



## REPORT

# COVID-19 VACCINATION INTRA-ACTION REIVEW (IAR)

**BHUTAN**  
**4-5 MAY 2021**



## 1. EXECUTIVE SUMMARY

The COVID-19 pandemic has caused and is continuing to cause tremendous impact on the health and economy of millions around the globe. No country has been spared and the dramatic loss of human life is turning back the gains we have made in the global health over many years. Health systems are under enormous pressure to cope up with the pandemic as the cases and deaths continue to soar.

These challenging times have pushed the world to respond with resilience and innovations. Vaccines for COVID-19 have been developed and approved for emergency use in record time. Vaccinating people with safe and effective vaccine is seen as one of the key interventions to slow the pandemic and ultimately for ending the COVID-19 pandemic.

Bhutan given its small size of the population have managed to secure adequate doses for its entire eligible population and have managed to vaccinate over 90% of its eligible population with a nationwide campaign over a period of two weeks. Despite this success it was felt that the country needed to do an inter-action review or a mini-post introduction evaluation with the objectives to document the good practices and identify challenges that were faced during the vaccination roll out. Such a review is even more important with the COVID-19 vaccination given that Bhutan will still need to prepare and administer the second dose of the Covishield vaccine and as well as other COVID-19 vaccines that the country might secure.

WHO supported the Ministry of Health in conducting the COVID-19 vaccination IAR or the Mini-cPIE on 5-6 May 2021 focussing on the five key areas i.e Planning, Coordination and Funding, Supply Chain and Waste Management, Risk Communication, Vaccine Safety and Training and Monitoring and Evaluation.

The review findings note that the exemplary leadership from the highest level to the show of solidarity by various sectors both at the central and the district level have contributed to the success of the COVID-19 vaccination campaign. The early preparation by the Vaccine Preventable Disease Program guided by the National Immunization Technical Advisory Group and the hands-on guidance received from the Hon'ble Health Minister were also noted to have played a crucial role in the success of the campaign. In addition, the timely dissemination of key information on COVID-19 vaccine to the public and actively engaging the media were plus points that have contributed to reducing vaccine hesitancy. One of key interventions that have facilitated the smooth roll out of the vaccination was the utilization of the digital solution i.e the Bhutan Vaccine System (BVS) for registration of eligible population, pre-screening questionnaires, record immunization and report AEFI online in real-time.

Despite the success, the complexity of conducting a nationwide vaccination program within a span of two weeks was a challenging task with many technical and clinical issues and as well as management and logistics issues that emerged during the vaccination campaign. The review analysed these challenges and made

recommendations to improve the vaccination program going forward. There is need to secure budget and provide clear guidance on financing the campaign to the district's authorities. Clear directives on the eligibility criteria needs to be disseminated well in advance and any last-minute changes should be avoided as far as possible to prevent confusion among public and as well as those providing vaccination. The Bhutan Vaccine System should be enhanced or adapted to incorporate the lessons learned from the first campaign and training conducted in advance to leverage and make full use of the system including the inventory module that couldn't be fully utilized during the first campaign. In order to strengthen distribution of the vaccines, adequate time to be allocated for the distribution of the vaccines to all the vaccination sites and adequate human resources to be deployed to ensure seamless distribution.

The participants have made recommendations against each of the five key areas identified for the purpose of the review and timely implementation of these recommendations should allow for an even better and smooth roll out of the campaign for the second dose of COVID-19 vaccination.

## **2. CONTEXT OF THE COVID-19 RESPONSE AND OBJECTIVES OF THE IAR**

### ***2.1 Context of the COVID-19 situation and response***

Bhutan's response to the COVID-19 pandemic till date has been a very effective one and accordingly has received attention across the globe when many countries who are far more advanced and wealthier have and continue to face the devastating consequences of the uncontrolled COVID-19 pandemic.

With exemplary manifestation of leadership from His Majesty the Fifth King of Bhutan, who has proven to be the pillar and force behind the demonstration of solidarity by all section of the society in responding to the COVID-19 pandemic. His Majesty has and continues to spend a lot of time touring the country especially in southern region which have been demarcated as high risk of COVID-19 given the long and porous border with India.

