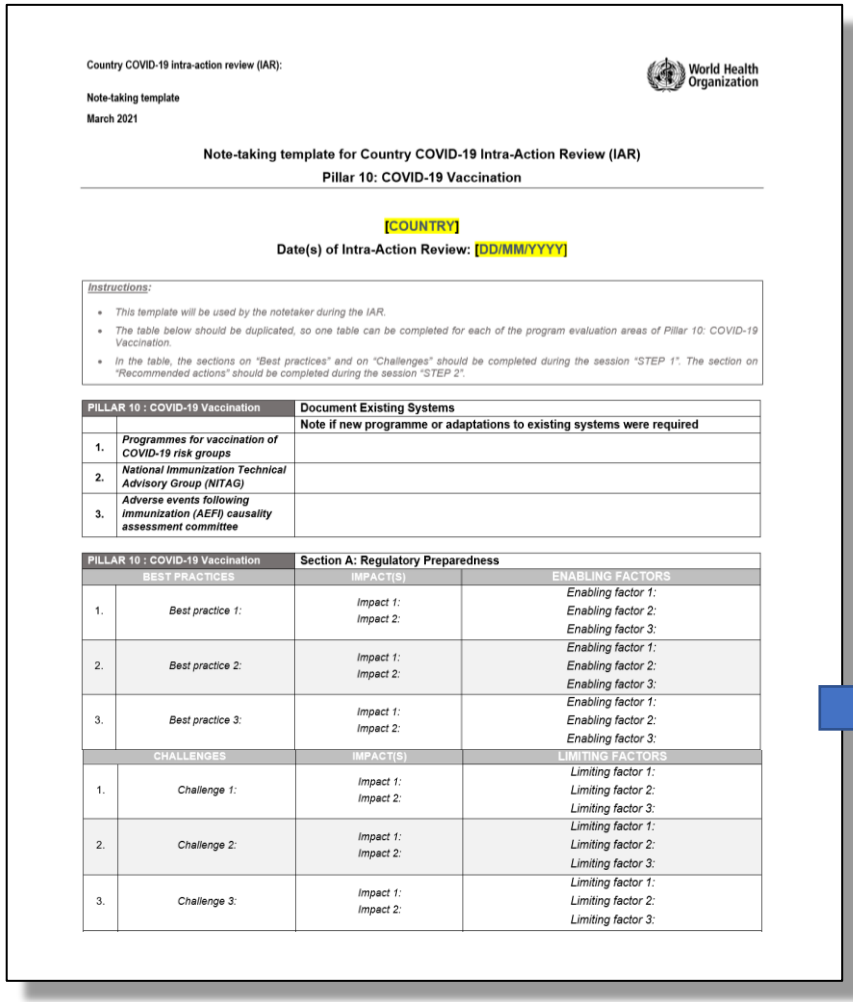
Please select relevancy
Relevant
Maybe relevant
Not relevant

2. Risk communication | 3. Surveillance | 4. Points of Entry | 5. National laboratory system | 6. IPC | 7. Case management | 8. Operations & Logistics | 9. Maintaining Health Services | 10. COVID-19 vaccination | 11. Vulnerable p

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



Country COVID-19 intra-action review (IAR):

Note-taking template

March 2021

World Health Organization

Note-taking template for Country COVID-19 Intra-Action Review (IAR)

Pillar 10: COVID-19 Vaccination

[COUNTRY]

Date(s) of Intra-Action Review: [DD/MM/YYYY]

Instructions:

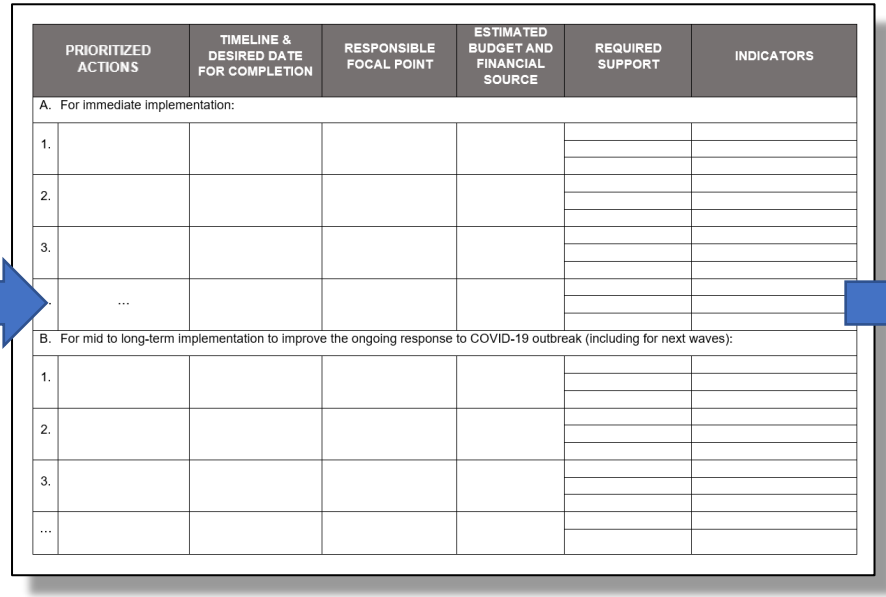
- *This template will be used by the notetaker during the IAR.*
- *The table below should be duplicated, so one table can be completed for each of the program evaluation areas of Pillar 10: COVID-19 Vaccination.*
- *In the table, the sections on "Best practices" and on "Challenges" should be completed during the session "STEP 1". The section on "Recommended actions" should be completed during the session "STEP 2".*

