World Health Organization

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

UGANDA

GOLDEN TULIP HOTEL- KAMPALA 22nd – 23rd July 2021

22nd - 23rd July 2021

EXECUTIVE SUMMARY

Many Countries in the world and in Africa accessed Covid-19 vaccines through the COVAX Facility, bilateral deals and donations. On the 15 March 2021, 38 African countries have received over 25 million COVID-19 vaccines and 30 countries started vaccination campaigns, including Uganda.

Through the COVAX initiative – which was co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance and the World Health Organization (WHO) in partnership with UNICEF – millions of COVID-19 vaccines doses (Astra -Zeneca) were shipped to 27 countries. Uganda received 964000 doses in March 2021.

The increased availability of COVID-19 vaccines into low-income and African countries through the COVAX facility and other means made it possible for Uganda, like many other countries, to conduct multiple phases of vaccination to reach priority groups.
There was an urgent need to provide vaccination services to the targeted priority groups,(health workers, teachers, security personnel and those above 50years with or with co-morbidity) which were included in the first phase as per the prioritisation matrix of the NDVPs.

In between the COVID-19 vaccination phases, the intra-action review was initiated by WHO Uganda to reflect and identify what has worked, what has not worked, and what they can improve for subsequent phases of vaccination.
Hence, the intra - action review (IAR) workshop, the review was conducted with the rationale to:

- ✓ Collectively analyse the process and outcomes of the ongoing COVID-19 vaccination response.
- ✓ Identify challenges and best practices in implementing COVID-19 vaccination.
- ✓ Improve the vaccination response by sustaining best practices that contributed to attaining program objectives, and by avoiding program gaps.
- ✓ Last, to generate recommendations and action points to improve implementation in subsequent phases.

The national vaccine roll out team worked in their various pillars under the following thematic areas :-

- Planning and coordination of vaccine roll-out pillar.
- Quality of Service delivery / IPC measures / Allocation of Health worker pillar
- National Drug Regulatory Authority (NDA) and AEFI pillar.
- Cold Chain Logistics, vaccine stock management pillar

- Advocacy, Communication, and demand generation pillar;
- Data and documentation Monitoring and supervision/evaluation;
- Budget, Finance and Resource mobilization pillar
- Cross Cutting Issues

We observed multiple reporting lines for the planning and coordination (e.g., to Strategic meeting, NITAG, IMT, NTF, TCC & ICC); and our planning and coordination did not properly engage the private sector , VHT, and community leaders and these have negatively affected uptake of COVID-19 vaccination roll-out

Uptake of vaccination by prioritised persons was initially slow because of hesitancy among some groups (health worker and teachers);Vaccination service points were in only five centres in each district, limiting access to vaccination; Difficulty in planning for vaccination activity of unknown duration and minimal in-puts including financial resources; And poor knowledge of health workers in implementation resulted in missed population and absence of functional micro plan in use because of their inability to take part in the virtual trainings organised before the take-off of the vaccine rollout; Inadequate supportive supervision of the operational level by district and regional partners as observed on ODK.

The AEFI reporting rate was low compared to the expected numbers. Many Adverse events were not reported, mainly because the initial message given to healthcare providers was to only report serious events since other events were expected. This was contrary to the initial plan of collecting all events since the vaccine is new and a lot is yet to be known. Poor Awareness and sensitization on AEFIs at community level were documented by NDRA. Causality assessment of serious events was difficult and resulted in coincidental conclusion. There was no system for monitoring Adverse Events of Special Interest.

Data submission level from the operational level to the Dhis-2 platform was a major challenge due absence adequately trained human resources and infrastructures to enter the data at vaccination sites, Adequate Vaccine availability at vaccination was great challenge that make vaccination site filled with persons that wanted to be vaccinated and the sites have runoff of their stocks. The absence of operational funding at the beginning of the vaccine rollout resulted in dampened morale of the health workers and prevented the use of outreach session in most district, Several good practices, and challenges experienced during the implementations of the NDVP have been reported during IAR in the country. With the increasing vaccine products availability through government of Uganda procurement mechanism, it has become necessary to revise the NDVP, MoH, WHO and partners will update the original NDVP guideline to inputs the action points and best practices of the IAR a newer version NDVP 2.0 , incorporating the lessons learned ; activities that are budgeted into initial vaccine roll-out of document will enhance uptake and ensure that the goals of the vaccine rollout are met The regional and global partners' efforts in addressing some of the additional needs highlighted during review will assist the country.

