World Health Organization

Mini-cPIE (COVID-19 vaccination IAR) Clinic 3:

Experience Sharing and Lessons Learned in Fragile States/ Humanitarian Contexts

Tuesday, October 12

12:00 – 13:30 CEST

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يرجى مسح رمز الاستجابة السريعة هذا ضوئيًا أو اتباع الرابط في الدردشة لإكمال نشاط كسر الجليد لدينا.

Interpretation

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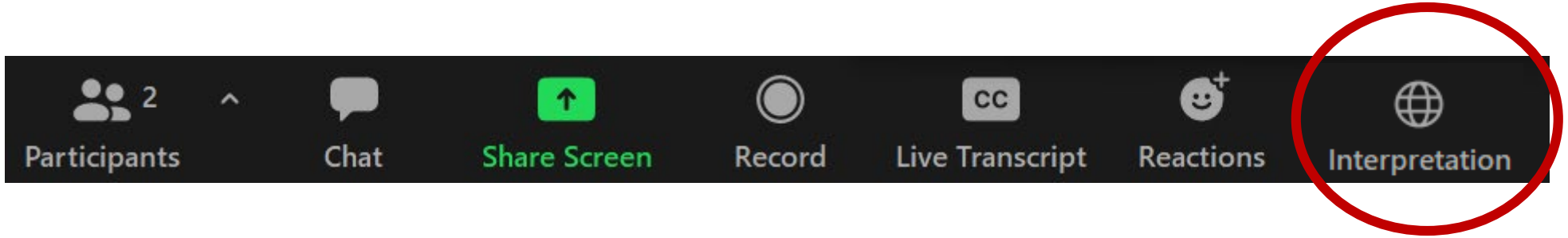

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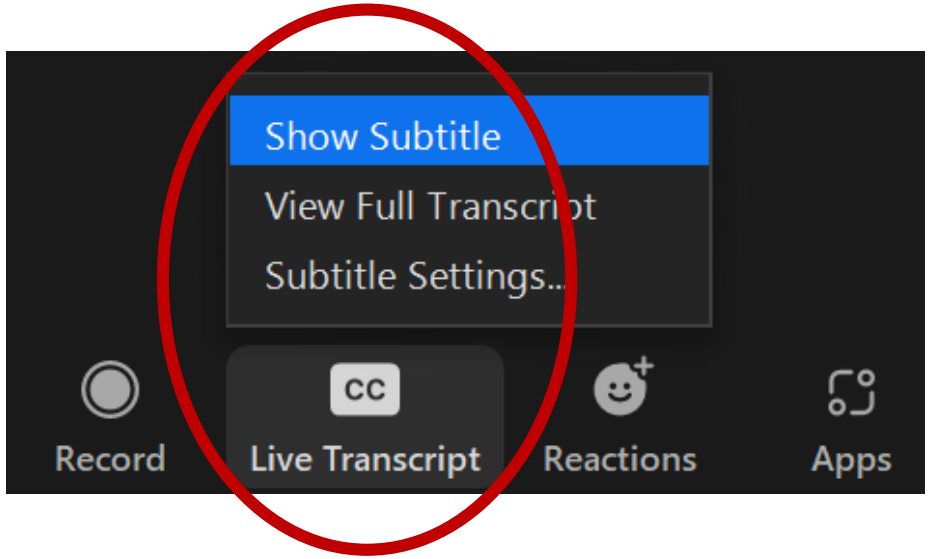
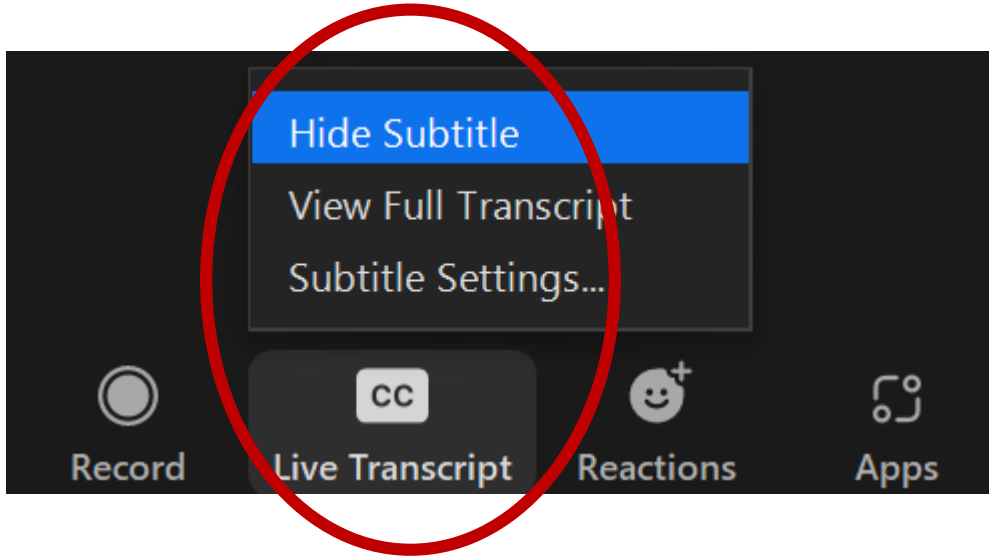
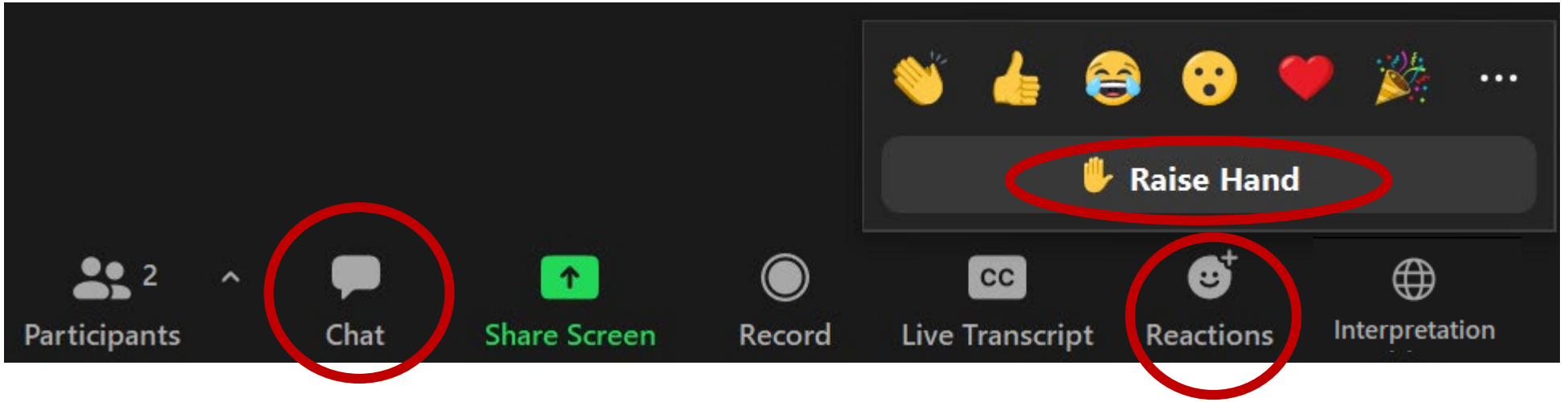




Q&A

Use the **Chat** or **Reactions > Raise Hand** features for questions throughout the call



Recordings and Certificate

- **This session is being recorded** and your attendance is consent to be recorded
- **The Recordings, PowerPoint, and all resources** will be shared after the call
- **A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session

To continue the discussion on Telegram…

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.