PILLAR 10 : COVID-19 Vaccination		Document Existing Systems
		Note if new programme or adaptations to existing systems were required
1.	*Programmes for vaccination of COVID-19 risk groups*	
2.	*National Immunization Technical Advisory Group (NITAG)*	
3.	*Adverse events following immunization (AEFI) causality assessment committee*	

PILLAR 10 : COVID-19 Vaccination		Section A: Regulatory Preparedness	
	BEST PRACTICES	IMPACT(S)	ENABLING FACTORS
1.	*Best practice 1:*	*Impact 1:* *Impact 2:*	*Enabling factor 1:* *Enabling factor 2:* *Enabling factor 3:*
2.	*Best practice 2:*	*Impact 1:* *Impact 2:*	*Enabling factor 1:* *Enabling factor 2:* *Enabling factor 3:*
3.	*Best practice 3:*	*Impact 1:* *Impact 2:*	*Enabling factor 1:* *Enabling factor 2:* *Enabling factor 3:*
	CHALLENGES	IMPACT(S)	LIMITING FACTORS
1.	*Challenge 1:*	*Impact 1:* *Impact 2:*	*Limiting factor 1:* *Limiting factor 2:* *Limiting factor 3:*
2.	*Challenge 2:*	*Impact 1:* *Impact 2:*	*Limiting factor 1:* *Limiting factor 2:* *Limiting factor 3:*
3.	*Challenge 3:*	*Impact 1:* *Impact 2:*	*Limiting factor 1:* *Limiting factor 2:* *Limiting factor 3:*

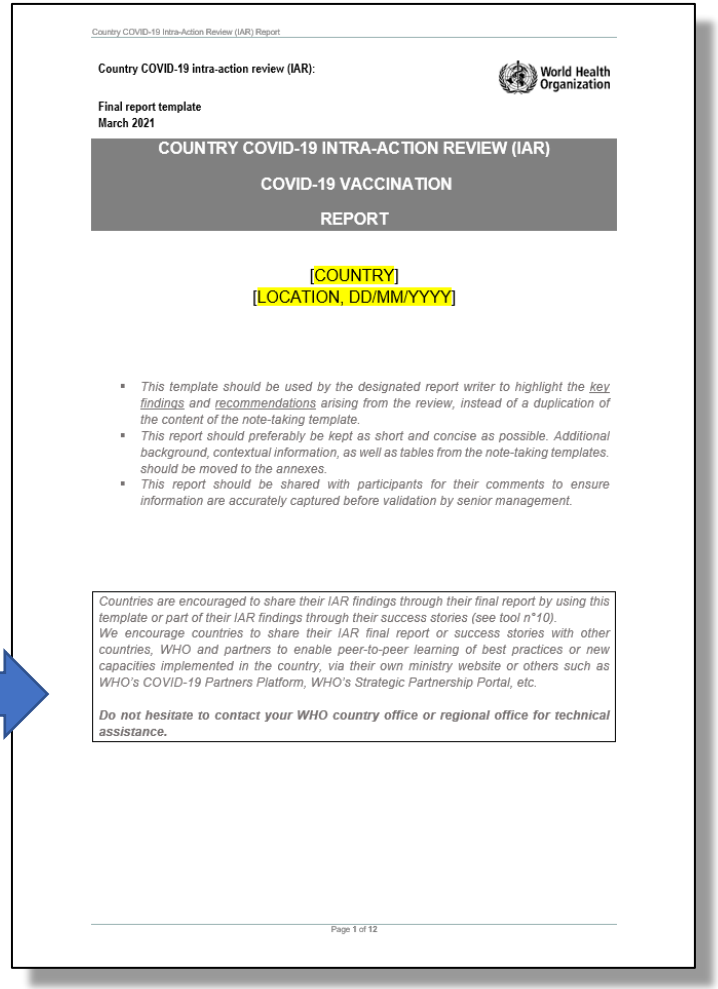
At the end of the IAR, participants come up with a list of **prioritized activities** with:

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



PRIORITIZED ACTIONS		TIMELINE & DESIRED DATE FOR COMPLETION	RESPONSIBLE FOCAL POINT	ESTIMATED BUDGET AND FINANCIAL SOURCE	REQUIRED SUPPORT	INDICATORS
A. For immediate implementation:						
1.						
2.						
3.						
…	…					
B. For mid to long-term implementation to improve the ongoing response to COVID-19 outbreak (including for next waves):						
1.						
2.						
3.						
…						

COVID-19 vaccination-specific final report template



Country COVID-19 Intra-Action Review (IAR) Report

Country COVID-19 intra-action review (IAR):

Final report template

March 2021

World Health Organization

COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)

COVID-19 VACCINATION

REPORT

[COUNTRY]

[LOCATION, DD/MM/YYYY]

- *This template should be used by the designated report writer to highlight the key findings and recommendations arising from the review, instead of a duplication of the content of the note-taking template.*
- *This report should preferably be kept as short and concise as possible. Additional background, contextual information, as well as tables from the note-taking templates. should be moved to the annexes.*
- *This report should be shared with participants for their comments to ensure information are accurately captured before validation by senior management.*

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 tool n°10).
We encourage countries to share their IAR final report or success stories with other countries, WHO and partners to enable peer-to-peer learning of best practices or new capacities implemented in the country, via their own ministry website or others 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.

Page 1 of 12

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

3. Convene meeting with stakeholders

5. Train and brief facilitators

7. Conduct IAR

- Identify best practices, lessons learned.
- Propose activities to address root causes.
- Prioritize activities.