With swift and proactive response right from the very beginning of the pandemic, Bhutan has been able to stay a step ahead of the pandemic. Bhutan has put in place strong surveillance with the implementation of the core public health measures to detect, test, trace, isolate and treat cases. With prompt and early action Bhutan's has been able to avoid any major health impacts due to COVID-19. Bhutan's experienced two outbreaks in the community one in August of 2020 and the second one in December 2020. Both outbreaks were addressed swiftly and brought under control. As of 4 May 2021, Bhutan has reported cumulative of 1135 cases, 1 COVID-19 death and only 135 active cases.

## COVID-19 Vaccination

Bhutan continues to demonstrate its effective response with its recently completed COVID-19 vaccination campaign. Bhutan has carried out one of the fastest COVID-19 vaccination campaigns in the world with over 90% of the eligible population vaccinated within two weeks.

The country started planning for the COVID-19 vaccination at the end of 2020. Bhutan planned to inoculate all the eligible persons irrespective of nationality within a period of one week.

Bhutan received its first consignment of 150,000 doses of COVISHIELD™ vaccine towards the end of January 2021, and its second shipment of 400,000 doses on 22 March 2021. Both donations were from India.

To support the vaccine's rollout, the Bhutan Vaccine System -an electronic registration system to register all the eligible population in advance was developed. Data from the system was used for planning vaccine deployment and for identifying vaccination posts across the country. Trainings for all vaccinators, support staff and other volunteers was conducted with the support of WHO Country Office.

Within two days of the arrival of the second shipment, the vaccine was transported to all twenty districts of the country. Helicopters were used to ship the vaccines to remote locations such as those with no road access. This ensured equal supply and access to vaccines for all. In total, vaccines were distributed at 1,217 vaccination posts across the country. As of 4 May, Bhutan vaccinated 480,818 individuals.

### **2.2. Objectives: overall objective and specific objectives**

The overall objective of the IAR was to review the implementation of the first campaign of COVID-19 vaccination program to identify vaccine delivery challenges needing corrective action and best practices for continual improvement and collective learning.

The specific objectives were to

- Documenting lessons learned
- Identifying gaps and determine way forward to improve the roll out of the second dose of the COVID-19 vaccines.
- Propose clear follow up actions and recommendations

The review will be focused on the following areas

1. Planning, Coordination and Funding
2. Supply Chain and Waste Management
3. Risk Communication
4. Vaccine Safety and Training
5. Monitoring and Evaluation

### 3. METHODOLOGY OF THE IAR

<b>Date(s) of the IAR activity</b>	04 – 05 May 2021
<b>Location(s)</b>	Country: Bhutan District: Paro
<b>Set-up</b>	<input type="checkbox"/> Online <input checked="" type="checkbox"/> Onsite <input type="checkbox"/> Mixed (online and onsite)
<b>Participating institutions and entities</b>	Executives from MoH involved in vaccination campaign from various Departments, Members of the NITAG, Members of the TAG for COVID-19, Data Managers, District Health Officers, UNICEF, UNDP and WHO
<b>Response pillar(s) reviewed</b>	<input checked="" type="checkbox"/> COVID-19 vaccination

The WHO COVID-19 vaccination IAR guidance and tools were used as the main reference for the methodology used for the review.

- After the formal opening of the IAR with remarks from the Hon'ble Secretary, Ministry of Health and the WHO representative, the Vaccine Preventable Disease Program, Department of Public Health presented the overview of the COVID-19 vaccination campaign. The presentation covered the initial planning process through to the implementation timeline and the results of the vaccination campaign.
- We then had presentation from three districts representing the three regions that is the eastern, central and western region. The presentation was developed after seeking inputs from all the districts in their respective region. In addition, Thimphu Thromde, the capital city which had the highest number of populations in the country also presented their experience. The presenters shared their experiences in implementing the vaccination campaign. These experiences from the field were very valuable in providing us a more detailed insight into the planning process, the challenges and the lessons learned in rolling out the vaccination campaign and was found to be very useful for discussion and in informing the group work that was carried during the later part of the review workshop.
- National supervisors were deputed from the central level to the districts to monitor and facilitate the vaccination campaign. The experience sharing from the perspective of the national supervisors was presented by one of the National supervisors.