What country are you representing on this call?

Please scan this QR code or follow the link in the chat to complete our icebreaker activity.

Veuillez scanner ce code QR ou suivre le lien dans le chat pour terminer notre activité brise-glace.

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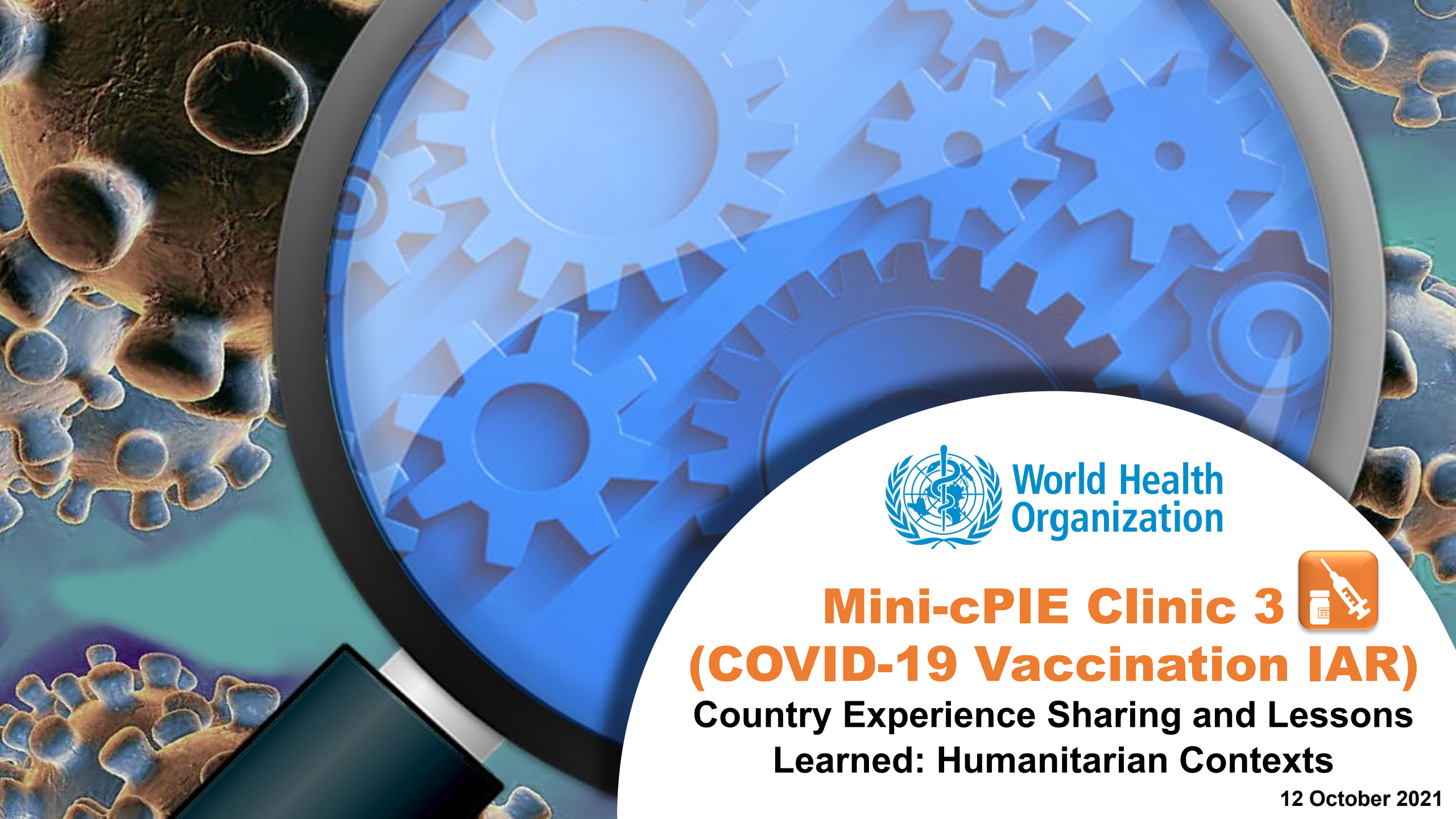


World Health Organization

Mini-cPIE Clinic 3 (COVID-19 Vaccination IAR)

Country Experience Sharing and Lessons Learned: Humanitarian Contexts

12 October 2021

Agenda

- Welcome & Objectives
- Global COVID-19 vaccination IARs (mini-cPIEs) Implementation Status
- Global overview of COVID-19 vaccination in humanitarian contexts
- Country experience sharing – South Sudan with Q&A
- Country experience sharing – Somalia with Q&A
- Interactive discussion
- Evaluation and wrap-up

Purpose of the mini-cPIE clinic

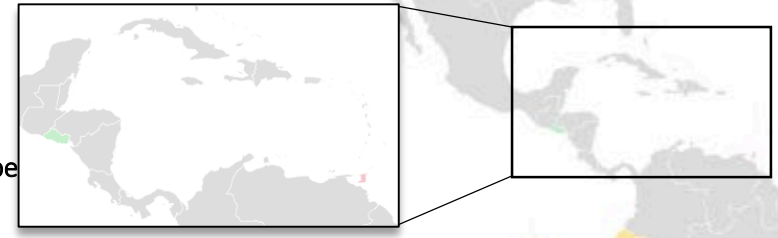
- To create a **platform for countries to share their learnings and experiences** with peer countries on their review and adjustment to COVID-19 vaccine roll-out using the mini-cPIE tools.
- To cultivate a community of learning for COVID-19 vaccine roll-out and **directly connect countries with one another** 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 7 Oct 2021

Already conducted a mini-cPIE

AFR	AMR	EMR	EUR	SEAR	WPR
Botswana	El Salvador	Somalia	Armenia *	Bhutan	
Burkina Faso	Bolivia	Syria	Montenegro *		
Chad					
Congo (DRC)					
Congo (RoC)					
Eswatini *					
Ethiopia					
Gambia					
Ghana					
Guinea-Bissau					
Liberia					
Mozambique					
Niger					
São Tomé & Principe					
Senegal					
Sierra Leone					
South Sudan					
Uganda					
Zambia					



