

#### **'Learning Collective Initiative'** in Covid-19 Vaccine Delivery Partnership (CoVDP)

Tuesday, 21 June 2022







## Best Practices on COVID-19 Vaccination and Strategies with Integrated Immunization Services

#### A 'Learning Collective Initiative' established under the CoVDP to provide targeted support to 34 concerted support countries.

#### **Objectives:**

- To collect, consolidate and share lessons learned, best practices and challenges with COVID-19 vaccination to provide targeted support to 34 concerted support countries.
- To cultivate a community of learning for COVID-19 vaccine roll-out and directly connect countries with one another to maximize on peer-learning.

#### Audience:

- > Primarily directed at national authorities who (i.e., senior practitioners like state ministers, DGs, Coordinators of national COVID-19 Task Forces and program EPI managers, incident managers).
- > Secondary target audience includes partners in the One Country Team who can provide desired technical support.



Learning Collective in Covid-19 vaccine Delivery partnership (CoVDP)













#### A 6-session series in partnership with Project ECHO – Forthcoming Agenda

Dates/Time	Session Topic	Countries
<b>31</b> st <b>May 2022,</b> 1:30 – 3:00 PM CEST	Best practices and <b>strategies for identifying and vaccinating priority use groups</b> , e.g., older adults, health workers, adults with comorbidities etc.,	MoH Sierra Leone, MoH Burkina Faso,
June 21, 2022	Best Practices on COVID-19 Vaccination and Strategies with Integrated Immunization Services	MoH Iraq, MoH Ethiopia
July 19, 2022	Best practices on COVID -19 vaccination strategies on <b>Demand generation, RCCE</b>	TBD
August 16, 2022	Country to present best practices on costing and financing, 'One budget plan'	TBD
Sept. 20, 2022	Country to present best practices on humanitarian and fragile settings	TBD
Oct. 18, 2022	Country to present best practices on Integration, RI, campaigns, PHC, HSS	TBD

- Each 90-minute session will focus on a thematic area two case presentations from countries, may also include may include a brief didactic presentation;
- Details on the topic and the presenters will be sent 1 week prior to each session.
- We encourage you to register for the whole series,

We welcome participants to share country experiences in the learning collective fora

## Presentation outline

#### **Topic:** Best Practices on COVID-19 Vaccination and Strategies with Integrated Immunization Services

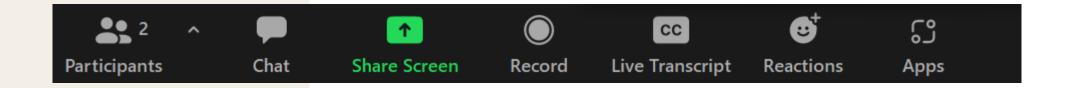
- Welcome and Objectives
- House keeping and Opening poll
- Best practices on COVID -19 vaccination and strategies with Intensification of Integrated Immunization Services (IIIS) – IRAQ -Dr. Firas J.H Al-Mossawi, MOH
- **♦** Q&A
- ❖ Best practices on COVID -19 vaccination and experiences in integrating COVID-19 vaccination with Measles – ETHIOPIA- Mr. Yohannes Lekew, MOH
- **❖** Q&A
- Wrap up and closing

## House keeping

#### Interpretation

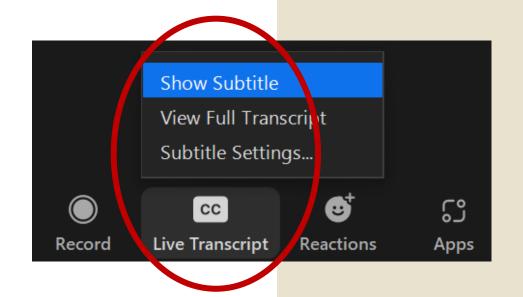
Interpretation in French is available by clicking the **Interpretation** button

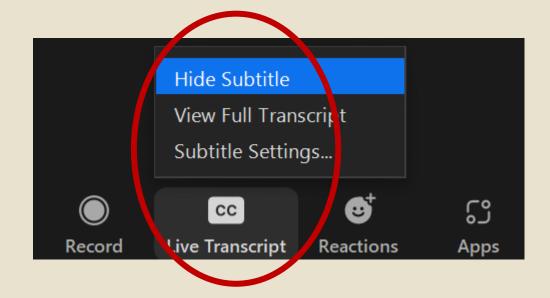
Click on "Interpretation" and choose the language that you would like to hear. To hear the interpreted language only, click "Mute Original Audio"



#### Live Transcription (ENG)

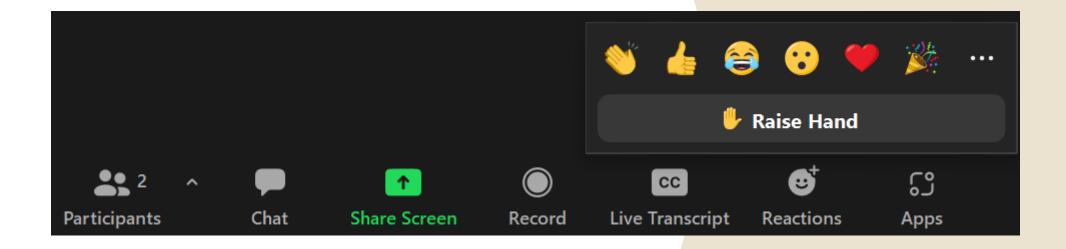
Click on "Live Transcript" and choose "Show Subtitle" and caption would appear on screen. To close the caption, click "Hide Subtitle"





#### 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

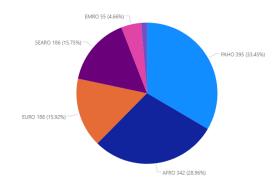
The Recordings, PowerPoint, and all resources will be shared after the call

A Certificate of Attendance will be available through the University of New Mexico via link in the Chat at the end of the session

#### Data Use

**Project ECHO®** collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your Personally Identifiable Data will be shared with the project funder. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.