- The experiences sharing by various stakeholders provided an understanding of the complexities, challenges and the good practices that various levels and stakeholders faced in implementing the vaccination campaign.
- Following the experience sharing, the participants were divided into the five key areas that were identified as focus of the review i.e Planning, Coordination and Funding, Supply Chain and Waste Management, Risk Communication, Vaccine Safety and Training and Monitoring and Evaluation. The group work was guided by three key questions i.e what worked well? What worked less well? And Why? during the planning and implementation of the COVID-19 vaccination campaign. The individual's groups then presented the output of their group work for further deliberation and discussion.
- Informed by the first group work, the next session looked at how to improve the COVID-19 vaccination campaign within each of the groups and identified key intervention/recommendation. Each group presented their proposed recommendation for further feedback and discussion by all participants.
- The final session was on finalizing the recommendations and prioritizing them into what can be implemented immediately or in the short term and the others into long term recommendations.

## 4. FINDINGS and RECOMMENDATIONS

### Intra-Action Review (IAR) Recommendations

1. Planning, Coordination & Funding	
Observations	
Good practices	<ul style="list-style-type: none"> <li>- Leadership from the highest level played vital role in preparation and roll-out of vaccination campaign</li> <li>- Dynamic vaccination plan with different scenarios and conducting mock drill prevented or minized unforeseen challenges and allowed for smooth roll out of the vaccination campaign</li> <li>- One-week nationwide campaign approach for all eligible population residing in Bhutan</li> <li>- Strong support and collaboration at the District level with detailed microplanning</li> <li>- Vaccination program was coordinated and implemented as a National event with leadership from highest level right from Prime Minister's office and the religious community</li> <li>- Daily debriefing and assessment meeting at the end of the day with the field supervisors, district authorities and NITAG chaired by Hon'ble Minister of Health was able to facilitate and address challenges promptly.</li> <li>- Strong foundation of immunization program in Bhutan with many new vaccines introductions and campaigns conducted in the past</li> </ul>

	<ul style="list-style-type: none"> <li>- Multi-sectoral consultation and coordination was key for successful vaccination campaign</li> <li>- Use of Bhutan Vaccine System (BVS) -web-based real-time data and AFEI reporting system was the game changer in tracking real time data and AEFI cases, follow up and management including referrals</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- No clear allocation and directives in regard to budget for vaccination campaign</li> <li>- Uncertainties and lack of information regarding vaccine supply in advance led to last minute and ad-hoc implementation which led to escalated expenditure for the campaign</li> <li>- Lack of clear ToRs/SOPs for the many sectors/agencies involved in rolling out the campaign.</li> <li>- Mop up of remaining people especially with those with mobility issues have been expensive and resource intense and also hampers delivery of routine services</li> <li>- Frequent changes in the directives and from different sources (PMO, MoH, Districts) on COVID-19 vaccination has confused people at the grass root level and as well as the vaccinators in the field</li> </ul>
<b>Recommendations</b>	
<ul style="list-style-type: none"> <li>- <b>For immediate implementation:</b> <ul style="list-style-type: none"> <li>- The same vaccination campaign strategy and period to be followed for the second dose vaccination campaign with an interval of 8 to 12 weeks apart</li> <li>- Secure and allocate adequate budget for the vaccination campaign as per the district and Thromde micro plans</li> <li>- Develop clear responsibilities/ ToRs for stakeholders involved in roll out of vaccination campaign for smooth implementation of 2<sup>nd</sup> dose campaign</li> <li>- Review and revise district vaccination plans by the VPDP and district coordinators to incorporate new changes</li> <li>- Rationalized the number of vaccination post and number of Desuups in each vaccination centers in Thimphu Thromde</li> <li>- Provide clear guidance on what is permitted in terms of expenditure and who will bear the expenses for e.g. list expenditures that should be supported by the Dzongkhags vs what will be supported by the Ministry of Health , Ministry of Finance.</li> </ul> </li> <li>- <b>For mid to long-term implementation:</b> <ul style="list-style-type: none"> <li>- Explore the potential of integrating routine vaccines into the Bhutan Vaccine System (BVS) in a phased manner</li> <li>- Deployment of DHO for Zhemgang and Dagana Dzongkhags</li> </ul> </li> </ul>	