1. CONTEXT OF THE COVID-19 RESPONSE AND OBJECTIVES OF THE IAR

2.1. Context of the COVID-19 situation and response

COVID-19 vaccination is an important part of controlling the pandemic and recommended as a major part of the response activities including other public health measures. WHO allowed the use COVID-19 vaccines through an approval as vaccines approved for WHO Emergency Use Listing (EUL), Uganda developed National Vaccine Deployment Plan (NDVP) that was based WHO guidelines with the plans to introduce the Covid-19 vaccine approved for EUL and in this case Oxford/Astra Zeneca(AZ) two doses vaccine in its plans.

The Country received their consignment of the Covax Facility of 964,000 doses Astra Zeneca in March 2021, Using the NDVP that targeted the priority group for the first phase, the Hon minister of health launched vaccine rollout on 10th March 2021, while the country started the vaccine rollout implementation on 15th March 2021 in all districts of the country.

With the completion of the first consignment of AZ vaccine (964000) early July 2021, The MoH and UNEPI in collaboration with WHO and partner agreed to conduct an intra action review with following of objectives:

2.2. Objectives:

- Collectively analyses the process and outcomes of the ongoing COVID-19 vaccination response.
- Identify challenges and best practices in implementing COVID-19 vaccination.
- Improve the vaccination response by sustaining best practices that contribute to attaining program objectives, and by avoiding program gaps.
- Generate recommendations and action points to improve implementation in subsequent phases.
- Document, share and apply lessons learned from the response efforts to date to enable health systems strengthening

2. METHODOLOGY OF THE IAR

Date(s) of the IAR activity	22nd and 23rd July 2021
Location(s)	Country: Uganda City: Kampala
Set-up	☐ Online ☐ Onsite ☒ Mixed (online and onsite)
Participating institutions and entities	Uganda Ministry of Health; Uganda National Expanded Immunisation Programme (UNEPI); WHO; UNICEF; CHAI; CDC; USAID; UNDA;etc)
Total number of participants and observers (if applicable)	*Day one 22nd July 2021- 43* *Day two 23rd July 2021 -*
Period covered by the review	(22nd - 23rd July 2021)
Response pillar(s) reviewed	☒ Country-level coordination, planning and monitoring ☒ Risk communication, community engagement, and infodemic management ☒ Surveillance, case investigation and contact tracing ☒ Points of entry ☒ National laboratory system ☒ Infection prevention and control ☐ Case management and knowledge sharing about innovations and the latest research ☒ Operational support and logistics in the management of supply chains and workforce resilience ☐ Strengthening essential health services during the COVID-outbreak ☒ COVID-19 vaccination ☐ Vulnerable and marginalized populations ☒ National legislation and financing ☐ Public health and social measures ☐ Other possible topics and cross-cutting issues (please specify):

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3. FINDINGS

4. PLANNING AND COORDINATION

Issues: We observed multiple reporting lines for the planning and coordination pillar (e.g., to Strategic meeting, NITAG, IMT, NTF, TCC & ICC); and our planning and coordination did not properly engage the private sector , VHT, and community leaders and these have negatively affected uptake of COVID-19 vaccination roll-out , The NCC exit but the use of this layer of coordination is sub-optimal and need urgent restructuring to address the current realities and emerging issues .

Action points:

- Re-plan and schedule coordination and planning core team meetings (Strategic meeting, NITAG, IMT, NTF, TCC & ICC, NVDP Pillar meeting, HSIP webinars etc
- To develop of a comprehensive macro plan (20-2023) for the national vaccine access/procurement approach with identified resources for the entire targeted population
- Planning and coordination of the private sector involvement into COVID-19 response specifically regarding vaccination exercises
- To update the Uganda NVDP document to align with new inputs from WHO IST to support the process and strengthening the secretariat of the NDVP to ensure plans are implemented by all pillar and monitored
- IMT should review and amend the COVID-19 response structure to include vaccination Responses
- Strengthen and restructuring the NCC, including subnational level key stakeholders, representatives of priority populations, community leaders and religious leaders into COVID-19 vaccine deployment planning
- More engagement of the lower-level groups, especially the VHT, community leaders in planning and coordination activities of the vaccine rollout.

Vaccine Service Delivery

Issues: Uptake of vaccination by prioritised persons was initially slow because of hesitancy among some groups (health worker and teacher);Vaccination service points were in only five centres in each district, limiting access to vaccination; Difficulty in planning for vaccination activity of unknown duration and minimal in-puts including financial resources; And poor knowledge of health workers in implementation resulted in missed population and absence of functional micro plan in use because of their inability to take part in virtual trainings; Inadequate supportive supervision of the operational level by district and regional partners as observed on ODK.

Action points:

- Proper training and sensitization of the vaccinating teams and all health workers using virtual and face to face methods at least just before implementation of a particular type of Covid-19 vaccine in the country.
- Review districts micro plans and Increase vaccination service points and ensure they are widely publicized.
- Targeted Outreaches for the eligible populations to avoid missed populations (elderly and special population refugees etc).