9. Follow up on prioritized activities

1 week before an IAR | 0.5-2days | <2 weeks | Regularly

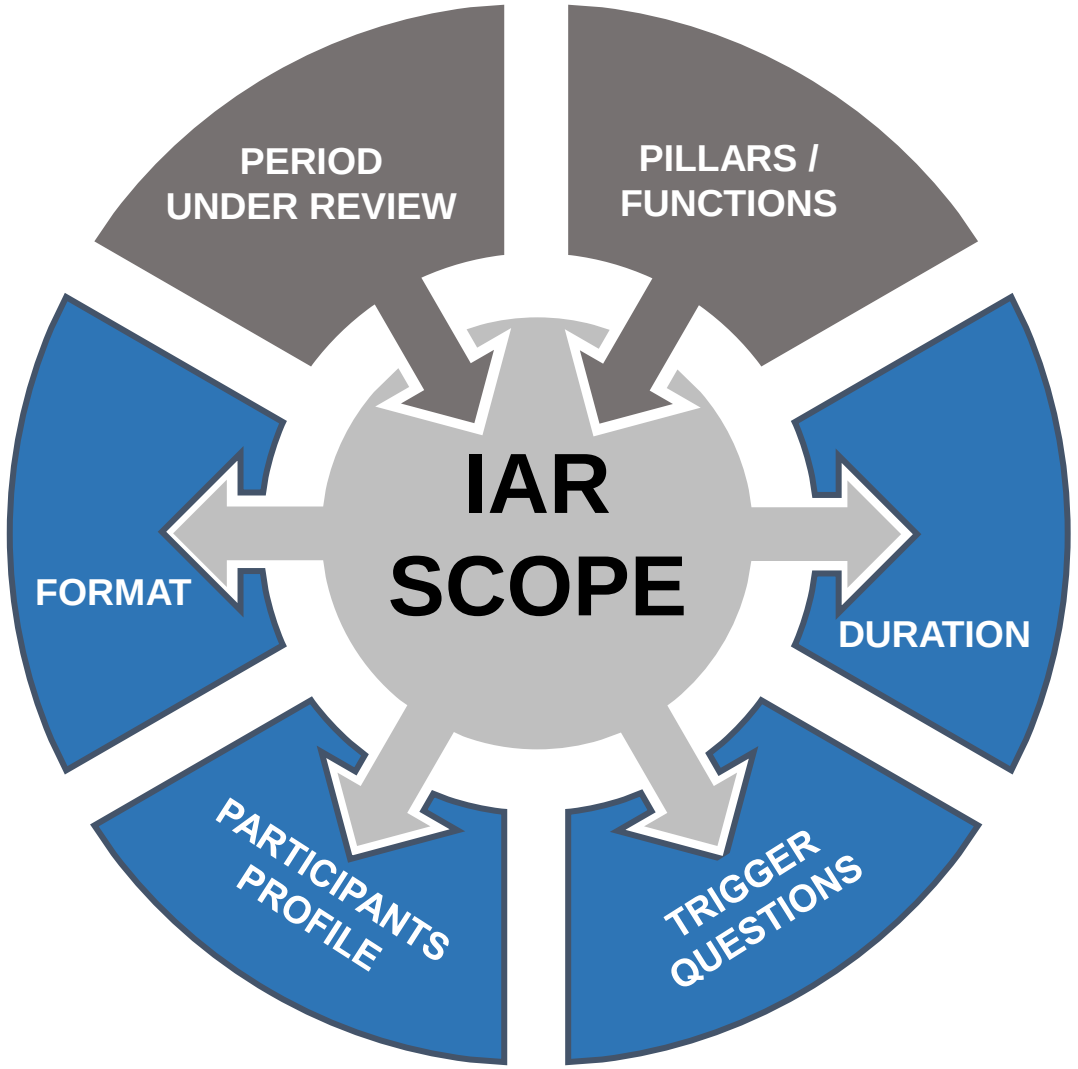
2. Develop concept note

4. Provide IAR orientation

6. Desk Review

8. Finalize IAR report

Scope



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

Desk review

Key informant interviews

Online survey

Vaccination session and storage observation

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:

Basic functions (At the minimum)	Advanced functions
- Presentation mode - Screen sharing - A chat box - “Mute” and “hand raising” buttons - Unlimited meeting time - Simple installation process	- Break-out room options - Recording options - Voting options - Participants pre-registration - Simultaneous interpretation

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

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

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 <u>prior</u> 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

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

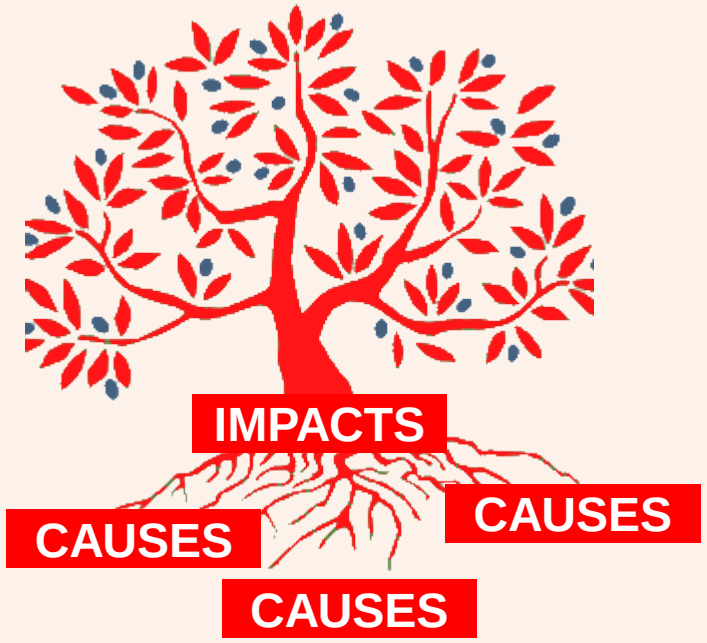
STEP 1

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

Root Cause Analysis

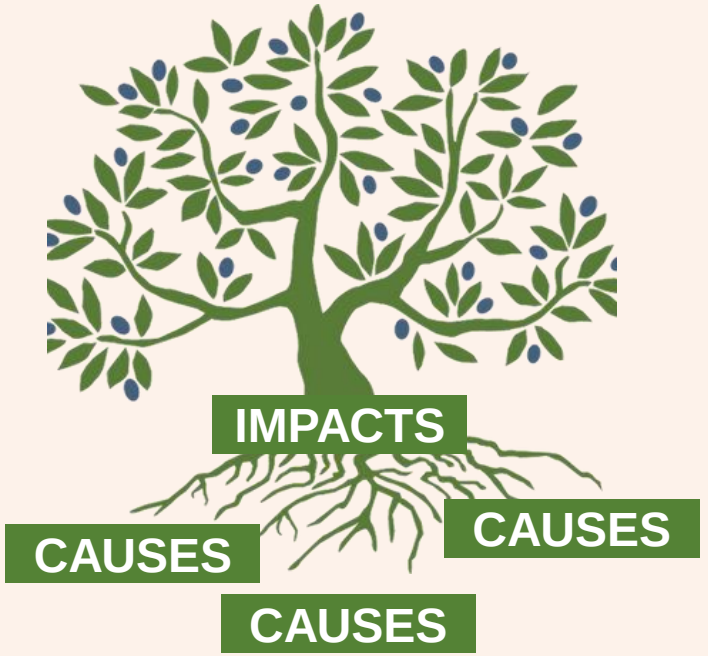
A method used to identify the factors that led or contributed to success or failure in relation to a specific issue or problem identified.