2. Supply Chain & Waste Management	
Observations	
Good practices	<ul style="list-style-type: none"> <li>- Real time information gathering and analysis through BVS</li> <li>- Adequate cold chain equipment and refrigerated vans</li> <li>- A good regulatory environment (DRA)- Prompt Emergency Use authorization, Batch/lot. Release certificate, monitoring)</li> <li>- Regular monitoring of vaccines &amp; cold chain temperature by DRA</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Inadequate time for vaccine distribution (Cost of distribution increased)</li> <li>- Inadequate human resources for cold chain and vaccine management</li> <li>- Non PQS refrigerators, outdated cold boxes/ Equipment in some health centers</li> <li>- Inadequate segregation of immunization waste at the vaccination centers</li> </ul>
Recommendation	
<p><b>a. For immediate implementation:</b></p> <p>1. Develop concrete vaccine distribution plan in-consultation with the stakeholders (like IT, DHOs, DoMSHI) to ensure adequate lead time for distribution at the district level</p> <p><b>b. For mid to long-term implementation:</b></p> <ol style="list-style-type: none"> <li>1. Dedicated HR for Management of Vaccines and Cold Chain Equipment (CCE) at the respective regional EPI centers</li> <li>2. Digitization of Cold chain equipment (CCE), Vaccines and human resources</li> <li>3. Institutionalization for sustainable capacity building on Cold chain technician and handlers</li> <li>4. Replacement plan for all non PQS refrigerators with PQS refrigerators for storage of vaccines</li> <li>5. Delink or separate central EPI Cold store located at DoMSHI, Thimphu</li> <li>6. Institutionalization of medical waste segregation and disposal</li> <li>7. Procurement of additional incinerator units</li> </ol>	

3.Vaccine Safety & Training	
Observations	
Best practices	<ul style="list-style-type: none"> <li>- Establishment of Regional Immunization Technical Advisory Group was a new initiative that helped in monitoring and responding to AEFIs swiftly, workload sharing and expert's decision making on AEFI cases</li> <li>- Deployment of clinicians in vaccination posts have made difference in AEFI case management,</li> <li>- Good coverage of prior training of all vaccinators and AEFI committees</li> <li>- Supervision of the vaccination sites by regulatory office and as well by</li> </ul>

	<p>national supervisors</p> <ul style="list-style-type: none"> <li>- Stationing of NITAG at the health help center to monitor, investigate and provide technical support real time for managing AEFIs and as well as monitoring the nation-wide campaign and provided support for trouble shooting</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Given the huge number of vaccination sites, AEFI kits were not completely available at some of the vaccination sites</li> <li>- Training contents didn't cover the last-minute changes in terms of eligibility criteria and the SOPs/process for recording and reporting the vaccination process which led to confusion during the first few days</li> <li>- Need for further clarity of AEFIs definition for example a significant portion of the AEFIs were reported as others</li> <li>- Cold Chain breakage/temperature excursions and lack of systematic monitoring of vaccine temperatures</li> </ul>