## **Opening poll questions?**

#### Which organization do you represent?

- Government Ministry of Health
- Government Other
- WHO/UNICEF CO
- WHO/UNICEF RO or HQ
- GAVI
- Multilateral Donor
- Non-governmental organization
- Independent consultant
- Other

#### What region are you based in?

- Africa
- Asia/South East Asia
- Caribbean
- Central/South America
- Europe
- Middle East
- North America
- Oceania/Pacific

# Which thematic area/topics related to COVID-19 vaccination would you like to discuss in the next Learning Collective session?

- (select all that apply):
  - Regulatory preparedness
  - Planning, coordination and service delivery
  - Costing and funding
  - Supply chain and wastage management
  - Human resources and training
  - Demand generation and RCCE
  - Vaccine safety
  - Monitoring and evaluation
  - COVID-19 surveillance

# Best practices on COVID -19 vaccination and strategies with Intensification of Integrated Immunization Services (IIIS) – IRAQ - Dr. Firas J.H Al-Mossawi, MoH



#### **Overview**



- EPI in glance & Achievements
- COVID-19 Pandemic & Impact
- IIIS

Future Plan



## **Background Information**



#### **TTTTTTT**

**42,248,883 (2022)**Total Population



18 Provinces & 19 DoHs

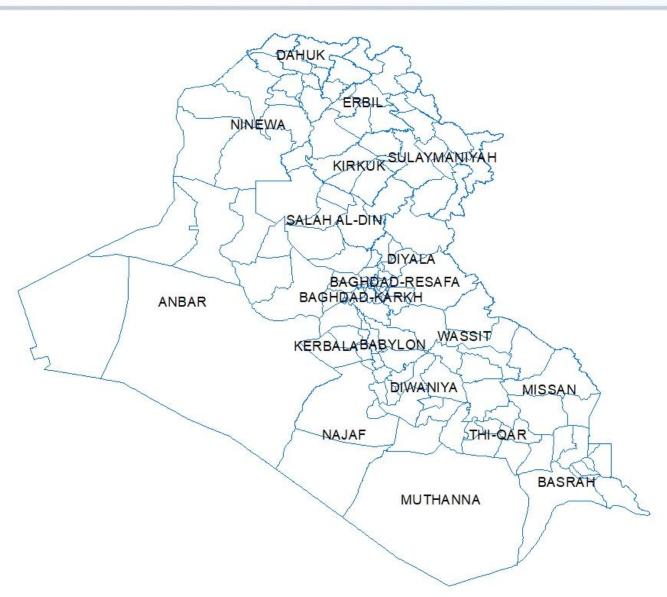


155

**Number of Districts** 



**Primary Health care facilities** 





1341
Main PHCCs

1445

**Sub-PHCCs** 



**PHCCs Provides vaccination services** 

1,848



6,198,884

**Annual U5 Target** 



**Annual Surviving Target** 



#### **EPI Milestones**



First Dose of MMR
15 months after birth

Second Dose MMR
School Age

IPV
Switch from tOPV
to bOPV



EPI Launch
BCG, DTP, OPV,
MCV & TT

Hepatitis B Vaccine
Children &
all target Groups

Hib & Rota Vaccine **PCV 13** 5/3/2017



### **Immunization Schedule 2022**



#### Ensure provide for < 2 years old children :</li>

- i. 1 dose of **BCG** vaccine
- ii. 2 doses of IPV, Rota vaccine
- iii. 3 doses of PCV13, MCV, Hib & Hep-B
- iv. 4 doses of DTP CV
- v. 5 doses of **bOPV**
- vi. Vit-A (100000 IU & 200000 IU)







## **EPI Program Achievements**



## **Major Events**



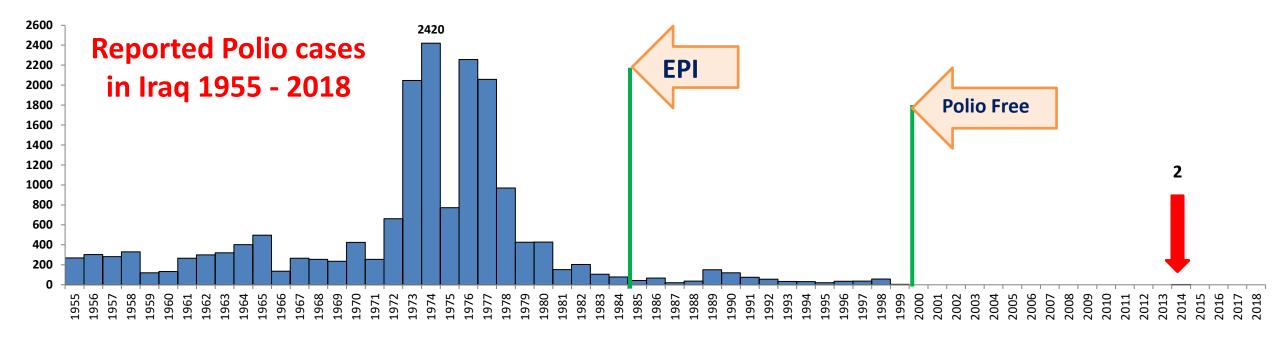
- 1980-1988 IRAN- IRAQ war.
- 1990 Kuwait invasion and start of sanctions (continued till2003).
- 1991 Gulf war starts ,army defected , infra- structure destroyed .
- 1996 Starting of the oil for food and medicine program by UN
- 2003 Invasion by foreign forces.
- 2005-2007 The civil war and violence.
- 2012 Security situation deteriorated (protests in minority areas)
- 2014 ISIS invasion, 30% of the land, IDPs & Refugees.
- 2016 Liberation of Anbar and Salah-aldeen.
- 2017 Liberation of Ninawa.
- 2019 Protest and Demonstrations
- 2020 C-19 Pandemic

