



# COVID-19 VACCINATION IMPLEMENTATION – LESSONS LEARNED FROM VIETNAM

## Webinar Transcript

- >> I'm the Project Director for MOMENTUM Routine Immunization, Transformation and Equity. We are USAID-funded project that works toward a world in which all people are eligible for immunization, and particularly underserved, marginalized and vulnerable populations are regularly reached with high-quality vaccination services to protect their children and themselves against vaccine-preventable diseases. We're happy to have the opportunity to tell you about our work to support the government of Vietnam to reach very vulnerable populations with COVID-19 vaccine with improved microplanning to bring services to unvaccinated populations. Before we begin, I just wanted to go over a few housekeeping tips. Please use the Q and A button at the bottom of your Zoom window to ask questions during the presentation or for any technical help you might need. If you need to enable live transcription, you can do that by navigating to your meeting controls and clicking on Show Captions or using the CC button at the bottom black bar. You can also use the chat feature to introduce yourself and share any thoughts during the presentation, but please don't use that to ask questions because we'll be monitoring the Q and A button. The questions you ask using the Q and A button are only visible to you, our presenters and our technical support team. If your question is about technical issues, our technical team will respond to your question privately, and we'll collect all the questions for our speakers, and we'll save them for the discussion period following the presentations. This webinar is being recorded, and following today's event, you will receive an e-mail with a link to the recording. If there are questions that don't get answered during the Q and A session, we'll forward them to the presenters and share responses by e-mail to all participants. We've planned over 15 minutes at the end to answer all of your questions. Before we begin, I want to invite Mr. Randolph Augustin from the Office of Health within the USAID Vietnam mission to provide some opening remarks and set the stage for this webinar. So, please ...
- >> Thank you, Grace. Thank you, colleagues. Good evening, afternoon or morning. I'm not sure where everyone is located. But let me ... I won't be long. I, again, want to first express my pleasure of providing opening remarks and having the opportunity to share the key lessons that we've learned from the experience in Vietnam. On a personal level, having recently arrived in Vietnam and having supported similar programs in two countries in the last 2 1/2 years, it is encouraging and impressive to see what has been achieved in Vietnam, and it speaks volumes to what is possible with a stellar team on the ground, excellent leadership and commitment from the government of Vietnam, community leaders, community organizations and communities themselves. Again, we all know that each experience is unique, but I do trust that the excellent team from MOMENTUM will be able to distill some key lessons from the Vietnam experience that can be applicable to your various contacts and will enrich our overall knowledge as we each try to tackle these very important issues in whatever communities we work in. So, again, thank you all, and look forward to the discussion. Over.

- >> Thank you very much, Mr. Augustin, for that introduction. Now, I want to go ahead and introduce our two speakers for today's webinar. And just so you know, our speakers have joined the Webinar today, but we had recorded their presentations earlier in case of technical problems. So what you will be hearing are prerecorded presentations. However, they will be available during the Q and A, so please be sure to put your questions in the Q and A box. So first, to introduce our two speakers, first I want to introduce Dr. Tham Chi Dung. Mr. Dung is the Vietnam Country Program Director for the MOMENTUM Routine Immunization Transformation and Equity Project as well as the Vaccine and Immunization Team Lead for the PATH Vietnam Country Program. He's a medical doctor with expertise in infectious disease and surveillance systems, outbreak detection and response and control and prevention programs on a national level. Mr. Dung has more than 21 years of experience managing national-level immunization programs where he provided both technical and managerial support. Along with the MOMENTUM Routine Immunization and Equity Project in Vietnam, he also provides support to other immunization program activities in Vietnam as well as Laos and Cambodia. Our second speaker will be Mr. Tao Shin Sung. Mr. Sung is the Monitoring, Evaluation and Learning Lead for the program in Vietnam as well as the Senior Program Officer at PATH for over 12 years. He's pioneered PATH Vietnam's work in digital health solutions and has led the technical components of these projects. Mr. Sung has been instrumental in the development of the project's microplanning tool, which allowed health workers to accurately evaluate facility capacity and forecast COVID-19 vaccination demand, which he will be speaking more about in this presentation. So before we go ahead and play the presentation, just want to remind everyone to please type your questions to the speakers in the Q and A box.
- >> [Indistinct] will identify the full scale of the COVID-19 in Ho Chi Minh City in Vietnam. After that, the [Indistinct] economic situation very strongly affected by pandemic and serial control activity were [Indistinct] including the social distancing lockdown. In 2020, our country control of the pandemic is very well with a total of 35 confirmed deaths for the whole year. However, in the end of the 2021, epidemic already become very serious. And until the August of 26, 2020, the pandemic was expressed to the 63 [Indistinct] in whole country, and Vietnam already officially reported 11,390 sick, 2,205 cases and 43,110 ... July 10, 2021, government is launch [Indistinct] the vaccination campaign for the COVID-19 vaccine. And the first dose we exceed 80 percent of the total population by April 3rd, 2022, and the country becomes one of the leading country over the world with the highest COVID-19 vaccination. However, we're still facing the low coverage among the [Indistinct] populations and people who reside in the remote and marginal area. You look at the map here. It's the vaccine doses until now is existing 250 million dose, and people who receive at least one dose is more than 90 percent, and people with complete [Indistinct] protocol needs are more than 80 percent, and now we continue for the booster, though ... funded by USAID with a goal to reduce the COVID-19 morbidity and mortality by supporting the vaccination introduction and deployment. We are focused on the vulnerable and most marginalized population, and [Indistinct] today [Indistinct] marginal province, namely the [Indistinct] province. Those province you can see on the map in the red color, and those province was [Indistinct] the government identified need ... in the project, and so collaboration with a local partner, namely National Institute of Hygiene and Epidemiology and also [Indistinct] together with the five CDC in five province. And so very close collaboration with international organizations such as the WHO and UNICEF to implement the project with the objective to support those API in the province on the microplanning strategical implementation for the [Indistinct] and vaccine rollout and also provide immunizing technical support, capacity building closely with the government priority and protocol including the support for the region. And besides that, we also conduct a series of monitoring evaluation and learning. In order to implement the project, we