## Recommendations

### a. For immediate implementation:

1. Institutionalize the Regional Immunization Technical Advisory group for the second dose campaign and as well for future vaccination programs
2. Plan the deployment of medical professionals including residents' doctors to monitor and manage any AEFIs during the campaign and train them in advance before deployment
3. Review and revise the guidelines including AEFI kits and update in the Bhutan Vaccine System (BVS)
4. Revisit COVID-19 vaccination guidelines to incorporate lessons learned including AEFI management taking into consideration the emerging evidence and conduct refresher training for vaccinators.
5. Develop training materials that demonstrate the actual process of vaccinating including using the actual syringes that will be distributed for the campaign
6. Update product information/Emergency Use Authorization by DRA to incorporate developing evidence for eg. AEFIs related to blood clotting
7. DRA and NITAG to review emerging evidence on vaccinating pregnant and breastfeeding mothers and recommend way forward.
8. Planning, coordination and mobilization of logistics/kits by the respective in-charges to ensure AEFI kits are made available at each vaccination post
9. Provision of adequate temperature monitoring devices and re-enforce strict adherence to cold chain monitoring and reporting
10. Continue supportive supervision and monitoring for the 2<sup>nd</sup> dose campaign. A copy of the supervisory checklist to be maintained at the vaccination check post to facilitate investigation in case of AEFIs

### b. For mid to long-term implementation:

1. Recommendation to consider purchase of adrenalin in three or four lots instead of the current practice of two lots to prevent wastage

#### 4. Media and Risk Communication

##### Observations

Good practices	<ul style="list-style-type: none"> <li>- Awareness on benefits of vaccination and addressing public concerns by the Prime Minister through social media well before the vaccination campaign resulted in trust and reduction in vaccine hesitancy</li> <li>- Frequent press brief by the Ministry of Health and conduct of panel discussion on National TV during vaccination campaign</li> <li>- Transparent sharing of vaccination status through publishing dashboard at the end of every day</li> <li>- Dissemination of IEC materials including vaccination process flow chart informed the public well in advance</li> <li>- Use of existing hotlines established for COVID-19 for information dissemination</li> <li>- Awareness and advocacy on COVID-19 vaccines by Hon'ble Minister during the tour of the east region was very timely</li> <li>- Effective risk communication facilitated community participation and good vaccination coverage</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Infodemic – uncontrolled and unvalidated information widely shared in social media led to misinformation and confusion</li> <li>- Multiple channels of information providing directives led to confusion in the field</li> <li>- IEC materials limited to medium (TV, Social media, print media) that left out the illiterate and rural population.</li> </ul>

##### Recommendations

###### a. For immediate implementation:

1. VPDP/NITAG and other relevant units to provide information package/guidance to HPD for development of communication materials. It is recommended to consider provision of information in different dialects using radio and other audio supported technology
2. Identify/designate media focal person for COVID-19 vaccination (Recommended Dr. Sonam Wangchuk and Dr. Dhakal, NITAG members)
3. Develop short video on vaccination step by step process for public dissemination
4. Rumor monitoring and countering with timely clarification to curb miscommunication/fake news/address vaccine hesitancy (fear of 2<sup>nd</sup> dose)
5. 2<sup>nd</sup> dose campaign information (1page infographic sheet) to be developed and disseminated in advance

**b. For mid to long-term implementation:**

1. Capacity building of media team on risk communication

**5. Data recoding reporting -BVS****Observations**

Best practices	<ul style="list-style-type: none"> <li>- Adoption of digital solution for the vaccination campaign i.e. Bhutan Vaccine System to register, plan, monitor vaccination status and AEFIs. The system also had offline data capture and vaccination certificate generation features.</li> <li>- Utilization of real time data to detect gaps in vaccination campaign and transparent sharing of the status by district resulted in poor performing vaccination sites/district receiving support to increase coverage</li> <li>- Identified dedicated IT teams at national and district levels (such as IT Team, Data management team) for troubleshooting and maintenance of BVS</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Vaccine inventory module in BVS couldn't be utilized by the districts due to insufficient training on the module</li> <li>- Ad-hoc and frequent changes in the vaccination and recording process led to inaccuracy in data resulting in duplication or missing data fields</li> <li>- Issues with internet access in some locations resulted in delayed data entry</li> <li>- Offline mode in the vaccination App not user friendly</li> </ul>

**Recommendations****a. For immediate implementation:**

1. Review of BVS components enabling it for second dose and incorporating the additional features as required
2. Data verification, validation and cleaning in BVS. Inbuilt data validation mechanism to reduce duplication and inaccuracy
3. Resource mapping and planning (pre-planning) - Identify and assess the need of data package, equipment's and other resources (including tablets, laptops and dongles) and making them available on the day of vaccination
4. Training of Health workers -hands on and practical training of all system users as well as SOP training (roles and responsibility)
5. Adequate advocacy and mass media communication (through formal and informal channels) regarding the proper use of BVS developed and shared

6. Revision of vaccination post: Ensure vaccination posts are located/identified in settings (e.g HFs/Schools/Government Office etc) with internet and computers

**b. For mid to long-term implementation:**

1. The Ministry of Health to take ownership of the BVS application and interlink/incorporate with the other larger system such as ePIS.