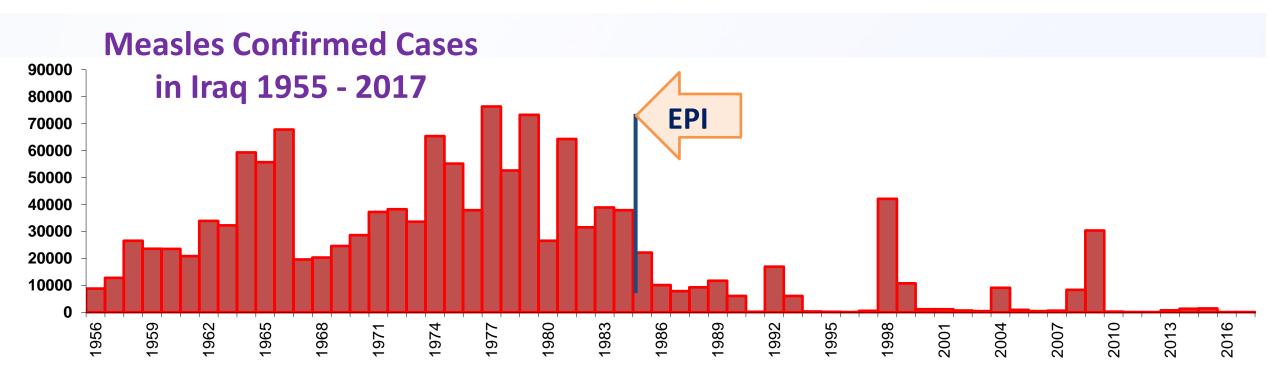


## Challenges



- Hesitancy in various aspects such as effectiveness and safety
- Hard-to-reach areas such as desert, marshes, and remote
- Community awareness and rumors
- Wastage concerns
- Financial issues
- Vulnerabilities





## 10 countries managed to increase coverage by 10 percentage points or more since 2015



In a five year timeframe, 10 countries improved coverage by 10 percentage points or more. Those include countries that recovered from crises, such as Ukraine, Syria, and Iraq, as well as countries that have gradually improved their programmes.





### 2019 Story to Strengthen Immunization Program

Switching to Pentavalent vaccine (saving >78 M\$),



- Bottleneck analysis,
- cMYP, Immunization Policy & Strategy, Vaccinator friendly guide,
- EVM 2.0, cIP,
- Reform NITAG to meet WHO standards,
- Capacity building



## Three Essential Objectives for the EPI program

- High Quality Vaccines.
- Quality Supply Chain.

**Quality Vaccination** 

## **Equitable Services**

- Bottleneck Exercise
- Reach the most deprived communities

- Enhance the Demands.
- Improved accessibility.

**Effective Coverage** 





## C-19 Pandemic

## C-19 cases distribution among EMR countries as of 16th June 2022

	COVID-19 Daily Update*  19 June 2022   23:59 GMT+2					
World Health Organization						
REGIONAL OFFICE FOR THE Eastern Mediterranean	Epi-curve	New cases**	Total cases	New deaths**	Total deaths	Population fully vaccinated***
Afghanistan		92	181,666	0	7,713	13%
Bahrain		1,907	605,755	0	1,491	70%
Djibouti			15,690		189	15%
Egypt		39	514,047	2	24,722	35%
Iran (Islamic Republic of)		160	7,234,757	0	141,363	68%
Iraq	~~~	305	2,332,177	0	25,228	18%
Jordan		643	1,698,316	0	14,068	
Kuwait			638,708		2,555	77%
Lebanon			1,101,109		10,445	35%
Libya		34	502,110	0	6,430	17%
Morocco		1,258	1,185,990	1	16,087	63%
occupied Palestinian territory****		403	658,503	0	5,660	34%
Oman			390,244		4,628	58%
Pakistan	~~~~	152	1,531,982	0	30,383	54%
Qatar		558	375,481	0	678	90%
Saudi Arabia		930	784,837	3	9,188	71%
Somalia	- NAMA		26,675		1,361	10%
Sudan			62,521		4,950	10%
Syrian Arab Republic	~~~~	1	55,915	0	3,150	10%
Tunisia			1,044,426		28,655	53%

\*As per information shared by ministries of health since January 2020 and according to the published date

\*\*New figures do not necessarily reflect cases from the last 24 hours as some countries add retrospective data

\*\*\*Denominator used to calculate coverage is UN Population Division estimate of national population. Data is based on information received from WHO country offices or national sources and may factor reporting delays

