

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



Final report template  
April 2021

**COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)**  
**COVID-19 VACCINATION**  
**REPORT**

[Syria]

[Damascus, 21/Aug/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.*

*Countries are encouraged to share their IAR findings through their final report by using this template or part of their IAR findings through their exemplar stories (see tool n°10).*

*We encourage countries to share their IAR final report or exemplar 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.***

## 1. EXECUTIVE SUMMARY

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*Provide an overview of the **key findings, recommendations and way forward** for implementing the recommendations.*

cPIE workshop was conducted on 21st of August with the attendance of EPI technical staff at central and governorate level.

The purpose of a Country COVID-19 IAR was to share experiences and collectively analyze the ongoing COVID-19 vaccination rollout in Syria by identifying challenges and best practices and also share different levels experiences.

The availability of plans and micro-plans, technical guidance, well trained staff, and governmental commitment were among the best practices that been shared by the participants.

The need for additional trained staff, limited delivery of vaccines and lack of motivation for health workers were the main challenges faced in all governorates.

The main recommendations included addition training for health workers in different areas of work, allocating more vaccines and support the health system and enhance cold chain capacity.

Participants also recommended to conduct the same exercise after 6 months to follow up on the implementation of the planned activities.

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

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### *2.1 Context of the COVID-19 vaccination rollout:*

COVID19 vaccination in Syria started in April 2021 targeting high priority groups (Health workforce, elderly +55 and people with comorbidities). In July 2021 vaccination was open for the whole population above 18 years old. Those vaccines were allocated through bilateral agreements in addition to COVAX.

MoH is administrating vaccines though two main vaccination strategies, Fixed sites, and Mobile teams. More than 200 hospitals and PHC centers in addition to 197 mobile teams are providing vaccination services in all governorates including hard to reach areas.

As in all countries, the COVID-19 vaccination has been a novel process in Syria and several challenges have been faced since the onset of the vaccination rollout. Though healthcare workers were prioritized, some hesitated to accept a vaccine in general. Vaccine demand generation was and remains especially difficult. With vaccine availability only adequate to cover less than 10% of the population – compared to 20% initially planned by December 2021.

### *2.2. Objectives:*

The main objectives of the cPIE activities are to:

- Share experiences, best practices and challenges among governorates and different health departments at different levels.
- To sit immediate, short term and long-term activities for implementation and follow up.
- To document and apply lessons learned from the response efforts to date to enable health systems strengthening.

### 3. METHODOLOGY OF THE IAR

<b>Date(s) of the IAR activity</b>	21/Aug/2021
<b>Location(s)</b>	Country: Syria Province/State: Damascus City: Damascus
<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>	<i>(Please list the main participating institutions and entities here and attach the full list of participants to the Annex)</i>
<b>Total number of participants and observers (if applicable)</b>	52 internal participants 48 external participants 2 facilitators
<b>Period covered by the review</b>	(01/02/2021 - 20/08/2021)
<b>Response pillar(s) reviewed</b>	<input checked="" type="checkbox"/> COVID-19 vaccination

### 4. FINDINGS

*This is the key part of the report. Present the findings of the review and the prioritized course of actions to strengthen the response to the ongoing COVID-19 pandemic.*

*Focus on the root causes that explain why best practices and challenges occurred. Actions should be recommended for institutionalizing and maintaining best practices, as well as for addressing challenges. Findings can be presented as dot points in a tabular form (as below) or as a summary text based on your preference.*

<b>10.A Regulatory Preparedness</b>	
<b>Observations</b>	
Best practices	<ul style="list-style-type: none"> <li>- Developing a detailed (national) plan to ensure distribution of the vaccine.</li> <li>- Securing work logistics such as, suitable cold chain, records and documents and having a database</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Late and limited delivery of vaccines (quantity - type of vaccine)</li> <li>- Travel conditions between countries according to the type of vaccine given</li> </ul>
<b>Prioritized actions</b>	

a. For immediate implementation:

- Issue regulatory approvals for all expected vaccines to increase country chances to get more vaccines.

b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:

- Regular meetings supported and coordinated by all parties to evaluate performance and achievements
- WHO have to put more pressure on all countries to accept the vaccination of any type of vaccines under EUL to travel purposes.