Planning to conduct a mini-cPIE

AFR	AMR	EMR	EUR	SEAR	WPR
Cameroon	Ecuador	Lebanon	Kyrgyzstan	India	
Kenya		Morocco			
Lesotho					
Madagascar					
Malawi					
Namibia					
South Africa					
Tanzania					
Togo					

Interest in conducting a mini-cPIE

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

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

Mini-cPIE (or other vaccination review) implementation status by WHO region

	AFR	AMR	EMR	EUR	SEAR	WPR
Interest indicated	3	4	3	2	5	3
Planned mini-cPIE	9	1	2	1	1	
Completed mini-cPIE	18	2	2		1	
Completed other vaccine programme review	1			2		

HEALTH CLUSTER
GHC COVID-19 TASK TEAM

COVID-19 vaccination in humanitarian settings

Dr Eba Pasha

Focal Point for the Global Health Cluster COVID-19 Task Team

Vaccination Working Group

12 October 2021

Vaccination in humanitarian settings

- **Global Humanitarian Overview 2021**
  - 59 countries
  - Population in Need 249.5 million

- https://hum-insight.info/

GHC Position on COVID-19 vaccination in humanitarian settings

12 key messages for advocacy

National governments are responsible for all populations within their territory regardless of legal status

NDVP should be inclusive of all populations of concern

- IDP
- Refugee / asylum seeker
- Returnee
- migrant (irrespective of legal status)
- stateless
- persons living in occupied territories
- moving populations (e.g. Bedouins, nomads)
- marginalised groups (e.g. due to ethnicity, language, age, gender, disability, conditions associated with stigma)

- living in hard to reach areas
- insecurity
- areas not under government control
- geographic

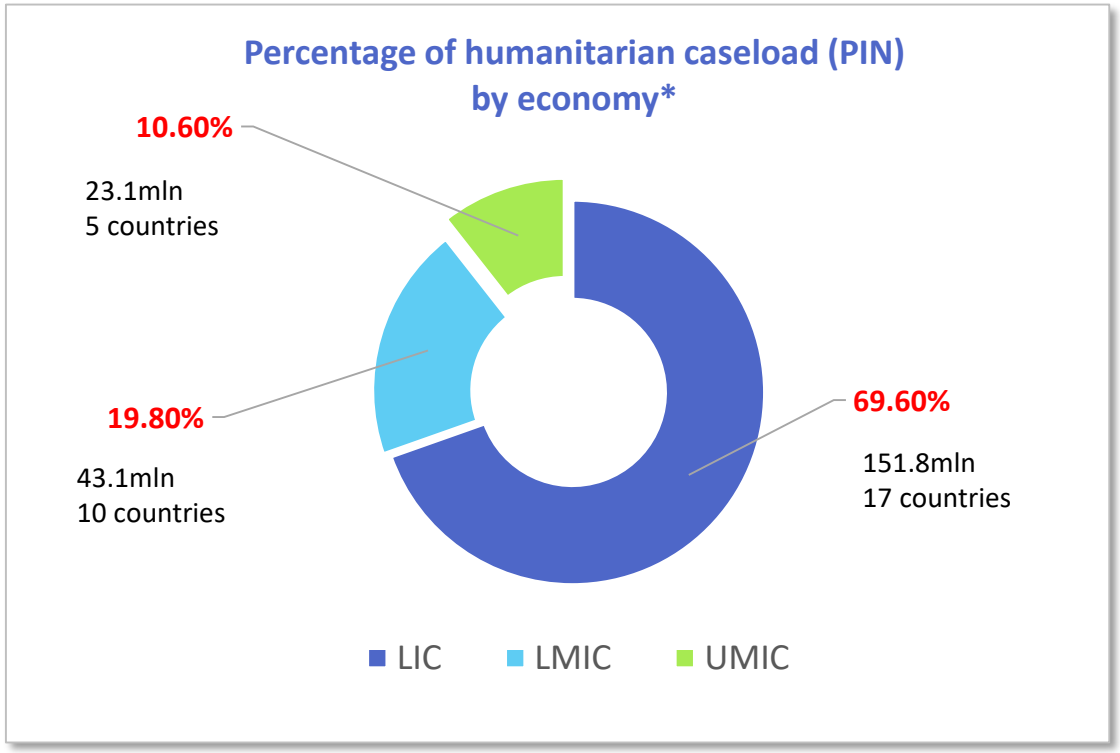
Paper developed with 28 humanitarian partners – see here

- **Inclusive plans are support public health principles** i.e. essential to reduce death and disease burden
- Prioritisation should be done in accordance with **SAGE values framework and Roadmap**
- **Populations of concern should be held in equal respect with regard to receiving safe and quality vaccines**,
  - Methods of procurement should not influence which population groups should be prioritised for vaccination
  - when multiple vaccines are utilised
- **NGO Health Care workers should be prioritised equally** alongside public / government health care workers
- **Throughout NDVP** plan approaches to reach vulnerable groups and those living in hard to reach areas should be addressed e.g. vaccine delivery strategy, Cold chain capacity, RCCE etc
- Measures should be taken to **mitigate attacks on health care workers**
- **Adequate and timely funding** should be provided
- **Measures must be taken to prevent sexual exploitation and abuse** and included in all operational plan
- Humanitarian Buffer is a measure of last resort

Vaccination in humanitarian settings

- 32 countries with Humanitarian Response **Plan (HRP), Joint Response Plan (JRP) or Flash Appeal (FA)**
  - Population in Need 218 million
- **Low income countries carry the greatest humanitarian caseload**

**32 countries with HRP, JRP or FA*



LIC: Afghanistan, Burkina Faso, Burundi, CAR, Chad, DRC, Ethiopia, Haiti, Madagascar, Mali, Mozambique, Niger, Somalia, South Sudan, Sudan, Syria, Yemen
LMIC: Bangladesh, Cameroon, El Salvador, Honduras, Myanmar, Nigeria, oPt, Pakistan, Ukraine, Zimbabwe
UMIC: Colombia, Guatemala, Iraq, Libya, Venezuela

World Bank list of economies 2020
Global Humanitarian Overview

Vaccine Equity

COVID-19 Vaccination in Humanitarian Settings

**32 countries with HRP, JRP or FA*

as of 27 September 2021

- 6.2B doses administered globally
- Only **265.0 M** administered in countries with **humanitarian settings**

- Further inequity seen in **LIC with humanitarian settings,**
  - **only 15.3M administered, with only 30.7M vaccines supplied**