1,489

7,971

927,387

21,880,119

11,823

2,309

2,149

7 343,402

98%

43%

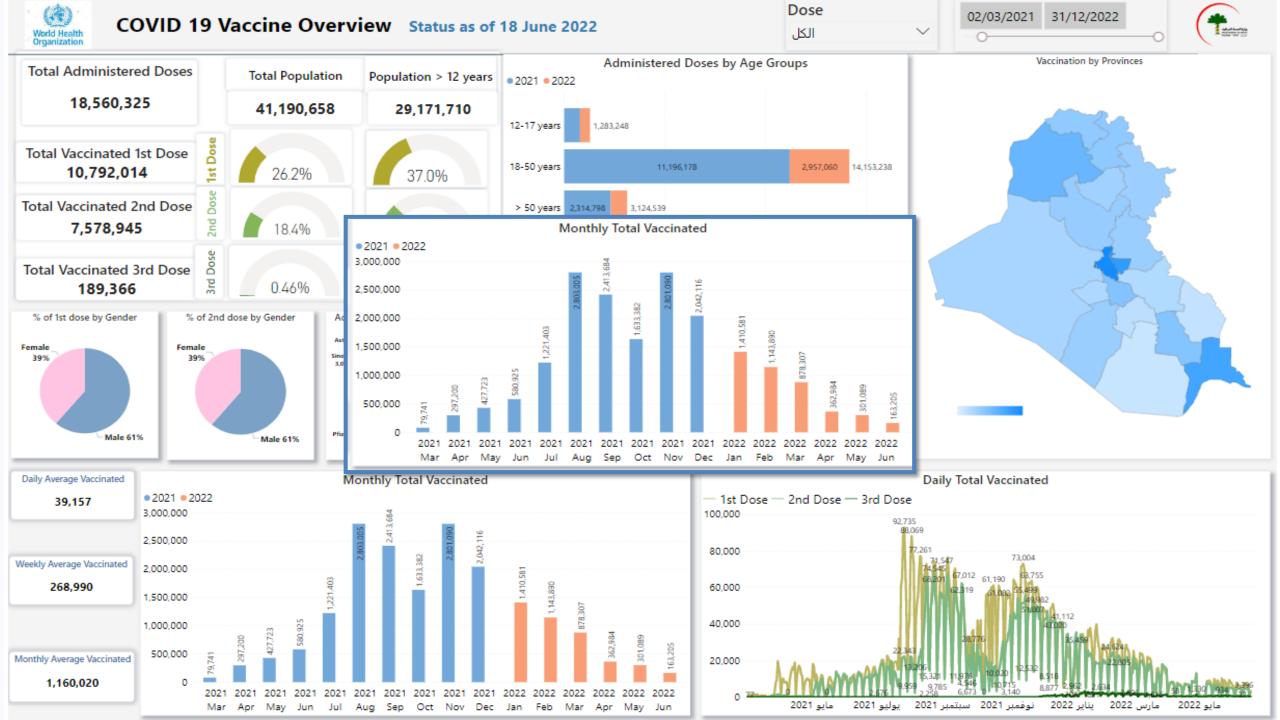
1%

\*\*\*\*Including East Jerusalem

**United Arab Emirates** 

Total

Yemen



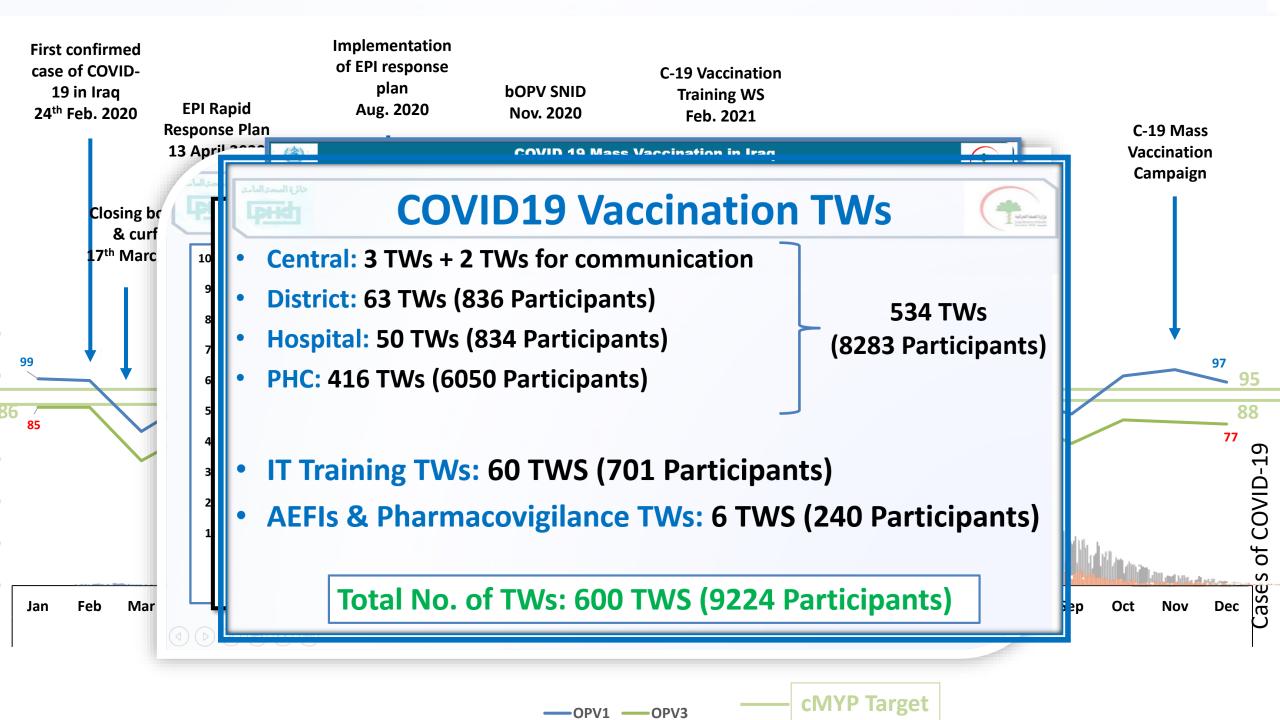
## **COVID-19 Impact on Immunization Program**

- Mobilizing the staff and funds from Immunization program toward COVID-19 response,
- Curfew/Access of the families,
- Coverage Dropdown might reach to 20-30%, i.e: 300,000
  - children from each cohort (0,2,4,6,9,12, 18 ms),
- The risk of VPDs resurgence.





# Fluctuation of Vaccination CR during C-19 Pandemic and Response



#### RCCE in Iraq in collaboration with WHO & UNICEF

Reach: Estimated 25 million people covered on key life saving behavioural messages including RCCE through traditional and nontraditional channels.

Capacity building: Over 14,000 frontline workers trained on RCCE/COVID\_19 principles.