<b>10.B Planning, Coordination, &amp; Service Delivery</b>	
<b>Observations</b>	
<b>Best practices</b>	<ul style="list-style-type: none"> <li>- Establishing a central supervision group</li> <li>- Determining the human resources necessary to provide the service at the health institutions level, considering the places where there are no health centers</li> <li>- Updating the service providing centers and equipping them with work requirements</li> <li>- Determining target groups according to priorities and recommendations</li> <li>- Effective periodic supervision and follow-up</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>- Developing the working mechanism of the electronic platform is a challenge due to weak internet connection and the need for technical support.</li> <li>- Diversity of information sources about COVID-19 and the vaccine</li> <li>- Multiple types of vaccines and population preferences.</li> </ul>
<b>Key indicators</b>	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> <li>- Availability of Macro plans and Microplans.</li> <li>- % Of health facilities provided COVID vaccination.</li> </ul>	
<b>Prioritized actions</b>	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>- More technical officers to be trained to work on the registration and reporting platform.</li> <li>- Revise population targets and priority groups.</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- Regular supervisory visited to be conducted.</li> <li>- Review microplans based on the vaccines available and the epidemiological situation.</li> </ul>	

10.C Funding	
Observations	
Best practices	<ul style="list-style-type: none"> <li>- The ability to obtain funding for the procurement of vaccines in cooperation with international organizations and the continuous coordination and networking between these organizations.</li> <li>- Comprehensive funding for the COVID-19 vaccination plan (securing the vaccine, expansion of the cold chain, ...etc.)</li> <li>- Training of health staff - organizing information logistics and launching the electronic registration and reporting platform)</li> <li>- Funding of training workshops for the health staff on a continuous basis and in accordance with the expansion of work.</li> <li>- Governmental commitment and the existence of an agreement signed with GAVI and funded by international organizations</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Complexity of administrative procedures for obtaining funds.</li> <li>- Delay in phased training of the additional personnel</li> <li>- Delayed delivery of logistics (laptop - 3G -papers)</li> <li>- Delayed payment of remuneration</li> <li>- Slowness and delay in concluding the signed agreement</li> </ul>
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>- Accelerating the routine procedures for obtaining funding.</li> <li>- Credibility of statistics and correspondence</li> <li>- Activating and financing communication on a broader level, and financing it on all means of communication</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- Allocate more fund for future vaccination activities since more vaccine is expected.</li> </ul>	

<b>10.D Supply Chain &amp; Waste Management</b>	
<b>Observations</b>	
<b>Best practices</b>	<ul style="list-style-type: none"> <li>- Appropriate storage of vaccines, starting from the central administration to the health centers</li> <li>- Frequent follow-up on vaccine storage and waste management.</li> <li>- Availability of a trained and sufficient staff</li> <li>- Availability of all vaccine supplies (vaccine carriers (cold boxes) - syringes...)</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>- Limited numbers of available cold chain equipment's (cold rooms)</li> <li>- Multi-tasks assigned to the vaccination staff</li> <li>- Additional cold chain equipments are in pipeline for months.</li> <li>- Availability of Electricity at lower levels and fully dependance on SDD (Solar) refrigerators.</li> </ul>
<b>Key indicators</b>	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> <li>a. % Wastage rates</li> <li>b. Cold chain capacity</li> </ul>	
<b>Prioritized actions</b>	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>a. Train more staff to work in the vaccination stores</li> <li>b. Securing additional cold chain equipment's</li> <li>c. Securing alternative sources of energy for governorates and central levels.</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- Simi annul refresher training for vaccinators and storekeepers</li> <li>- Securing ultra-cold chain equipment's to expand county preferences of new vaccines to be introduced.</li> <li>- Securing the safe disposal/waste equipment's (incinerators, ...etc.)</li> </ul>	