- Targeted training for health workers and data entrants using hybrid of virtual and face to face methods
- Well planned trainings on the multiple Covid-19 vaccine types for all the stakeholders
- Increase sensitization of district leaders and the targeted groups
- Communicate clear guidance to districts and clarify on expectations prior to the implementation (ensure both vertical and horizontal information sharing)
- Lobby for additional support from Regional Partners and NGOs to support Human Resources needs such as temporary data entrants, to help with the Data Entry backlog.
- Strengthen supervision and monitoring by National, regional and districts level officers.

National Drug Regulation Authority (NDRA)
Issues:

- Post-market surveillance activities were not executed as envisaged, reasons include communication and funding gaps.
- Some cases of falsification of vaccines arose, and this is undergoing investigation.
- The AEFI reporting rate was low compared to the expected numbers. Many Adverse events were not reported, mainly because the initial message given to healthcare providers was to only report serious events since other events were expected. This was contrary to the initial plan of collecting all events since the vaccine is new and a lot is yet to be known.
- Poor Awareness and sensitization on AEFIs at community level were documented by NDRA.
- Causality assessment of serious events was difficult and resulted in coincidental conclusion.
- There was no system for monitoring Adverse Events of Special Interest (AESIs.
- We did much as investigation of serious events; it met challenges related because of few investigators and inadequate travel logistics.
- Uganda NDA does not have a direct contact with the product owner remains a challenge since in this case there was no applicant for authorization for the unlicensed COVID-19 vaccine in the country. That makes it hard to get clarifications when necessary.
- It is difficult to follow up on the post EUL obligations by the product owner. You may not actually know when additional information has been submitted post WHO EUL, or when variations have been made since the product owner is not in direct contact with NDA.
- The WHO website shared folders of the allowed vaccines are less updated post authorization.
- There have been some cases where requests have been made to use the unlicensed COVID-19 vaccine outside the terms of WHO EUL.
- Importation documents shared with NDA on the day of arrival or shortly before sometimes-raising risks of delay in clearance from NDA.

Action points :

- We will disseminate widely the National Drug Authority (NDA) AEFIs reporting platforms. These will be real time and action taken immediately on any reported AEFI by the committee
- Synergize and synchronies the AEFIs reporting between the NDA and the EPIVAC platforms.
- During Next vaccination phase, the NDA platforms should be shared widely, and each vaccination site will have an AEFI poster with NDA reporting platforms included.
- Get the various COVID-19 vaccines company to provide more updated information monthly to the Uganda NDA directly. Conduct active follow up of vaccinated people.
- Publicize reporting platforms through posters at vaccination sites and printed on vaccination cards awareness and sensitization on AEFIs.
- Prompt and effective communication of new information arising from the above activities. Consider submission of Marketing Authorization Applications in Uganda for COVID-19 vaccines where sufficient quality, safety and efficacy data have been established.

- Provide for conditional marketing authorization in the legal and regulatory framework for medicines, including vaccines based on the benefit-risk ratio to meet the unmet need.
- Improve funding for Post Marketing Surveillance -related activities.
- Improve on coordination for sharing of shipment documentation from the National vaccine committee and UNICEF.

Vaccine Cold Chain and Logistics

Issues:

- Absence of Temperature monitoring of COVID-19 vaccine during transportation from district to the vaccination sites Inadequate mechanism on reporting COVID-19 vaccine temperature records from vaccination sites
- Non-dissemination of distribution plans to all stakeholders to monitor receipt of vaccine at the DVS, in addition, most district have not developed distribution plans as recommended by national
- Storage of vaccines at the service point level without adequate management capacity as opposed to DVS. Because of inadequate resources for COVID-19 vaccine distribution to vaccination sites
- Training of the DCCT was poorly attended and resulted in information gaps observed during implementation activities
- Reverse logistics protocols were not strictly adhered to, and this affected the data of stock balance records at DVS and national level
- Poor documentation of functional and nonfunctional cold chain
- The waste management guidelines were developed but the dissemination and training are not implemented, gaps on waste management were documented during supportive supervision.

Action Points

- Conduct vaccine management training for District Hospital Taskforces.
- Early dissemination of updated COVID-19 vaccine distribution plans to all relevant stakeholders.
- Cost and mobilise resources for daily COVID-19 vaccine distribution from DVS to service delivery points.
- Making plans for supervision, reserve logistics and sharing SOPS to the lower level for every phase of the roll-out.
- Use of batch numbers on vaccination cards (for vaccines supplied with batch number stickers.
- Support the DHTs in drafting and monitoring the COVID-19 vaccine distribution plan from DVS to vaccination sites.
- Sustain the parallel reporting on stock utilization and weekly phone calls to districts to get real time stock data.
- Complete and disseminate developed SOPs on waste management.
- Speed up the update of the cold chain inventory and regularize a quarterly update of the CCE inventory.