CHALLENGES



LIMITING & ENABLING FACTORS

BEST PRACTICES



Key steps of the discussion

STEP 1

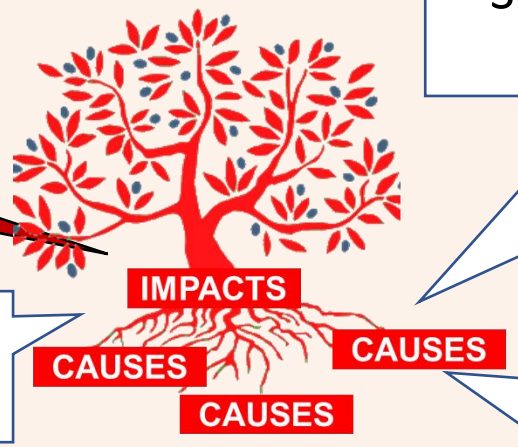
Step 1: **What went less well? Why?**

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

Vaccine recipients are receiving "mix and match" 2 dose regimens (2 different products)

CHALLENGES

Unknown efficacy/safety of mixed regimens; Supply imbalances



5 WHY's

1 Why is this happening?

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

2 Why is that?

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

3 Why was that?

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

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

We don't yet have training materials on this issue addressing 2 dose regimens in the case of short supply

5 Why not?

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

EXAMPLE

Key steps of the discussion

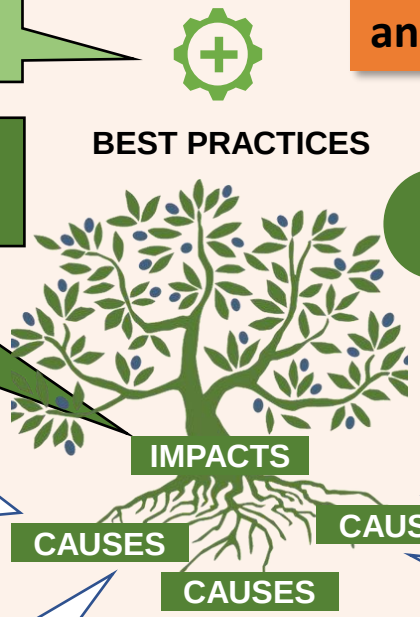
STEP 1

Step 1: What went well? Why?

High COVID-19 vaccination uptake among health workers

COVID-19 transmission among health workers has decreased

Conclusion: the root cause was effective adaptation of an existing platform for vaccination of health workers



Why do you think uptake was high in this group?

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

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

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

Why was it developed?

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

Why did the system work so well?

3. A pre-registration and notification system was already in place for health workers

Why?

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

EXAMPLE

Key steps of the discussion

STEP 1

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

Challenges	**Impact(s)**	**Limiting Factors**
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
Best Practices	**Impact(s)**	**Enabling factors**
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

EXAMPLE

Key steps of the discussion

STEP 1

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

1.	**What best practices can be identified from the country's implementation of COVID-19 immunization, and how can these be further strengthened and instituted?**	
2.	**What is the number one thing you would do differently or change about the COVID-19 vaccination programme going forward?**	
3.	**What is the most important piece of advice you would give another country just starting their program?**	

Key steps of the discussion

STEP 2

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

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

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

PILLAR 10 : COVID-19 Vaccination		Section A: Regulatory Preparedness	
BEST PRACTICES		IMPACT(S)	ENABLING FACTORS
1.	*Best practice 1:*	*Impact 1:* *Impact 2:*	*Enabling factor 1:* *Enabling factor 2:* *Enabling factor 3:*
2.	*Best practice 2:*	*Impact 1:* *Impact 2:*	*Enabling factor 1:* *Enabling factor 2:* *Enabling factor 3:*
3.	*Best practice 3:*	*Impact 1:* *Impact 2:*	*Enabling factor 1:* *Enabling factor 2:* *Enabling factor 3:*
CHALLENGES		IMPACT(S)	LIMITING FACTORS
1.	*Challenge 1:*	*Impact 1:* *Impact 2:*	*Limiting factor 1:* *Limiting factor 2:* *Limiting factor 3:*
2.	*Challenge 2:*	*Impact 1:* *Impact 2:*	*Limiting factor 1:* *Limiting factor 2:* *Limiting factor 3:*
3.	*Challenge 3:*	*Impact 1:* *Impact 2:*	*Limiting factor 1:* *Limiting factor 2:* *Limiting factor 3:*

PRIORITIZED ACTIONS		TIMELINE & DESIRED DATE FOR COMPLETION	RESPONSIBLE FOCAL POINT	ESTIMATED BUDGET AND FINANCIAL SOURCE	REQUIRED SUPPORT	INDICATORS
A. For immediate implementation:						
1.						
2.						
3.						
…	…					
B. For mid to long-term implementation to improve the ongoing response to COVID-19 outbreak (including for next waves):						
1.						
2.						
3.						
…						