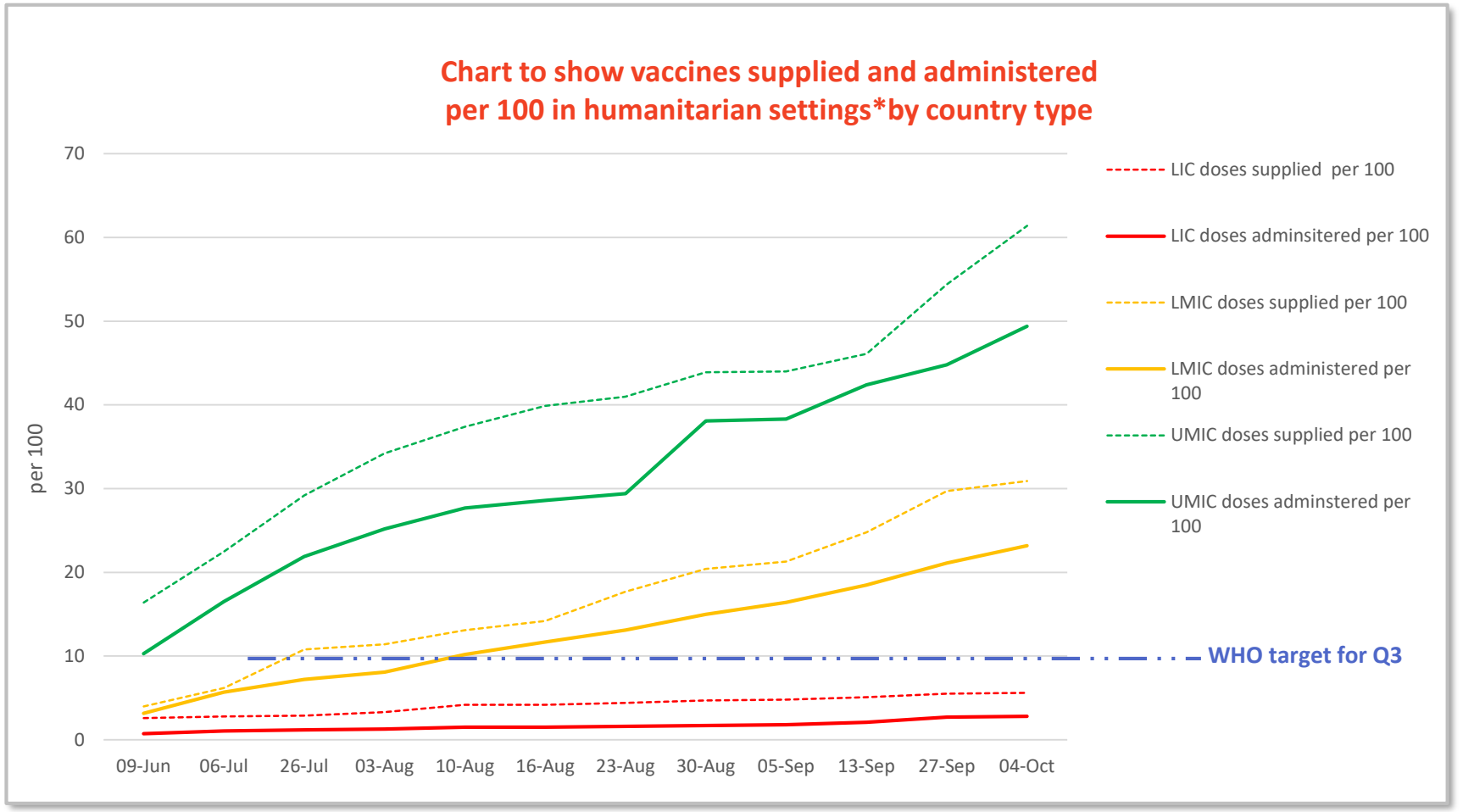
Countries with humanitarian settings*	total PIN M / (no. countries)	Tot doses administered	Tot. doses administered per 100	Total vaccine doses supplied	Total vaccine supplied doses per 100
LIC	151.8 /(17)	15.3 M	2.8%	30.7 M	5.6%
LMIC	43.1 /(10)	177.4 M	23.2%	236.8 M	30.9%
UMIC	23.1 /(5)	72.3 M	49.4%	89.8 M	61.2%
ALL	218.0/ (32)	265.0 M	18.2%	357.2 M	24.5%

Vaccine equity

- WHO target *(see here)*
  - 10% by Q3
  - 40% by Q4
  - 70% by Q2 2022

Vaccine supply is not the only challenge
Operational challenges specific to humanitarian settings exists

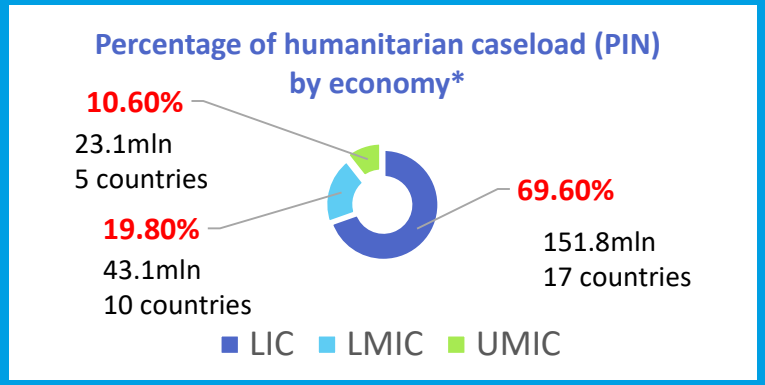
**32 countries with HRP, JRP or FA*
as of 4th October 2021