Demand Generation & Public Health Risk Communication Pillar.

Issues

- The looming **infodemic** affected the pillar efforts, leading to 'firefighting' approaches
- Scarcity of vaccines was a breeding ground for MISTRUST
- Inadequate resources to roll out our communication products
- Demand Generation Plan was not funded by government of Uganda and most activities could not be executed
- Minimal country-wide reach for demand generation initiatives and Dominance of English on most social media posts

- They limited information dissemination to electronic media because of the need to observe SOPs
- Inadequate capacity of local governments to use community structures
- Hesitancy of health workers, whom the community relies on as the most trusted source of health information. Their negative attitude and actions spoke millions. words
- Restriction of vaccines to pre-determined priority groups created community concerns and Social accountability
- The ever-changing landscape of COVID-19 vaccination (8weeks, then 12 weeks…) rendered some communication products stale before they saw the light of day. Most affected were print materials whose procurement and production processes take time.
- Call Centre operates during standard office hours and do not operate 24/7, the community members want to call every hour to get answers concerning Covid vaccine roll out

Action Points

- Immediate development: a concept notes for the funding of demand generation work plans, and budget that exists to ensure sustainability; funding available from WHO, Gavi etc for demand creation activities.
- Have a dedicated Public Relations Communication Specialist responsible for compiling non-Trigger specific messages to the Public, including using MoH approved social media platforms
- To address vaccine hesitancy and complacency; MOH, in collaboration with SBCC experts, to develop strategic messages to support public communication on misinformation about vaccines.
- To work on new social marketing strategies to promote vaccination and other services
- Conduct one extensive study to understand public health concerns of consumers of COVID-19 vaccination and other health services
- Set up innovative and effective community engagement platforms that will observe the set SOPs
- The programme to ensure that we have enough vaccine available as demand generation without vaccine availability will lead to failed promises

Data, Monitoring and Evaluation

Issues:

- Limited operational funds let to limited supervision of data teams at vaccination sites during vaccination
- Delayed data entry at the vaccination's sites because of insufficient devices (Laptops, tablets), data bundles and human resource that resulted in huge data that were not captured from the vaccination register to the Dhis -2 platform
- The need to increase uptake led to an increase in vaccination sites, leading to logistical challenges
- Delayed entry for both aggregate and individual data into the dhis2 platform
- Delayed facilitation for biostatisticians for data entry and support supervision
- Slow data cleaning process at district and health facility

Action Points

- Targeted population or dominator for the COVID-19 vaccine roll out to be pursued more rigorously instead of using anecdotal evidence, follow up MSPH on the target population.
- To mobilize financial and other resources to conduct data audit, data cleaning, support supervision as well as provide performance - based allowance for data entry activity.
- Work with the Health sector implementing partners to support regular data validation/triangulation of vaccine balances and doses administered.
- Support districts with more tablets and data bundles to enhance real time Covid-19 vaccination data entry.

- Conduct, capacity building; supportive supervision and mentorship to vaccination teams.
- Set up regional data team that will work with regional biostatistics to assist the national level in achieving its data related mandate.
- Sharing of best practices from best performing districts to improve uptake and coverage and encourage peer review among district biostatisticians.
- Whitelisting of health information systems domain for free access.

AEFIs Reporting, Investigations

Issues:

- Challenges in having full Lab and imaging investigation results
- Still about 60 districts didn't report any AEFI case through the DHIS2
- Timeliness of reporting some AEFI cases through DHIS2 platform was late
- Reporting/focusing only on serious AEFI cases
- AEFI data backlog and depending on hard copies only
- AEFI line list discrepancy between the DHIS2 and the NDA Vigiflow
- Compensation seeking behavior from some of the AEFI cases

Action Points

- Complete the AEFI backlog data entry, most of the AEFI reports are still on the hard copy papers which don't enter to the database/system.
- Expand regional investigation teams.
- Need to establish panel of medical experts for other documented AESI documented elsewhere, e.g. cardiologists, neurologists etcConducting supportive supervision and onsite orientation to districts which don't report AEFIs.
- Regular follow up and monitoring of districts to report AEFIs timely
- Need to develop a vaccine pharmacovigilance strategic plan to map different partner support
- AEFI data to be real time using innovation for data entrie.s
- Safety data should be part of the output of the weekly webinar with the biostatisticians.