15 radio/media channels engaged – estimated reach 5 million (last quarter), engaging young people. Estimated 500 rumors tracked and implemented upon.

Evidence base and data generation: Community needs assessment, Focus group discussions, rapid need assessments, data generated through social listening tools – talk walker, IOGT.



## Measures Continually Taken



The MOH, along with partners, has been continuously advocating at national and SN levels for strengthening the immunization program during COVID-19 through:

- I. Intensifying immunization services;
- II. Allocating adequate budget for the immunization program, including the catchup activities during the prolonged pandemic situation;
- III. Ensuring sufficient human resources;
- IV. Equipping health workers with adequate PPEs as per MOH protocols; and
- V. Undertaking innovative and contextual social mobilization approaches for regaining communities' trust in the health system

#### Multi-partner operational support for COVID-19 NVDP

Devt of NDVP and RCCE approaches. VIRAT/VRAF tools. NCC. NITAG

Training of staff on IPC, SBC, RCCE, new vaccines, changes in age range etc.

Procurement and supply support incl. COVAX

Population e-registration by vaccine type, mobile phone reminders etc.

Data management, surv. and reporting (training, internet services, laptops)

Vaccination support to IDPrefugee camps & host communities (240 mobile teams)

Mass vaccination centers at 106 sites (WHO).

3iS campaign (1320 sites) (UNICEF).

Supervision and monitoring rollout (MOH-WHO and UNICEF designed checklist). AESI/AEFI surv. (WHO)

Ramadan Campaign:

- 1. Social media Campaign.
  - 2. Billboards etc.



# Reversing Threats to Opportunities

COVID-19 resources as a vehicle to improve RI,







# Intensification of Integrated

Immunization Services (IIIS)

Activity, Iraq, 2022



# The Objectives of IIIS Activity



- 1. Accelerate control of C-19 and reduce the probabilities of VPDs resurgences.
- 2. Improving the Covid-19 vaccine uptake.
- 3. Bridging the Vaccination CR gaps & reaching the zero-dose children.
- 4. Availing community awareness about the risks of Covid-19 disease & routine vaccinations, although responding to citizens' inquiries.
- 5. Strengthen the bilateral ties between HS and the communities.

epi-dept@phd.iq



## The Vaccination Teams



- Determining the number of vaccination teams proportional to the high-risk areas.
- The number of outreach sessions is proportional to the target population and to the micro-plan.

#### **Each team consists of 6 members as follow:**

- Two vaccinators (one for C-19 vaccines, and one for RI).
- Two (administrative) clerks (one for C-19 vaccines, and one for RI).
- One health promoter.
- One electronic data entry clerk (IT).

epi-dept@phd.iq

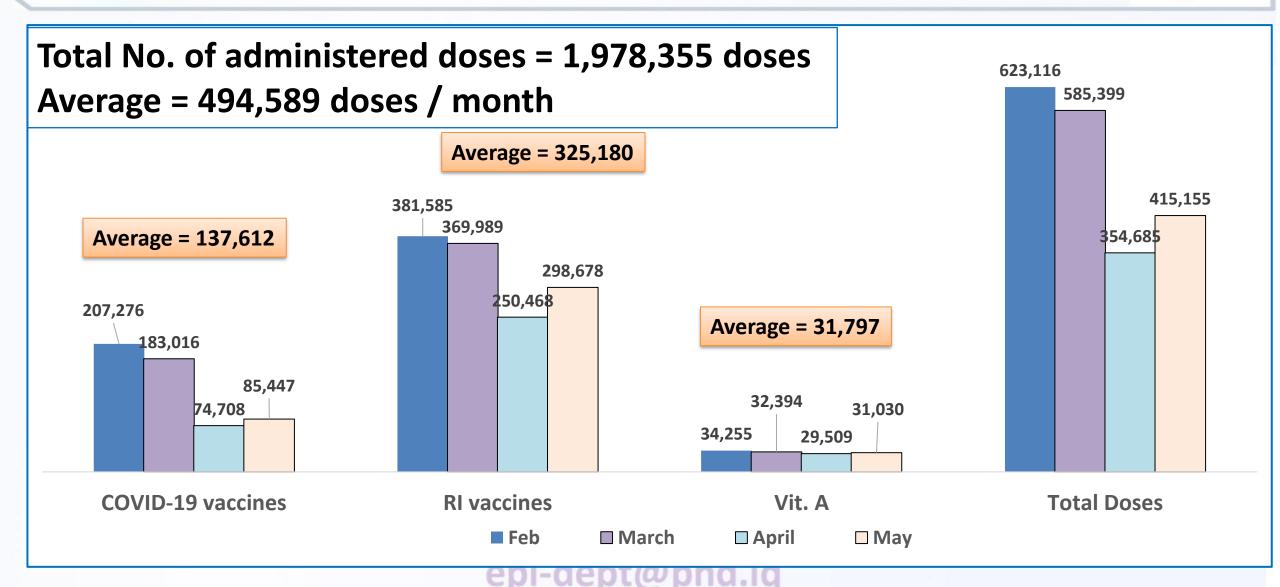


# Monitoring & Supervision



- Monthly report (Excel Form):
- ❖ Total administered RI doses
- ❖ Total administered C-19 vaccines doses
- Total number of the implemented sessions
- At the DOH Level:
- ❖ A team of three supervisors for each directorate.
- ❖ 12 visits per month.
- **\*** Three administrative personnel.
- At the District Level:
- ❖ A team of three supervisors for each sector (one of them is the district manager).
- ❖ 8 visits per month.