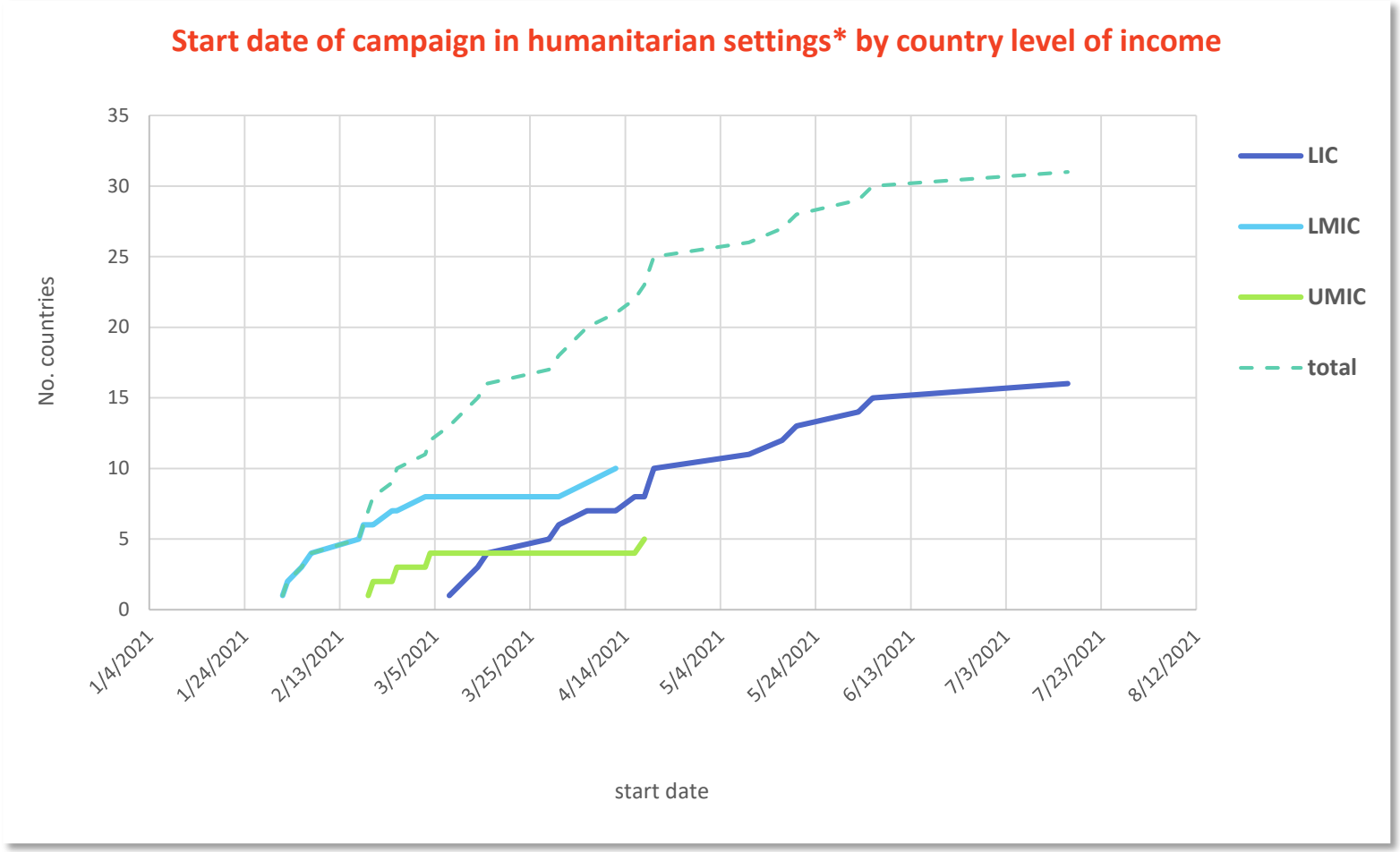
Data Source: *GHC COVID-19 Vaccine Working Group, World Health Organization, Our World in Data (OWID)*

Vaccine equity

- LIC started their campaigns much later



*32 countries with HRP, JRP or FA
as of 4 October 2021



Data Source: *GHC COVID-19 Vaccine Working Group, World Health Organization, Our World in Data (OWID)*

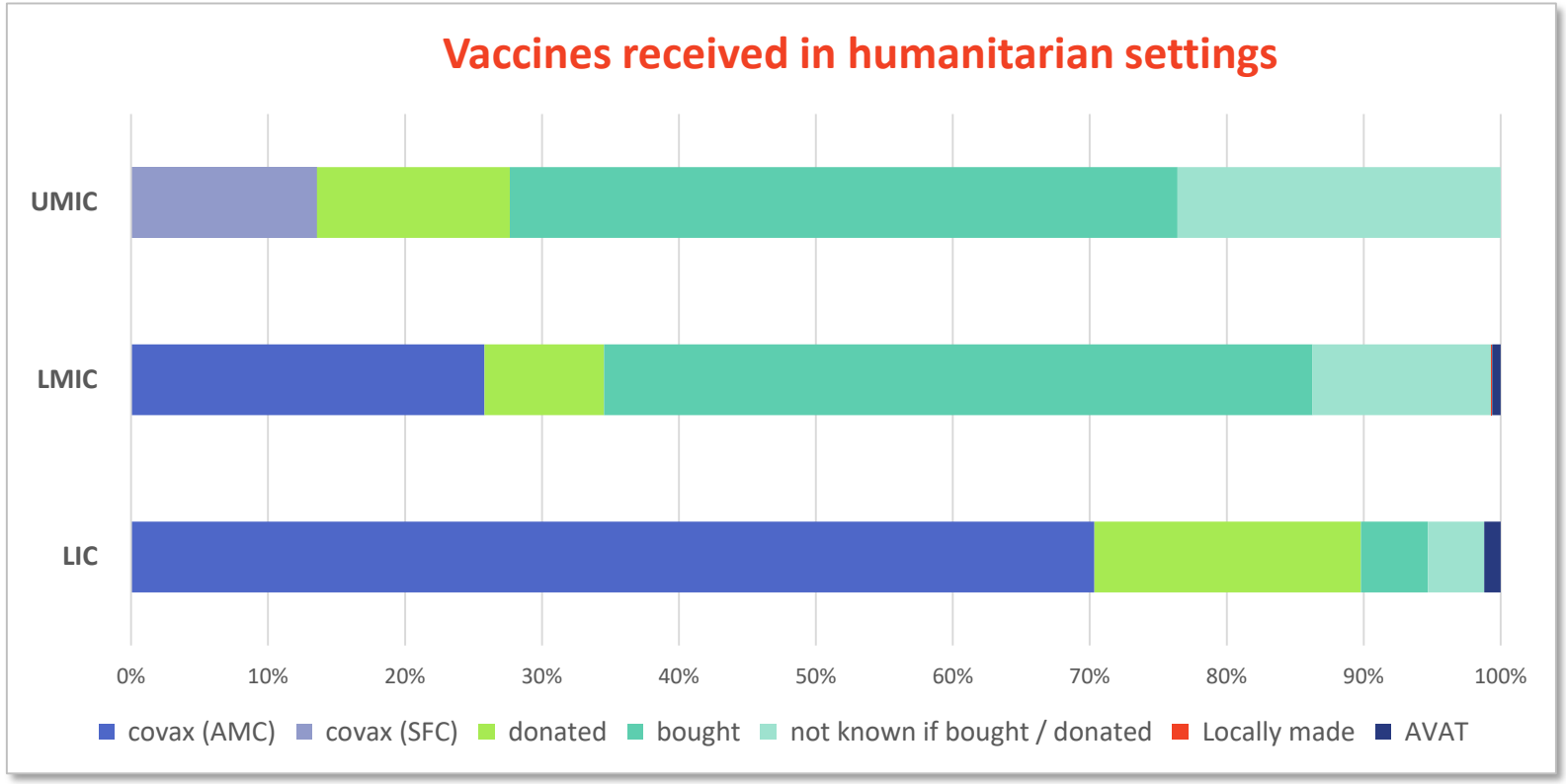
Vaccine equity

- LIC are reliant on COVAX doses (as AMC countries) as well as donations
- UMIC are purchasing from COVAX (as SFC countries) as well as purchasing from other suppliers

From 3 August-16 September

- 93.9M total doses supplied, 7.6M to LIC.
- 30.1M COVAX (5.65 to LIC)
- 15.6 from US (COVIAX or bilateral) 2.97 to LIC
- 29.3Sinopharm and 29.3 Sinovac, 1.86 to LIC

**32 countries with HRP, JRP or FA*
as of 4 October 2021



Source:
World Health Organization COVID-19 dashboard
World Bank list of economies 2020
UNICEF Market dashboard and Humanitarian Data Exchange (HDX)