<b>10.E Human Resource Management &amp; Training</b>	
<b>Observations</b>	
<b>Best practices</b>	<ul style="list-style-type: none"> <li>- Well trained vaccination staff in place.</li> <li>- Addition staff been trained on vaccination.</li> <li>- Redistribute health workers to cover the whole area.</li> <li>- Additional staff been trained on communication skills to help vaccination teams.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>- Still the current trained staff are not sufficient.</li> <li>- No sufficient incentives (motivation)</li> <li>- Lack of trained staff on information (paper based or electronically)</li> </ul>
<b>Key indicators</b>	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> <li>a. Number of trained staff available</li> <li>b. Number of trained staff needed</li> <li>c. ....</li> </ul>	
<b>Prioritized actions</b>	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>a. Refresher training for existing health workers</li> <li>b. Comprehensive training for new health workers on vaccination.</li> <li>c. Updating training guidelines and modules</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- Deploy more vaccinators especially in remote areas</li> <li>- Find a way to motivate health workers financially.</li> </ul>	

<b>10.F Vaccine Acceptance &amp; Demand</b>	
<b>Observations</b>	
<b>Best practices</b>	<ul style="list-style-type: none"> <li>- Training communication personnel and improving their skills</li> <li>- Educating the community with basic and correct information about the quality of the vaccine (maintaining it - method of administration - side effects)</li> <li>- How to deal with the side effects of the vaccine (mild - severe)</li> <li>- Accuracy of documenting the sent data (on a daily basis)</li> <li>- Close follow-up of the vaccinated people by the concerned staff</li> <li>- Raising awareness of the society about the availability of emergency medicines in vaccination centers and the existence personnel that are trained on using them at the right time.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>- Customs, traditions, and social culture that hindered vaccination uptake</li> <li>- Misinformation, rumors, and delay in addressing them in a timely manner</li> <li>- Lack of sufficient certainty among the health staff due to the absence of a definite reference</li> <li>- Fear of receiving a dose of the vaccine and its side effects</li> <li>- Limited and unclear period of immunization due to the novelty of the vaccine</li> <li>- The weak role of the media in encouraging vaccination uptake</li> <li>- People think that vaccination is not a priority due to economic and social challenges</li> </ul>
<b>Key indicators</b>	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> <li>a. % Vaccination uptake among population</li> <li>b. % Vaccination uptake among priority groups</li> </ul>	
<b>Prioritized actions</b>	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>a. Enhance RCCE activities</li> <li>b. ....</li> <li>c. ....</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- ....</li> <li>- ....</li> <li>- ....</li> </ul>	

<b>10.G Vaccine Safety</b>	
<b>Observations</b>	
<b>Best practices</b>	<ul style="list-style-type: none"> <li>- Training staff on vaccine safety</li> <li>- Reporting and flow of information</li> <li>- Adopting the recommendations of international organizations</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>- Unavailability of AEFI committee</li> <li>- No feedback on the reported AEFI cases</li> <li>- More staff need to be trained</li> <li>- HWs are overwhelmed with different tasks</li> </ul>
<b>Key indicators</b>	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> <li>- AEFI cases reported.</li> <li>- Staff trained</li> </ul>	
<b>Prioritized actions</b>	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>- Forming the AEFI committee</li> <li>- More staff need to be trained</li> <li>- Investigation forms need to be updated ....</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- Additional staff to be deployed</li> <li>- Conduct more frequent meeting to evaluate the performance</li> <li>- Update the guidelines based on the lessons learnt</li> </ul>	