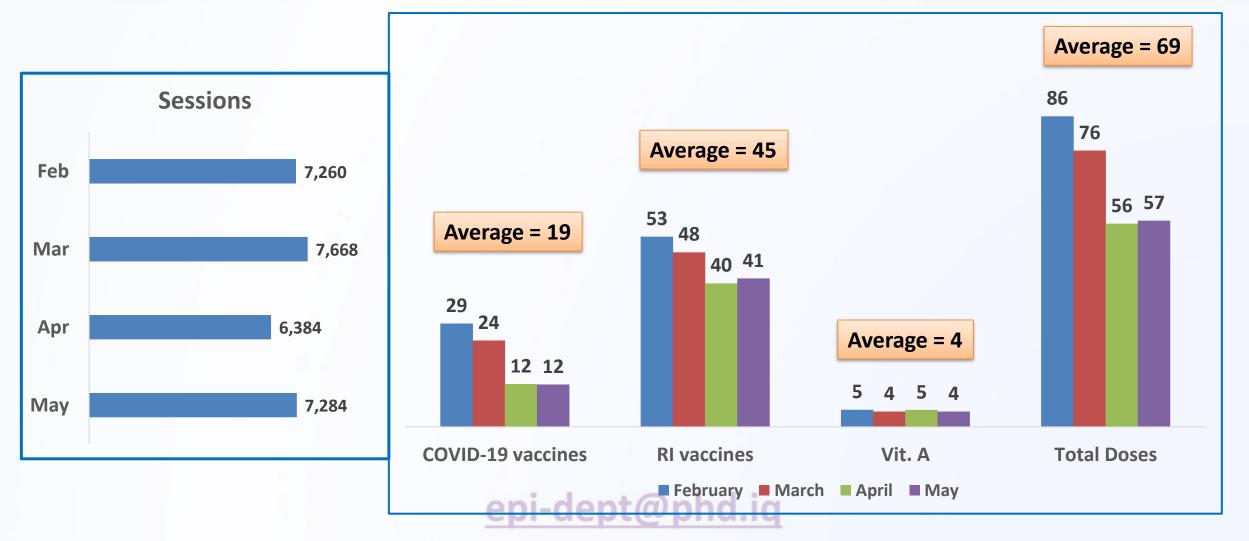
## Total No. of the administered doses by IIIS activity



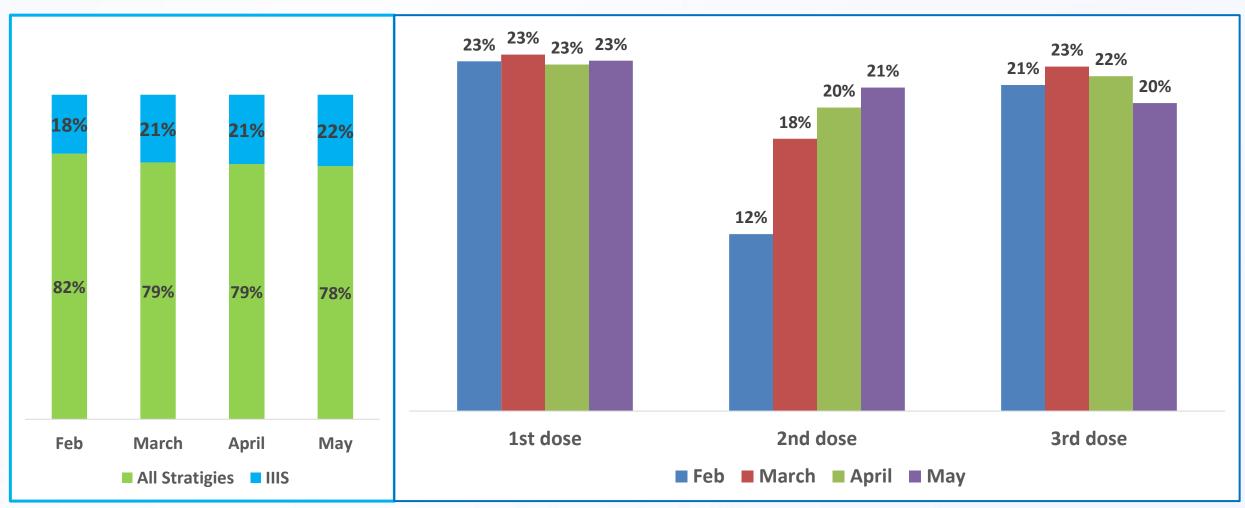
## Average Administered Doses / Session



Total No. of sessions (4 months)= 28,530 (average = 7,133 sessions / month)