Emerging challenges

- Slow uptake
- Short expiration dates, quick roll out needed
- Supply constraints
- Insufficient funding for roll out, requests for humanitarian partners to support
- Vaccine hesitancy, Vaccine preference, vaccine safety concerns
- Strategies insufficient to reach

  Hard to reach areas insecure areas / areas not controlled by government,

  including **coordination in NGCA**
- Barriers for populations of concern e.g. ID requirement, crossing frontline, checkpoints, travel costs
- Insufficient information if populations of concern are being reached
- Concerns of exclusion, or lack of contextual parity
- Scaling up, and planning for future supplies a challenge

World Health Organization

COVID-19
INTRA-ACTION REVIEW

COVID-19
VACCINATION PILLAR

Mini-cPIE Clinic 3 (COVID-19 Vaccination Intra-Action Review)

EXPERIENCE SHARING FROM COUNTRIES

EXPERIENCE SHARING FROM

South Sudan

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

Dr Amos Bobole
Vaccines Technical Officer
COVID-19 Team
WHO South Sudan

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

DESCRIPTION OF THE MINI-CPIE

1. Review period:	1 January-31 July 2021
2. Date of review:	5-6 August 2021
3. Geographical scope:	Nationwide
4. Number and profile of participants:	34 participants onsite and 60 participants online MOH, WHO, UNICEF and NGO partners from national and subnational level
5. Programme evaluation areas reviewed:	Regulatory preparedness, Planning and coordination, Funding, Supply chain and waste management, Human resource management and training, Vaccine acceptance and demand, Vaccine safety, Monitoring and evaluation.

GOOD PRACTICES & CHALLENGES IDENTIFIED

NOTE: Good practices & challenges for vaccine roll-out identified through the mini-cPIE (COVID-19 vaccination IAR)

GOOD PRACTICES

1. Strong Government overview and stewardship

- Emergency Use Authorization for COVISHIELD from Drug and Food Control Authority
- Indemnity Agreement between Government of South Sudan and the Serum Institute of India
- Active South Sudan Immunization Technical Advisory Group recommended use of COVID-19 vaccine

2. Strong coordination led by MOH

- NDVP with clear roles and responsibilities for all stakeholders
- NDVP costed for implementation of activities
- Use of Vaccination Introduction Readiness Assessment Tool and Vaccine Readiness Assessment Framework

3. Resources available

- Donors committed funding for NDVP

CHALLENGES

1. Delayed engagement from Drug and Food Control Authorities

2. Challenging country context impeding implementation of some NDVP interventions

- Use of mobile outreach for vaccination not possible
- Non-qualified vaccinators not authorized → limiting access to hard-to-reach areas

3. Inadequate funds to implement NDVP micro plans

LEARNINGS FROM HUMANITARIAN SETTINGS

NOTE: Good practices & challenges for vaccine roll-out in humanitarian settings, displaced or refugee populations

GOOD PRACTICES

1. Utilise local knowledge and capacities

- Appropriate selection of COVID-19 vaccine
- Micro plans adapted to humanitarian context (IDP, Refugees)
- Vaccine distribution based on approved micro plans
- Best practices and tools from recent polio vaccination campaigns applied for vaccine distribution, management and accountability

2. Utilise existing supply/cold chain capacity

- Use of available freeze-free vaccine carriers and Fridge Tag (FT)-2 during vaccine transport and vaccination sessions
- Partnership with UNHAS to deliver the vaccine using Standard Operating Procedures (SoPs)

CHALLENGES

1. Funding challenges

- Lack of incentives to pay vaccinators
- Limited supervision at sub-national level
- Limited demand generation interventions

2. Limited quantity of COVID-19 vaccines

- Fear of not getting complete doses
- Limited social mobilization

LEARNINGS FROM HUMANITARIAN SETTINGS

NOTE: Good practices & challenges for vaccine roll-out in humanitarian settings, displaced or refugee populations

GOOD PRACTICES

3. Focus on quality of vaccination

- Use of only registered nurses/clinical officers in the vaccination activities adhering to MOH policy
- Joint supportive supervision visits (MOH and partners) especially in pilot hospitals and health facilities in Juba

4. Focus on quality training

- Adaptation of WHO guidelines and SoPs for training materials for vaccinators
- Strong commitment from MOH and partners to conduct training
- Timely National Training of Trainers (TOT)

CHALLENGES

3. Delayed availability of financial resources to support training

4. Lack of training handouts for vaccinator trainees

LEARNINGS FROM HUMANITARIAN SETTINGS

NOTE: Good practices & challenges for vaccine roll-out in humanitarian settings, displaced or refugee populations

GOOD PRACTICES

5. Community-focused RCCE

- Training social mobilizers and community influencers
- Use of Boma Health Workers to mobilize community members
- Evidence generation to inform dynamic vaccine rollout
- Dispelled rumours through use of survey findings, media engagement, high-level advocacy meetings, radio programmes, and talk shows jingles

6. Effective Adverse Event Following Immunization

- Rollout training at national level facilitated by AEFI team
- Use of ODK tool for line listing AEFIs
- Timely distribution of AEFI kits to all health facilities

CHALLENGES

5. Emergence of new variants (e.g Delta) created loss of confidence in current vaccine used

6. AEFI data collection issues

- Difficulty in data harmonization, causing disparity in aggregate AEFI reports and line listing
- Non-completion of AEFI reporting forms for serious and non-serious AEFIs
- Limited use of other electronic data capture tools (ODK AEFI & Vaccine Management Forms)

LEARNINGS FROM HUMANITARIAN SETTINGS

NOTE: Good practices & challenges for vaccine roll-out in humanitarian settings, displaced or refugee populations

GOOD PRACTICES

7. Effective use of digital tools

- Adoption of regional data collection tools to capture COVID-19 vaccination data
- Development of the COVID-19 vaccination monitoring and tracking tool (Real-time dashboard)
- Timely training of vaccination teams in the use of data collection tools

CHALLENGES

7. Issues with implementation of digital data collection tools

- Inadequate supportive supervision to monitor data quality
- Lack of institutional data capture devices and data bundles (Tablets and Mobile phones) to submit data
- Irregular reporting on stock level in some health facilities limits effective and timely re-distribution of vaccines

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

RECOMMENDATIONS	IMPACT ON COVID-19 VACCINE ROLL-OUT
1. - **Stronger engagement with DFCA in various fora e.g. SSITAG, NVTWG** - **Involvement of all stakeholders in updating SOPs**	- **Shortened vaccine approval and importation process** - **Improved coordination and planning**
2. - **Implement full NDVP plan incl mobile outreach** - **Use NVDP and Strategic Preparedness and Response plan to mobilise resources**	- **Improved vaccination coverage at all levels** - **Improved funding for NDVP and overall SPRP**
3. - **Improve coordination, visibility and transparency among partners on available funding**	- **Improved mapping of resources, avoid duplication of activities and identified funding gap**
4. - **Improve use of vaccine monitoring tool at all levels** - **Strengthen system for daily vaccination activities and stock balance update using ODK real-time dashboard**	- **Monitored stock level and improved replenishment time**