<b>10.H Monitoring &amp; Evaluation</b>	
<b>Observations</b>	
Best practices	<ul style="list-style-type: none"> <li>- Supervisory visited from central and governorate levels to lower levels.</li> <li>- Developing a supervisory checklist and SOPs.</li> <li>- Conducting supervisory visited from different departments (PHC, CD, information,...etc)</li> <li>- Establishing central operation room for monitoring and follow up.</li> <li>- Conduct the cPIE workshop</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>- Limited number of qualified supervisors</li> <li>- Difficulties in monitoring activities in hard-to-reach areas</li> </ul>
<b>Key indicators</b>	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> <li>- Number of supervisory visits</li> <li>- ....</li> <li>- ....</li> </ul>	
<b>Prioritized actions</b>	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> <li>- Increase number of supervisors and visits</li> <li>- ....</li> </ul> <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> <li>- Integration among different department inside and outside MoH.</li> <li>- ....</li> <li>- ....</li> </ul>	

## 5. THE WAY FORWARD

*Overall best practices from the country's implementation of COVID-19 vaccine (top 3-5):*

- Although very limited quantities of vaccines been allocated to the country, the consumption rate is very high, and the wastage rate is less than 1%.
- Vaccinators and other staff who are involved in the vaccination process are well trained.
- With all the difficulties in the county, MoH was able to distribute and administer vaccines in all areas including hard to reach ones.

*Overall key challenges from the country's implementation of COVID-19 vaccine (top 3-5):*

- High turnover rate among HWs
- Receiving small quantities of vaccine in separate shipments hindered country efforts for better planning for activities.
- Vaccination hesitancy and low uptake of vaccine among high priority groups (HWs).
- Since many countries requesting specific types of vaccines for travel purposes, people prefer some vaccines over others.

*The most important piece of advice you would give another country just starting their program:*

- Developing high quality microplans will help in vaccine administration in the long run.
- Enhancement of RCCE activities is key element of vaccination.
- Good planning for cold chain capacity available and additional equipment (if needed) should be part of vaccine forecasting.
- Conducting such exercise (cPIE) is a good opportunity to understand the challenges at all levels.

*Action plan – describe the priority activities (based on program evaluation areas from above) needed to strengthen the country's COVID-19 immunization programme with identified focal points and timelines:*

PRIORITIZED ACTIONS		TIMELINE & DESIRED DATE FOR COMPLETION	RESPONSIBLE FOCAL POINT	ESTIMATED BUDGET AND FINANCIAL SOURCE	REQUIRED SUPPORT	INDICATORS
<b>A. Prioritized actions for immediate implementation (3-5 items):</b>						
1.	Training of health staff on different work areas	Dec 2021	MoH	WHO, UNICEF & GAVI		% Trained staff
2.	Enhancement of RCCE activities	Dec 2021	MoH, UNICEF, WHO	WHO, UNICEF & GAVI		% Increase vaccination uptake Communicating activities conducted
3.	Securing additional cold chain equipment's	Oct– Dec 2021	MoH, UNICEF, WHO	WHO, UNICEF & GAVI		% cold chain capacity added

B. Prioritized actions for mid to long-term implementation (3-5 items)						
1.	Deploy additional HWs	Start during 2022	MoH & MoF	MoF		% Newly recruited HWs
2.	Motivate HWs to reduce turnover	2022	MoH & MoF	Donors		Turnover rate decreased
3.	Update Macro and Micro planes	June 2022	MoH	WHO, UNICEF & GAVI		% Microplans updated

Describe the **strategy for implementing the activities** identified during the IAR, such as:

- Conduct more frequent monitoring and evaluation workshops to understand the current situation and to assess the performance at different levels.
- Provide MoH senior management with the outcomes of this workshop for better engagement of other governmental sectors.
- Follow up the implementation of the suggested actions via Primary health care team.

## 6. ANNEXES

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- *Annex 1: List of participants and Intra-Action Review (IAR) team*
- *Annex 2: Agenda of the review*
- *Annex 3: Completed note taking template*

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