## 5. ANNEXES

### COVID-19 Vaccination Campaign Intra-Action Review meeting at Metta Resort, Paro, Bhutan 5-6 May 2021

#### List of Participants

- |                                                                                                                                                                                        |                                                                                                                                                                                        |
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| <p>6 Mr Gopal Hingmang<br/>Dzongkhag Health Officer<br/>Chhukha Dzongkhag<br/>Email # <a href="mailto:ghingmang@chhukha.gov.bt">ghingmang@chhukha.gov.bt</a></p>                       | <p>20 Dr Sonam Wangchuk<br/>Royal Center for Disease Control<br/>Ministry of Health<br/>Email # <a href="mailto:swangchuk@health.gov.bt">swangchuk@health.gov.bt</a></p>               |
| <p>7 Ms Ngawang Dema<br/>Chief Regulatory Officer<br/>Drug Regulatory Authority<br/>Email # <a href="mailto:ndema@dra.gov.bt">ndema@dra.gov.bt</a></p>                                 | <p>21 Mr Pemba Wangchuk<br/>Director General<br/>Department of Traditional Medicine Services<br/>Email # <a href="mailto:pembaw@health.gov.bt">pembaw@health.gov.bt</a></p>            |

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- *Annex 2: Agenda of the review*

## COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)

Date: 5-6 May 2021

Location: Paro

## Day 1

TIME	SESSION	RESPONSIBLE PERSON
09:00-09:15	Registration	Admin
09:15-09:20	Welcome remarks	WR,WHO
09:20-9:30	Opening remarks by Honble Secretary	(Hon'ble Secretary)
09:30-09:45	Intra-Action Review methodology	WHO
09:45-10:15	<b>Overview of the National COVID-19 vaccination campaign</b>	MoH
10 :15-10 :45	Coffee break & Group Picture	Admin
10 :45 – 11 :15	Experience sharing from three selected districts	DHOs
11 :15 – 11 :30	Experience sharing by national coordinators	DG, DoMSHI
11 :15 – 11 :30	Experience sharing by Thimphu Thromde	CHD- JDWNRH/Thimphu Thromde Health Officer
11 :30 – 12 :30	Discussion	
12:30-13:00	<b>Session 1 - What worked well? What worked less well? And why?</b> <i>Participants work to identify the challenges and best practices of the response. Participants will be divided into 4 groups i.e Planning and Coordination, Recording and Reporting, Logistics &amp; Waste management , Vaccine Safety and Training, Risk Communication</i>	
13:00-14:00	Lunch	Admin
14 :00 – 15 :30	Continue Session 1	
15:30-16:00	Coffee break	Admin
16 :00 – 17 :00	Group work presentation and discussion	

## Day 2

TIME	SESSION	RESPONSIBLE PERSON
09:00-09:15	Recap	
09:15-10 :30	<b>Session 2 - What can we do to improve the COVID-19 vaccination?</b> <i>Participants work to identify what can be done to strengthen the COVID-19 vaccination.</i>	

10 :30-11 :00	Coffee break	Admin
11 :30 – 13 :00	Group work presentation and discussion	
13:00-14:00	Lunch	Admin
14 :00 – 15 :30	<b>Session 3 – The Way Forward:</b> <i>discussion on the best way to implement these activities moving forward. Short term, Medium term and Long term recommendations</i>	
15:30-16:00	Coffee break	Admin
16 :00 – 17 :00	<b>Conclusion – Prioritize and Finalize the recommendations and way forward</b>	