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

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

STEP 3

Step 3 : **The Way Forward**

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**

	PRIORITIZED ACTIONS	TIMELINE & DESIRED DATE FOR COMPLETION	RESPONSIBLE FOCAL POINT	ESTIMATED BUDGET AND FINANCIAL SOURCE	REQUIRED SUPPORT	INDICATORS
A. For immediate implementation:						
1.						
2.						
3.						
…	…					
B. For mid to long-term implementation to improve the ongoing response to COVID-19 outbreak (including for next waves)						
1.						
2.						
3.						
…						

SORT BY PRIORITY

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

Key steps of the discussion

STEP 3

Step 3 : **The Way Forward**

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

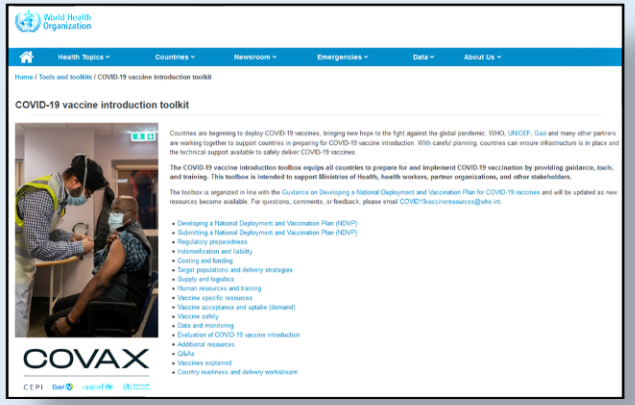
Source: WHO

Available resources

IAR Guidance and Tools

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

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/

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!

OpenWHO IAR online course will be available in Arabic, French, Russian, Spanish and Portuguese soon!

Early country mini-cPIE experience sharing

Source: COVAX

The Botswana lessons learned from the COVID-19 Vaccine roll out Intra Action Review