Funding and resource mobilization

Issues:

- The deployment of COVID-19 vaccines started without funds for deployment activities. This negatively affected the uptake of vaccines, especially at the district level.
- Despite the availability of funds, Uganda could not secure vaccines because of the shortage of vaccines on the World market. However, agreements for the cost sharing mechanism with the COVAX Facility have been signed, and we have confirmed supply offers from the partners and manufacturers.
- Uganda has not yet effectively engaged the private sector in the financing the cost of vaccines and their deployment
- The Government of Uganda released funds towards the end of the financial year, and this meant that we could not send the funds to the districts because of the end of Financial Year procedures and yet the vaccination was taking place at the district level and expenditure would have been best done by the districts.
- There is a need to strengthen the engagement of Development Partners in the harmonization and prioritization of funding
- The nature of the pandemic, there was no time to seek consensus on the budgets and work plans from the Local Governments.
- The continuous adjustments during vaccine deployments caused changes in the implementation strategies and in the guidance for funds release and use, resulting in changes in the budget.

Action Points

- Update the Government of Uganda and the Development Partners about the COVID-19 funding status so that they strengthen the mobilization of resources to secure funds in time to support deployment activities.
- Develop and implement a strategy to engage the private sector in the resource mobilization and participation in the COVID-19 vaccination.
- Explore alternative options for securing vaccines beyond the current mechanisms.
- COVAX Facility and AVAT by benchmarking with other countries and contacting manufacturers.
- Getting domestic funding resources for vaccine procurement and operational cost.
- Strengthen the sharing of information on funding status and priorities with Development Partners through regular meetings and inclusion of Partners in Working Groups.
- Hold consensus meetings with Local Government to get their input into and ownership of the deployment of funds and other resources and budget.
- WHO IST will be available to assist in the use and updating of the various cost elements of the vaccine roll out, including budget.
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General and Cross Cutting Issues:

- In July 2021, Uganda has a case of circulating derived polio virus from the environment and will require an outbreak response campaign in the face of covid vaccine roll out and how do get the highest quality polio campaign?
- COVID-19 vaccine roll have seen multiple barriers and factors affecting optimum uptake of the vaccine and moving factors we need to conduct operational research to answer these challenges
- How can we deploy the resources of covid vaccine rollout in ensuring reduction of VPDs morbidity and mortality?

Actions Points

- Ensure polio outbreak and COVID-19 vaccination is executed carried out seamlessly to be successful.
- We will include the general out puts of these technical meetings in the refinements of the next vaccine roll outs implementation plan of the country.
- Conducting Operation research to investigate the issues that affect the covid vaccine roll out (internal and External Immunization Environment.
- Integrate the overall COVID-19 vaccine roll out responses to strength routine immunization and health system strengthening.

5.1. Country-level coordination, planning and monitoring

Observations	
Best practices	- Leveraging on the existing TWG to ensure timely submission of all the documentation for inclusion into the COVAX facility - Expanding the planning and co-ordination discussions to involve DLG stakeholders and HDPs at the subnational level
Challenges	- Multiple reporting lines of the of the planning and coordination pillar (e.g., to Strategic meeting, NITAG, IMT, NTF, TCC & ICC - Development of a comprehensive plan for the national vaccine access/procurement approach beyond COVAX with resources identified to cover the targeted 49.6% of the population in its entirety - Planning and coordination of the private sector involvement in COVID-19 response specifically regarding vaccination

Prioritized actions

a. For immediate implementation:

- IMT should review and amend the COVID-19 response structure to include vaccination
- Strengthen subnational level key stakeholders, representatives of priority populations, community leaders and religious leaders into COVID-19 vaccine deployment planning
- Development of a comprehensive plan for the national vaccine access/procurement approach with identified resources for the entire targeted population

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

- Develop, implement, and monitor a clear strategy for involvement of the private sector into COVID-19 vaccination

Cold chain & Vaccine Logistics	
Observations	
Best practices	- Nationwide assessment of cold chain storage and weekly temperature reporting from the districts to ensure vaccine storage and temperature management. - Continuous re-supply of vaccines and materials to districts based on utilization. - Bundling of vaccines, sundries and data tools to ensure the right vaccine allocation. - Deployment of regional supervisors that supported in following up districts on stock data. - Partner support in stock validation, distribution, and co-ordination at the subnational level.
Challenges	- Inadequate channels for a daily update on COVID-19 Stock, utilization, to provide real time information on stock status. - Insufficient information on waste management activities at the service sites.
Prioritized actions	
a. For immediate implementation: - Develop comprehensive checklist for monitoring & supervision of COVID-19 vaccination activities - Weekly dissemination of NCC presentation to districts to trigger actioning and address any challenges - Complete and disseminate developed SOPs on waste management - Implement retrieval and reconciliation of partially used/ empty COVID-19 vaccine vials b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak. - Speed up the update of the cold chain inventory and regularize a quarterly update of the CCE inventory - Incorporation of additional security features on vaccination cards to minimize forgery - Involvement of district teams in post implementation review of COVID-19 vaccination exercise - Update the cold chain manager's handbook to include waste management SOPs	