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

RECOMMENDATIONS	IMPACT ON COVID-19 VACCINE ROLL-OUT
5. - Allocate adequate resources for joint supportive supervision - Cascade training at county levels	- Improved quality and coverage of service delivery - Enhanced knowledge and skills of vaccinators
6. - Develop and disseminate appropriate training materials for different vaccine types - Strengthen RCCE to address misinformation and provide adequate information on vaccine availability	- Enhanced knowledge and skills of vaccinators - Improved vaccine uptake by the population
7. - Print data tools for vaccination (incl AEFI forms) - Replenish/procure complete AEFI kits for all vaccination sites according to micro plan (2 per site) - Establish national and state AEFI committees	- Improved data availability and decision making - Prompt response to AEFI cases - Functional national and state AEFI committees
8. - Integrate COVID-19 module including vaccination into the existing DHIS2 platform	- Availability of COVID-19 vaccination information within the existing National HMIS (DHIS2)

MOST IMPORTANT ADVICE FOR OTHER COUNTRIES

What is the most important piece of advice you would give another country on improving their COVID-19 vaccine roll-out in humanitarian settings, displaced or refugee populations?

- Involve humanitarian actors during NDVP process to increase access to IDP and refugees
- Collaborate with existing humanitarian coordination mechanism incl health cluster
- Use existing vaccinators at health facilities to avoid creating parallel Human Resource for Health (HRH)
- Use of digital data management system for real-time vaccine management

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

- Engage in timely manner with all stakeholders involved in COVID-19 response to be part of mini-cPIE process.
- Support MOH to take the lead during planning and implementation of mini-cPIE
- Allocate adequate time for planning process

Questions welcome!

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

Dr Kibebu Berta, bertak@who.int

Dr Amos Bobole, abeb@who.int

To access mini-cPIE findings, please see link:

Final IAR Report

EXPERIENCE SHARING FROM

Somalia

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

Dr Mohammad Hamayoun
WHO Somalia

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

DESCRIPTION OF THE MINI-CPIE

1. Review period: 15/03/2021- 15/07/2021

2. Date of review: 26/08/2021

3. Geographical scope: National and sub national

4. Number and profile of participants: 28 Federal and state EPI managers, National and State COVID-19 Consultants, UNICEF & WHO staff

5. Programme evaluation areas reviewed: All

GOOD PRACTICES & CHALLENGES IDENTIFIED

NOTE: Good practices & challenges for vaccine roll-out identified through the mini-cPIE (COVID-19 vaccination IAR)

GOOD PRACTICES

1.
   - Development of National Deployment Vaccination Plan (NDVP) in timely manner
   - Facilitation of necessary regulatory and other approvals for vaccine introduction at the national and sub national level

2.
   - Technical support and coordination of activities at national and state level
   - Relocation and sharing of remaining vaccine doses between states with short expiry for better utilization.

3.
   - Proper utilization of the allocated funds
   - Supervision and monitoring of activities and the attributed costs

CHALLENGES

1.
   - Competing priorities
   - Inaccurate target population estimates in Fragile health settings with poor statistics of the initial priority groups.

2.
   - Delivery of vaccines to several hard-to-reach locations difficult due to security reasons.
   - Demand generation for smooth vaccination
   - Communication on vaccination and countering rumors
   - Timely data reporting and flow for analysis and action
   - Utilization of existing vaccines before expiry

3.
   - Unavailability of funds especially for operational purposes during initial days

LEARNINGS FROM HUMANITARIAN SETTINGS

NOTE: Good practices & challenges for vaccine roll-out in humanitarian settings, displaced or refugee populations

GOOD PRACTICES

1. • Mapping all the settlements according to demographics with different stakeholders.
2. • Establishing public-private partnerships as per strength required and feasibility.
3. • Involving National Health Cluster and CSOs working in the POC camps.

CHALLENGES

1. • Security Situation.
   • Limited Access with pockets of inaccessible areas.
   • Consistent changing environment and population in the areas.
2. • Allocation of dedicated staff, logistics and space.
3. • Inequitable distribution of Health facilities.
   • Clan and community consideration with different background perspectives (geographic, political etc.)

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. • Developed SOPs to navigate administrative challenges by advocating for leadership and management involvement through different channels including ECMTs and UN Task force, National Health Cluster.	**Establishing sustainable leadership and management oversight for COVID-19 vaccination and beyond.**
2. • Timely analysis of coverage data and other indicators of interest (e.g. gender); prioritized target group vaccination • Vaccine distribution according to the Settlements with AEFI tracking etc	**Tracking vaccination outcomes, through NDVP plans implementation formulating feedback for progress.**
3. • Advocated for additional resources to support the extension of current and future vaccination. • Support to the states for priority allocation and utilization of the funds.	**Identification of potential donors, funding opportunities with improvement in costing and budget utilization.**
4. • Developed proper forecasting tools and increase capacity of the contractors for distribution of logistics by UNICEF. • Used demographic and other data generated from this campaign to inform future logistic planning.	**Improved logistics distribution plans, considering the expiry and dose schedule.**

MOST IMPORTANT ADVICE FOR OTHER COUNTRIES

What is the most important piece of advice you would give another country on improving their COVID-19 vaccine roll-out in humanitarian settings, displaced or refugee populations?

- Coordinated effort at all levels especially through local stakeholders and UN agencies.
- Mapping and prioritization considering all the determinants associated with the POC.

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

- Prioritization of activities including geographical scope and timing.
- Focus supervision on areas in need of improvement.

Questions welcome!

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

Dr Mohammad Hamayoun
hamayounm@who.int

Poll

Source: WHO

In humanitarian settings, what strategies have you found to be the most successful for reaching "populations of concern" (e.g. IDPs, non-government controlled or insecure areas, etc.)?

- Working with partners e.g UNHCR
- Working with NGOs
- For conflict areas, the hit and run approach for the safety of the teams
- Working with humanitarian NGOs and negotiating with groups in control of those areas for access
- For Cambodia, one dose strategy for the bordering provinces at least districts with 3 countries due to high population movement
- Integrated Mobile Medical Camps with COVID-19 vaccination in marginalized population
- Consider the target in the NDVP with microplaning at subnational area
- Mobile and outreach
- Training individuals from among these population of concern for enhancing advocacy works well.
- Developed microplan and estimated TPs. J & J prioritize in HTR, IDPs etc
- Pop up vaccine site appear in the various districts
- Use of community volunteers in interpersonal communications
- Local vaccine distribution plans
- National policy and action plan
- Media; information session
- Mobile team
- Mobile Out reaches
- Outreach vaccination through mobile teams

Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

INTERACTIVE DISCUSSION

Moderators:

Dr Jussi Sane

Country Health Emergency Preparedness & IHR, WHO EURO

Dr Jenny Walldorf

New Vaccines, IVB, WHO HQ

English

Spanish

French

Russian

End-of-clinic Evaluation

A Certificate of Attendance will be issued upon completion of the evaluation.