Dr Ndibo Monyatsi presenting on behalf of

Dr Malebogo Kebabonye

Director of Health Services

Ministry of Health and Wellness

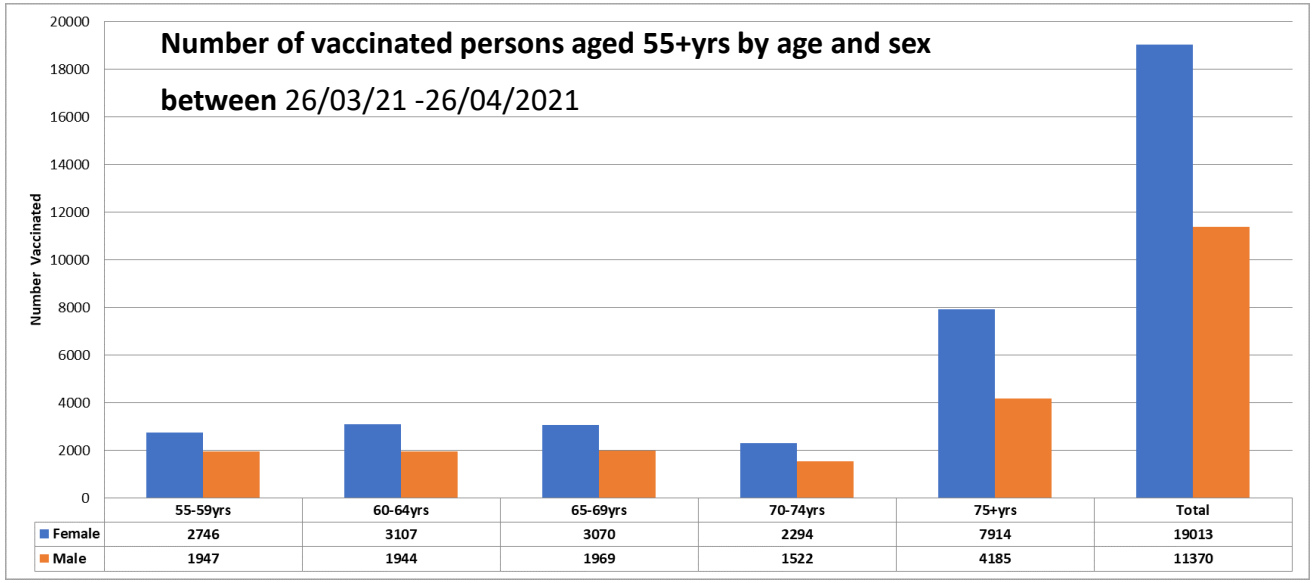
Republic of Botswana

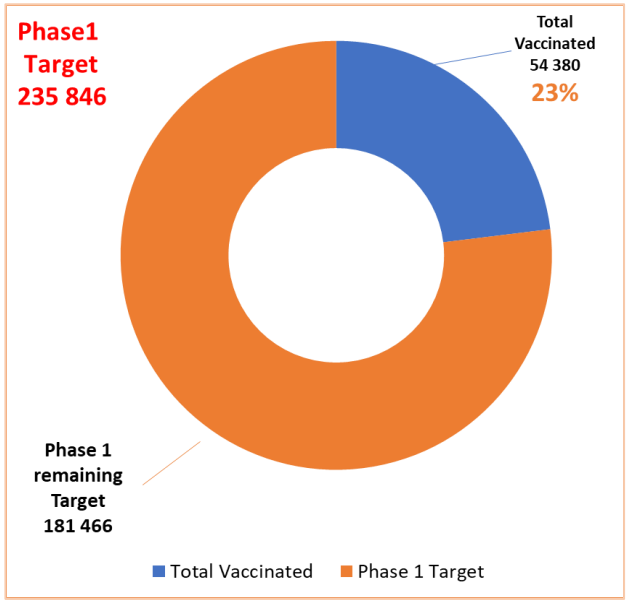
World Health Organization

April 29,2021

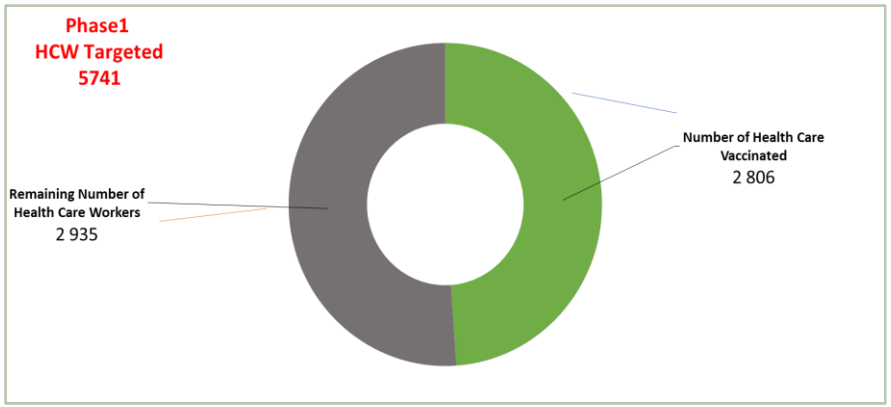
Progress in Phase 1 Vaccination

- **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.