5.2. Service Delivery and Training

Observations	
Best practices	- Comprehensive development of the district micro-plans that captured service points, vaccination teams, target populations and cold chain facilities. - Early mapping of the vaccination sites in time for the vaccination roll out. - Vaccine authorization, importation authorization and pharmacovigilance done on time.
Challenges	- Uptake of vaccination by prioritised persons was initially slow because of hesitancy among some groups (health worker and teacher). - Vaccination service points were in only five centers in each district, limiting access to vaccination. - Difficulty in planning for vaccination activity of unknown duration and minimal in-puts including financial resources.

Prioritized actions

a. For immediate implementation:

- Conducting outreaches for the eligible populations to increase access for the unreached
- Making plans for supervision, reserve logistics and sharing SOPS to the lower level
- Involve partners in budgeting, planning, and allocating resources for vaccination so that they can support with a plan in mind
- Increase vaccination service points and ensure we publicised them

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

- Have a dedicated Public Relations Communication Specialist responsible for compiling Non-Trigger specific messages to the Public, including using MoH approved social media platforms.

5.3. COMMUNICATION FOR DEMAND GENERATION

Observations	
Best practices	- Partner mapping using the 4W Matrix to avoid duplication of resources and overlap of partner support as the partners rallied to support implementation of the vaccine rollout, demand Generation and Public Health Risk Communication Plan. - Periodic MoH Top Leadership statements to the public increased by in by the public for vaccination. - Evidence generated from the different studies conducted which was used to inform intervention design and messaging - Factsheets, FAQs, DJ Mentions and Infographics. - Availability of partner funding for TV & Radio Talk shows, TVCs, spots, DJ Mentions and production of Audio-Visual Testimonials. - Generated FAQs which are updated in line with prevailing trends and regularly updated talking points circulated to DHEs to ensure uniform communication. - Held National Level Stakeholder Engagements with Leadership of cultural and professional bodies that generated a pool of COVID-19 Vaccine Advocates/ Ambassadors in their individual and organizational capacities.
Challenges	- Hesitancy of health workers whom the community relies on as the most trusted source of health information. - They limited information dissemination to electronic media because of the need to observe SOPs. - The looming **infodemic** affected the pillar efforts, leading to 'firefighting' approaches. - Scarcity of vaccines was a breeding ground for MISTRUST. - Inadequate resources to roll out our communication products. - The ever-changing landscape of COVID-19 vaccination (8weeks, then 12 weeks…) rendered some communication products stale before they saw the light of day. Most affected were print materials whose procurement and production processes take time. - Dominance of English on most social media posts. - Restriction of vaccines to pre-determined priority groups created community concerns.
Prioritized actions	
a. For immediate implementation: - Have timely translated social media content disseminated widely. - Set up mechanisms to respond to misinformation as per the different vaccines that will be in the country soon.	

- Strengthen the use of MoH U-tube channel and be able to track the numbers of those visiting these sites.
- Draw lessons from those countries that have deployed multiple vaccines.
- Disseminate key **'easy to read'** information packages to VHTs for mobilization.

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

- Incorporate demand generation budget into routine communications budget that exists to ensure sustainability
- Use social marketing strategies to promote vaccination and other services
- Conduct one extensive study to understand public health concerns of consumers of COVID-19 vaccination and other health services

5.4. Data, Monitoring & Evaluation

Observations	
Best practices	- Definition and size estimation of the target populations by reviewing epidemiological data to guide vaccine distribution and coverage. - Strong co-ordination among the partners, districts and the ministry enabled expedited data entry and supervision - Interrogation of the data at least twice a week and provide feedback (league table and interrogation log) once a week to regional and district health teams to correct any arising data issues - Holding regular data trainings / webinars to address data gaps and provide continuous capacity building
Challenges	- Delayed data entry at the vaccination's sites due to insufficient devices (Laptops, Tablets), data bundles and human resource - Slow data cleaning process at district and health facility level that delays data visibility and use in the system. - The need to increase uptake led to increase in vaccination sites leading to logistical challenges

Prioritized actions

a. For immediate implementation:

- Through Health sector implementing partners, support regular data validation/triangulation of vaccine balances and doses administered
- Continue with targeted virtual/face-to-face refresher trainings informed by need
- Continued access (only view rights) to the dashboard and data reviews to motivate the stakeholders for action and accountability at regional and district level