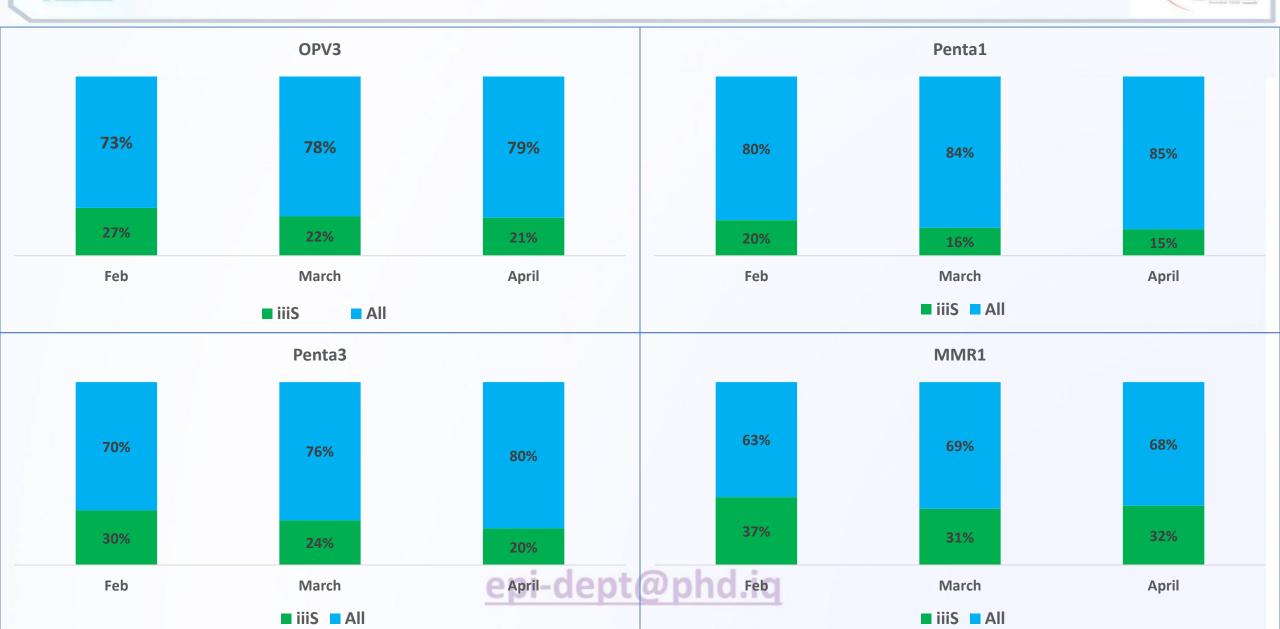


# % of C-19 Vaccines administered doses through IIIS from total administered doses through all strategies



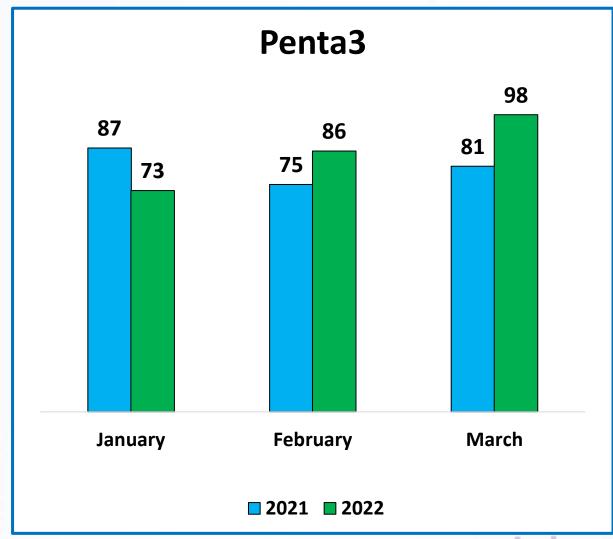
epi-dept@phd.iq

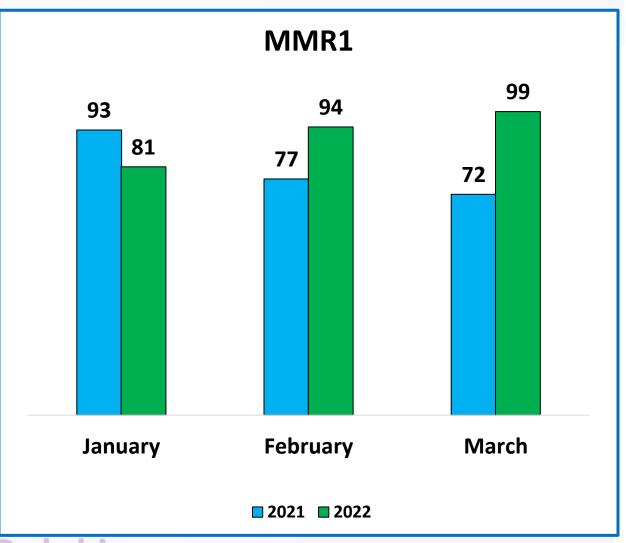
## Impact of IIIS Activity on the Number of vaccinated children



#### دائرة الصحة العامة

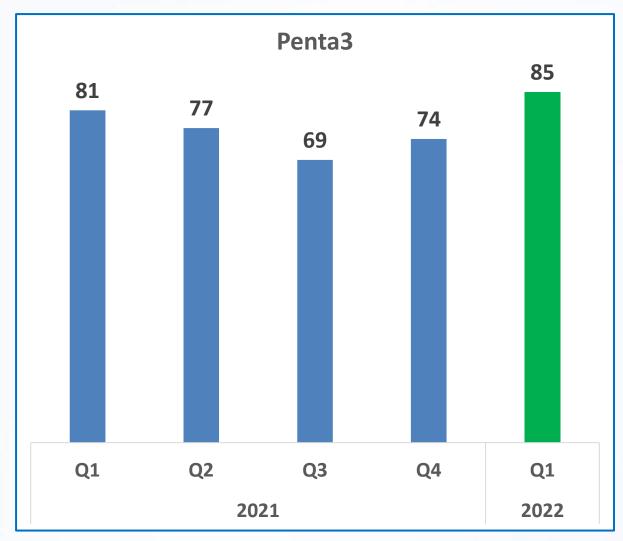
#### Comparison of the 1st Q. 2021-2022 Monthly CR of Penta3 & MMR1