Source: WHO

Suggested formats for sharing results for peer learning

- 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.

To continue the discussion on Telegram…

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.

Upcoming sessions

Mini-cPIE lessons learned highlights and regional perspectives

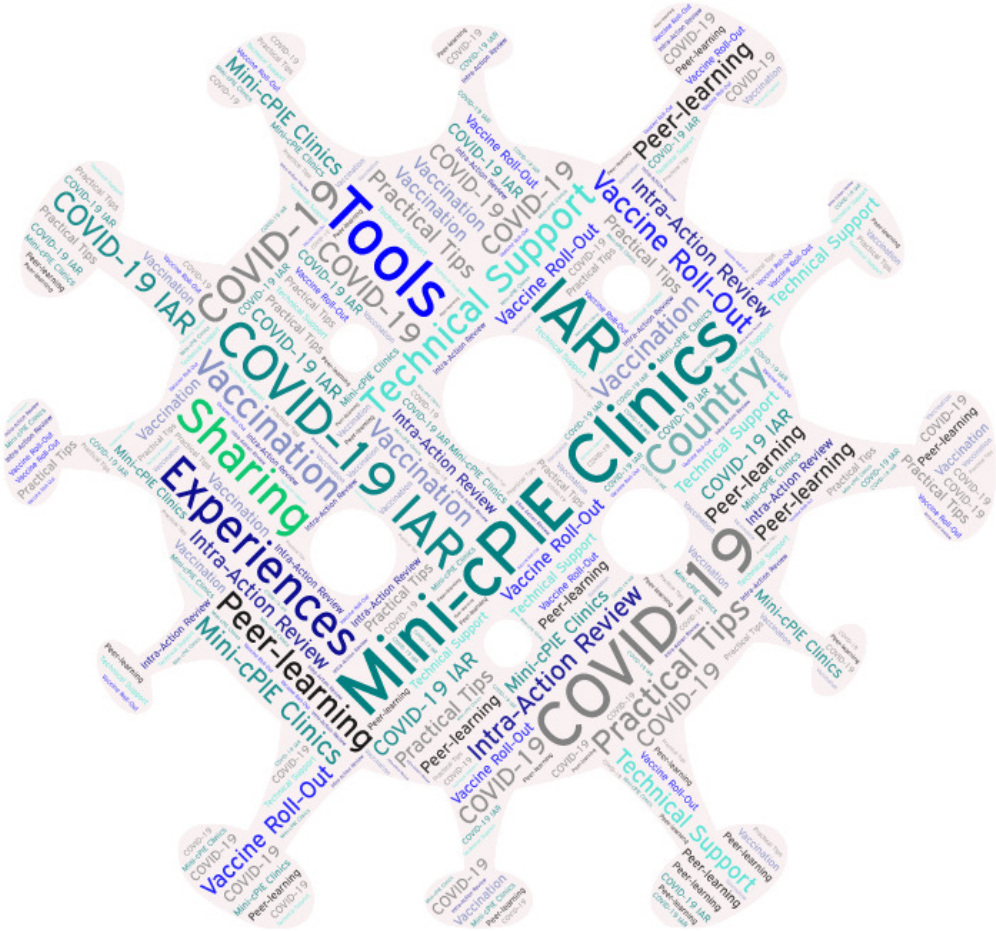
Date: 27 Oct 2021 12:00-13:30 CEST

To register, please go to:
https://echo.zoom.us/webinar/register/WN_-laAatzPS1SeSxvJmF-PNg

COVID-19 Vaccination IAR Mini-cPIE Clinic 4: Country Experience Sharing and Lessons Learned

Date: 23 Nov 2021 12:00-13:30 CET
Theme: **<To be announced>**

To register, please go to:
https://echo.zoom.us/meeting/register/tJwtd-CpqjgsEtXJtqnn4MEiZksooXRkDKxs



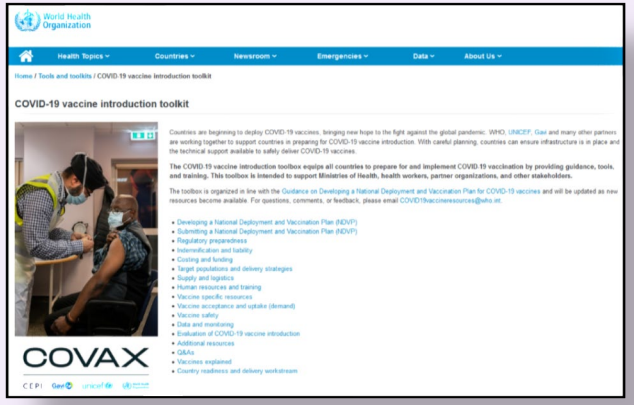
Available resources

IAR Guidance, Tools and OpenWHO online course

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

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

Mini-cPIE (COVID-19 vaccination IAR) specific resources



Mini-cPIE specific tools

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

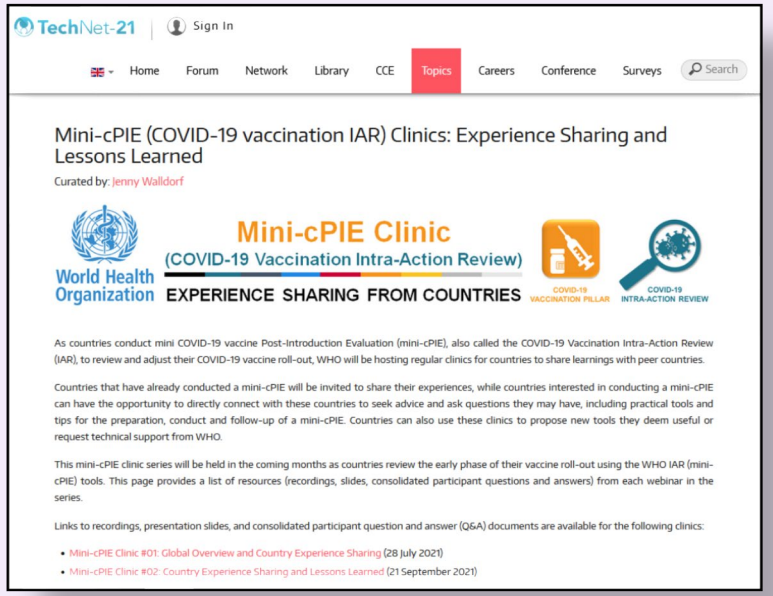
Training webinar

Mini-cPIE (COVID-19 vaccination IAR) – What is it and how to conduct one?

please go to **link** or download the pdf slides **here**.

Mini-cPIE clinic materials

For recordings, slides and Q&A: https://www.technet-21.org/en/topics/cpie.



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