5.5. COVID - 19 Vaccine Safety

Observations	
Best practices	- Webinar trainings for specialists from regional referral hospitals - Panel of haematologists facilitated development of an algorithm to address VITT
Challenges	- Late reporting of some AEFI cases through DHIS2 platform - Reporting/focusing only on serious AEFI cases - AEFI line list discrepancy between the DHIS2 and the NDA Vigiflow and the inability to link DHIS2 with Vigibase - Limited medical specialists at the regional level e.g. Pathologists, Haematologists, Cardiologists etc

Prioritized actions

a. For immediate implementation:

- Monthly data Harmonizing the DHIS2 and NDA (Vigiflow) line list and having one uniform line list including widespread use of NDA platform
- Conducting experience sharing among districts on the AEFI surveillance

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

- Assess and establish a functional AEFI committee in the regions/districts
- Need to develop a vaccine pharmacovigilance strategic plan to map different partner support
- Establish sentinel surveillance sites for AESI

- Continuous sharing of the district League table and data interrogation log to enable real time action to improve data quality and implementation

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

- Incorporation of COVID 19 vaccination data training into OPL for sustainability
- Integrate EPIVAC into Ministry of Health information system framework

THE WAY FORWARD

A revision of the NDVPs to reflect the myriad of issues that were highlighted during the IAR , the action points that were suggested needs to be incorporated.

The Country has instituted a committee to update NDVP with representations from the all the pillars that were involved in the IAR. This committee's work is to gather materials from the IAR documents, including action points and lessons learnt into the second edition NDVP.

In addition, the country will update the macro plans to reflect the current reality, the strengthening and monitoring of the coordination structures at national, regional and districts levels. It is hoped that the new macro plans will improve efficiency and output of the vaccine roll out, most of the issues highlighted during the IAR such as vaccine availability, operational funding, data management and provision of data entry officers and data infrastructure availability will be handled by MoH and partners through provision of operational funds using Gavi, Global funds and Government of Uganda funding mechanism. Partners have initiated the provision of laptops to all districts and tablet computers to all vaccination sites.

Finally, the new drive by the government on procurement of vaccine from a few manufactures based on the information of pipeline vaccines for Uganda will make vaccines readily available and ensure that targeted population are vaccinated.

ANNEXES

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

No	First Name	Last Name	Designation	Organization	Email Address
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AGENDA FOR GENERAL TECHICAL SESSION
UGANDA COVID-19 VACCINATION INTRA-ACTION REVIEW (IAR)

5.6. MoH / UNEPI UGANDA. Date: 22nd and 23rd JULY 2021
Location: Golden TULIP HOTEL Kampala, UGANDA and VIRTUAL Participants
Participants: All pillars Heads and their members, All Covid -19 vaccine roll out technical partners at national, regional and selected districts,(WHO, UNICEF regional working group, AFRO new vaccine)

TIME	SESSION	RESPONSIBLE PERSON	DURATION
08:30-09:00	Welcome remarks ; registration on the chat platform Messages from Partners (WHO, UNICEF etc) Opening Address PM MoH Rational and Deliverables of the Intra Action Review (IAR) – Deputy PM	MOH /DHS	30mins
09:00-09 :20	UGANDA NDVP summary by pillar (Key highlights of activities)	Programme Manager	20mins
9 :20 to 9 :40	1. Presentation on IAR Concept and meeting proceeding methods and deliverables – WHO COVID-19 Consultant 2. Working Groups Pillars and their chairs announced and their roles clarified - Frehd Nghania	WHO/MoH/CHAI	20mins
09:40-10 :30	**PLENARY SESSIONS PILLAR 1,2, & 3 PRESENTATIONs** **PILLAR ONE PLANNING Coordination** ***Chair of the Pillar to present based on the approved template on the identified: challenges and best practices of the response*** Pillar One: Planning, coordination of Human resource management Session **1 –** Identification of **What worked well? What worked less well? And why?** And **What can we do to improve the next phase COVID-19 vaccine roll out?**	Head of Pillar 1 to present	30mins
10 :30 -11 :00	**SESSION 1: PILLAR (ONE)** Guide on Session 1A discussion - What worked well? What worked less well? And why? Participants work to identify the challenges and best practices of the response. Guide on Session 1B discussion - What can we do to improve the COVID-19 vaccination for the next phase? Guide on Session 1C discussion – The Way Forward: discussion on the best way to implement these activities moving forward. Participants to identify and come up with what we can need to done to strengthen the ongoing COVID-19 response	ALL	Discussion time on presentation of 30 minutes
11 :00 -11 :10	**Tea and Stretch break**	**All**	**10mins**
11 :10 -11 :40	• Pillar Two: (Service delivery (target groups identification) ; including micro-plans how it guided the service delivery ; duration of days, pre listing used , other frontline or social workers ? Vaccine delivery & Training Regulatory Preparedness (vaccine registration) Vaccine Safety/AEFI (notification, investigation, reporting, management)	Pillar 2 Leader	30mins
11 :40 -12 :10	Guide on Session 2A discussion - What worked well? What worked less well? And why? Participants work to identify the challenges and best practices of the response. Guide on Session 2B discussion - What can we do to improve the COVID-19 vaccination for the next phase? Guide on Session 2C discussion – The Way Forward: discussion on the best way to implement these activities moving forward. Participants to identify and come up with what we can need to done to strengthen the ongoing COVID-19 response	All	30mins