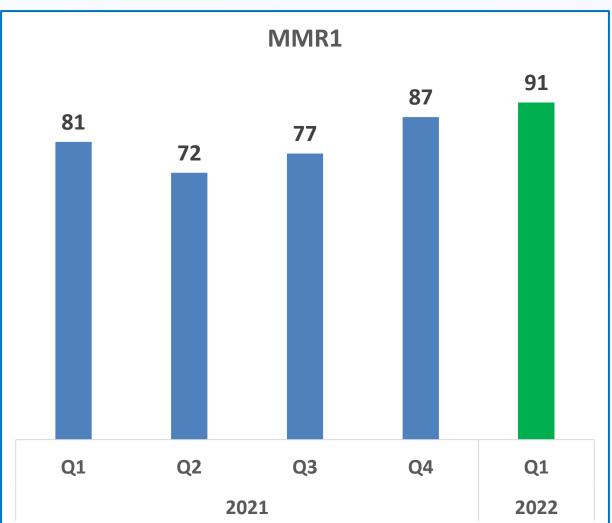




#### حائرة الصحت العامت

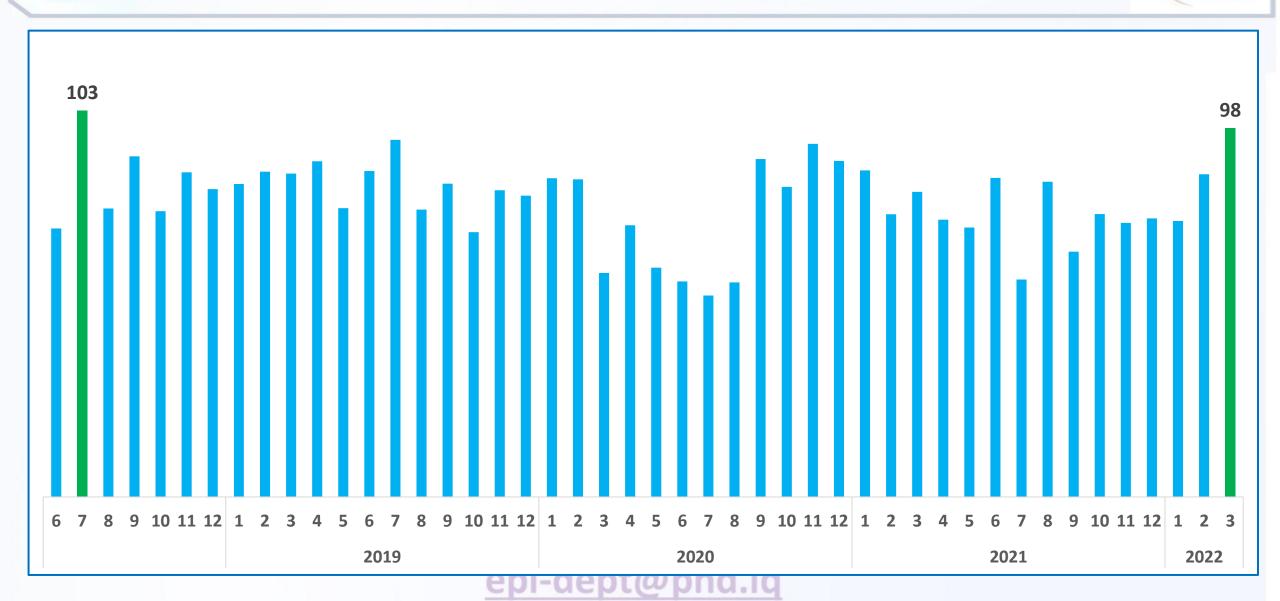
### Coverage rates of Penta3 & MMR1 from Q1-2021 to Q1 2022





epi-dept@phd.iq

### Coverage rates of Penta3 from June 2018 to March 2022







# **Future Plans of EPI in Iraq**

epi-dept@phd.iq

### **Looking forward – Iraq's vision for Immunization**



Immunization as an entry to health systems strengthening

- Emphasis on accountability at all levels of the Government Structures
- Advocate for improvement of the program budget allocation
- cMYP implementation monitoring
- The evidence-based planning process at the national and SN levels
- Digitalized information system including coverage and supply chain
- Streamlined vaccines procurement services

### **Looking forward – Iraq's vision for Immunization**



Immunization as an entry to health systems strengthening

- Tracking of unvaccinated children Every Child Counts
- Communication Plan to Improve RI Coverage
- Control of Outbreaks
- Routinize COVID-19 vaccination into the RI system
- PIRIs
- Invest in integration with other health programs and activities.



# Best practices on COVID -19 vaccination and experiences in integrating COVID-19 vaccination with Measles – ETHIOPIA

- Mr. Yohannes Lekew, MOH

# Closing poll/ Wrap up and closing

#### After the two country presentations:

1) Has the COVID-19 vaccination been integrated with primary health care or with immunization services in yourCOVID-19 focus country(ies)?

**□**Yes

□Not sure

2) Has the country experiences shared today on integrating COVID-19 vaccination with immunization service delivery been resourceful to your country context?

- ☐ Definitely not
- ☐Probably not
- □ Possibly
- ☐Probably yes
- ☐ Definitely yes
- □Not applicable

#### What's Next?

- Recordings from this session will be available in English, French
- Next session:

Date	Topic	Registration Link
Tuesday	TBD: Best practices on COVID -19 vaccination and	
19 July 2022,	Effective Strategies on Demand Promotion and	Register here
1.30 PM CEST	Risk Communication and Community Engagement	

- A Certificate of Attendance will be available through the University of New Mexico via link in the Chat at the end of the session (5-minute survey).
  - At the end of this survey, you will be able to print a certificate of attendance or just submit your feedback.
  - We really value your feedback so we can improve these learning sessions, so please take advantage of the Attendance Certificate.
  - English: <a href="https://redcap.link/Learning">https://redcap.link/Learning</a> Collective Initiative

#### Webinar materials and Continuing the Conversation



Find all the webinar materials (recordings, slides...)



On TechNet-21: <a href="https://www.technet-21.org/en/topics/covid-vax-learning-collective">https://www.technet-21.org/en/topics/covid-vax-learning-collective</a>

Webinar materials will be available on this page after each session.



# Ask your questions and share your experiences



On Telegram in EN : <a href="https://t.me/+gKtKi-Lvo1VmMTI0">https://t.me/+gKtKi-Lvo1VmMTI0</a>

Please scan this QR to join the Telegram "CoVPD Learning Collective Initiative".

#### This is a messaging platform for you to:

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



### **THANK YOU**

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

- > Diana Chang Blanc changblancd@who.int
- > Santosh Gurung gurungs@who.int
- > Alexandre Pascutto <u>pascuttoa@who.int</u>