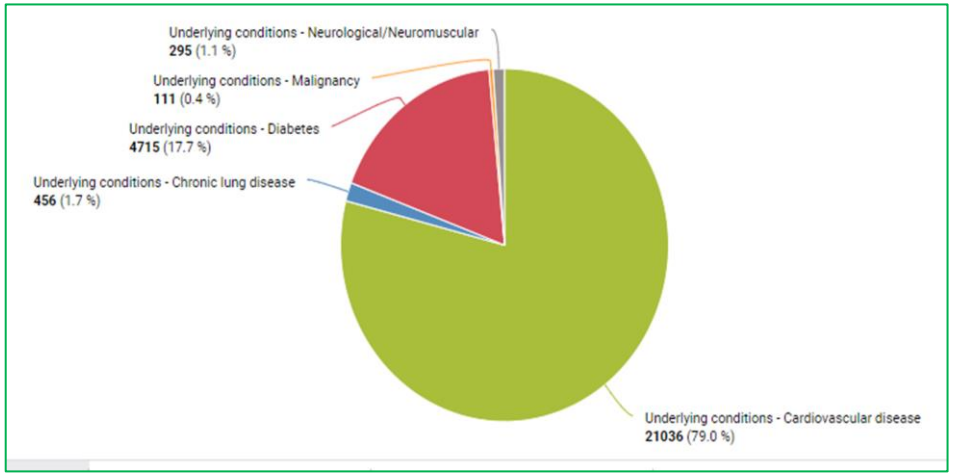




Total Number of Health Care Workers Vaccinated : 26/03/2021 - 26/04/2

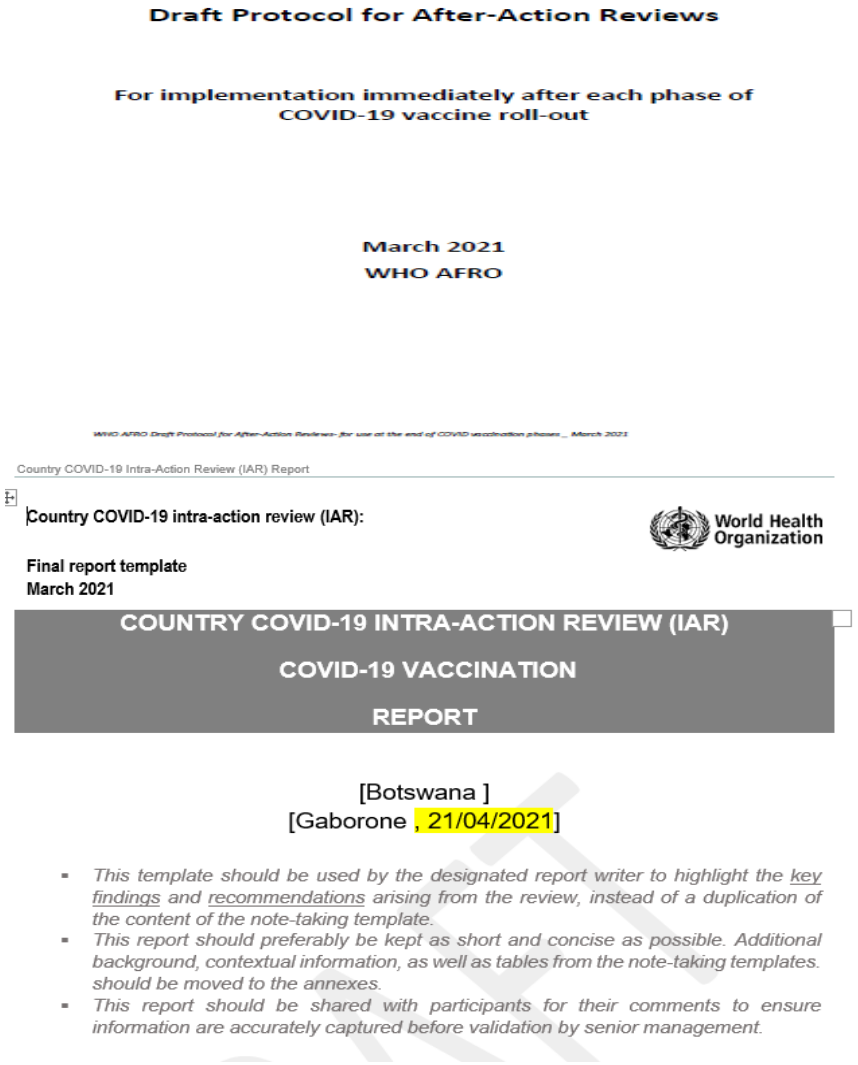


Number of clients vaccinated presenting with co-morbidities: 26/04/2021



Planning and Implementation of the IAR

- 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



Draft Protocol for After-Action Reviews

For implementation immediately after each phase of COVID-19 vaccine roll-out

March 2021
WHO AFRO

Country COVID-19 Intra-Action Review (IAR) Report

Country COVID-19 intra-action review (IAR):

World Health Organization

Final report template
March 2021

COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)

COVID-19 VACCINATION

REPORT

[Botswana]
[Gaborone , 21/04/2021]

- *This template should be used by the designated report writer to highlight the key findings and recommendations arising from the review, instead of a duplication of the content of the note-taking template.*
- *This report should preferably be kept as short and concise as possible. Additional background, contextual information, as well as tables from the note-taking templates. should be moved to the annexes.*
- *This report should be shared with participants for their comments to ensure information are accurately captured before validation by senior management.*

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 compliancy 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

Source: WHO

Feedback or Questions

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

Jenny Walldorf (walldorfj@who.int)
Landry Ndriko Mayigane (mayiganel@who.int)
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

1. Design the IAR.
2. Select an appropriate IAR format (e.g. online or onsite).
3. Build an IAR team.
4. Develop a budget.
5. Develop an agenda.
6. Develop a concept note.
7. Identify and invite participants (key stakeholders).
8. Select an online platform or a venue.

2. Prepare

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

During the IAR

3. Conduct

1. Conduct the analytical part of the IAR; include:
   a) timelines for key milestones;
   b) identification of the strengths, challenges and new capacities developed;
   c) identification and prioritization of areas for improvement.
2. Build consensus among participants.
3. Close the IAR and gather feedback from participants.

Post-IAR

4. Results

1. Conduct a debriefing with:
   a) the IAR team;
   b) senior COVID-19 vaccination programme management
2. Use the IAR as an opportunity for advocacy, resource mobilization and the development of strategic partnerships.
3. Finalize the IAR report.

5. Follow up

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

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

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

FACILITATORS

- 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.

IAR role: Note-takers

Note-takers

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.

IAR role: Report writer

Report writer

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.

IAR role: IT support

IT support

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.