12 :10 – 12 :40	• Pillar Three : Logistics , supply chain and waste management (vaccine distribution, maintaining cold chain),	Pillar 3 Leader	30mins
12:40 -13:10	Guide on Session 3A discussion - What worked well? What worked less well? And why? Participants work to identify the challenges and best practices of the response. Guide on Session 3B discussion - What can we do to improve the COVID-19 vaccination for the next phase? Guide on Session 3C discussion – The Way Forward: discussion on the best way to implement these activities moving forward. Participants to identify and come up with what we can need to done to strengthen the ongoing COVID-19 response	All	30mins
13:10-13 : 30	**SUMMARY OF ACTION POINTS AND WAY FORWARD /CLOSING**	Feedback presentation PM	
13:30-14:00	**Lunch**	**Admin**	

DAY TWO 23rd JULY 2021

TIME	SESSION	RESPONSIBLE PERSON	DURATION
08:30-09:00	SUMMARY of DAY ONE REPORT ; Registration on the chat platform	MOH /DHS	30mins
09:00-09 :20	**1. Working Groups Pillars and their chairs announced and their roles clarified - Frehd Nghania**	/MoH /WHO /CHAI	20mins
09:20-9 :50	**PLENARY SESSIONS PILLAR 4,5 , & 6 PRESENTATIONs** **PILLAR FOUR:** ***Chair of the Pillar to present based on the approved template on the identified: challenges and best practices of the response*** Pillar Four: Demand generation and risk communication **Session 1 –** Identification of **What worked well? What worked less well? And why?** And **What can we do to improve the next phase COVID-19 vaccine roll out ?**	Head of Pillar 4 to present	30mins
9 :50 -10 :20	**SESSION 1: PILLAR (FOUR)** Guide on Session 4A discussion - What worked well? What worked less well? And why? Participants work to identify the challenges and best practices of the response. Guide on Session 4B discussion - What can we do to improve the COVID-19 vaccination for the next phase? Guide on Session 4C discussion – The Way Forward: discussion on the best way to implement these activities moving forward. Participants to identify and come up with what we can need to done to strengthen the ongoing COVID-19 response	ALL	Discussion time on presentation of 30 minutes
10 :20 -10 :50	**Tea and Stretch break**	**All**	**10mins**
10 :50 -11 :20	**Pillar FIVE** : *Supervision, Monitoring and evaluation (Readiness assessment, Supervision, verification card used , documentation tools to ensure different vaccines are not confused ,daily reporting ,data used for action)*	Pillar5 Leader	30mins
11 :20 -11 :50	Guide on Session 5A discussion - What worked well? What worked less well? And why? Participants work to identify the challenges and best practices of the response. Guide on Session 5B discussion - What can we do to improve the COVID-19 vaccination for the next phase? Guide on Session 5C discussion – The Way Forward: discussion on the best way to implement these activities moving forward. Participants to identify and come up with what we can need to done to strengthen the ongoing COVID-19 response	All	30mins
11 :50 – 12 :20	***Pillar SIX : Funding /resource mobilization***	Pillar 6Leader	30mins
12:20 -12:50	Guide on Session 6A discussion - What worked well? What worked less well? And why? Participants work to identify the challenges and best practices of the response. Guide on Session 6B discussion - What can we do to improve the COVID-19 vaccination for the next phase? Guide on Session 6C discussion – The Way Forward: discussion on the best way to implement these activities moving forward. Participants to identify and come up with what we can need to done to strengthen the ongoing COVID 19 response	All	30mins
12:50-13 : 20	**SUMMARY OF ACTION POINTS AND WAY FORWARD /CLOSING**	Feedback presentation PM	20mins
13:20-14:00	**Lunch**	**Admin**	

World Health Organization

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

UGANDA

GOLDEN TULIP HOTEL- KAMPALA 22nd – 23rd July 2021
22nd - 23rd July 2021