apply the COVID-19 vaccination strategy. That is focused on the mobile vaccination to reach marginalized populations. In the last mile COVID-19 vaccinations, the project is focused in the [Indistinct] when they assess to go to the vaccination among historic population in five province, especially to people who living in the geographical remote and rural area. It's with the transportation disruption and among the ethnic minority and also the migrant, the worker. Since 2021 until now through the USAID support, the project already supported 1,380 mobile [Indistinct] and to give 737,977 dose of the vaccine in the five province. So if you look at the graph, you can see the different target populations with the different number of dose vaccine. When [Indistinct] facing some challenging that is restoring and limited [Indistinct] center and vaccination site. The health center also faces limited equipment and local financial and human resources, especially the language barrier for the minority group because they don't understand Vietnamese very well ... project adapted to mobile vaccination strategy. That's how we've been long uses to provide the routine immunization in this project. That includes a monthly [Indistinct] coordination, engagement of local authority and community leader and community member, addition of new mobile site to reach the priority population. So monthly [Indistinct] coordination including the how and [Indistinct] stakeholder. They will have to identify the appropriate local [Indistinct] efficiency, especially compliant with the [Indistinct] guideline. And the contribution from [Indistinct] including the community health worker, emergency unit at local hospital, local police, social organization and also local people, community ... [Indistinct] ethnic minority leader who have fluent over the population and speak to the local language. They become champion for the COVID-19 vaccination and [Indistinct] have to increase the demand. The picture from the local store owner, woman [Indistinct] and also important. They are rescued and quickly trained to support for the vaccination in the vaccination section including the [Indistinct] verifying the vaccination subject, data entry and translation. Look at the picture here. You can see the village [Indistinct] who are support for the vaccination and translation for the Hmong ethnic group. Additional new mobile vaccination site is in project. We are using the existing routine immunization site in the [Indistinct] house. Besides that, we also use a new [Indistinct] kindergarten and a periodical school and community hamlet [Indistinct] a new site also located with the community imports to reach a specific priority population such as the migrant worker ... [Indistinct] sector and community leader. It's become very critical to coordinating on-site logistics and generating community buy-in and demand. Rescue the community for one tier to assist the essential task for the vaccination. That will be a good solution [Indistinct] human resource state. [Indistinct] mechanism and join the [Indistinct] and newly estimate and established the mobile vaccination site can be used for the routine immunization and supplemental immunization activity. One of our lessons learned, that is the education sector and [Indistinct] to reach the children. The first dose was administered for the children on April 14th, 2022, and then until now is appropriate about 3.6 million children already have infected with COVID virus. And regarding the [Indistinct] guidelines, the children from 5 to 11, just vaccinated with the two kind of vaccine only, the Moderna and Pfizer, while the children from 12 to 17 years over, only Pfizer vaccine. And one, the guideline that said that if the children who had gotten the COVID-19 infection, they have to wait for 3 months ... We're facing some challenges against reducing COVID prevalence and restriction as well as a high COVID-19 vaccination [Indistinct] Vietnam. So that is really to reduce the demand for vaccination, and we also see the increase of vaccine hesitancy to work for the COVID-19 vaccination for children because some children already get infected, and we have it, so they don't want to get the vaccine again by the [Indistinct]. And they were concerned about the long-term side effect, myths that have been spreading in the community regard the memory loss and potential damage or impairment on the reproductive health and fertility of the child and so on. So another one, children one, and children is the guideline on children's vaccination was unclear for first of all the children in the transition between age

group and which must vaccine and requirement for waiting time for the infected children. That leads to confusion for the health care worker and parent. So the one strategy we are focused on is continue and closely coordinate with the education sector, especially with local people, community, and the COVID-19 vaccination steering community. Facilitate coordination between health and education department. The teacher in the school have a consolidated list of the children in the targeted group, and when the school through turning into the mobile vaccination site can gather all the children there and vaccinated there for the [Indistinct] vaccination [Indistinct] and also integrate into the after-the-school activity. On the picture principal [Indistinct] promote and [Indistinct] for vaccination ...

- >> Dr. Dung, we're having trouble hearing you if you are speaking. Okay, I think I'm going to jump in here. With that presentation, we wanted to give the focus on how to reach populations. We wanted to see ... get input from our speaker ... from our participants about the strategies that you may have used to reach hard-to-reach populations, so please feel free to use this QR code or the link in the chat to ... the QR code in order to provide input to this question. Or you can go to Menti.com and use the code that's shown here.
- >> Okay, great. Yes.
- >> Great. Glad we have your audio back. I'll hand it back to you.
- >> Yeah, okay. Yeah. Thank you. So you look at the screen now, and thank you very much for the participation in the forum question. I would like to take a few minutes to go over some of the answers that you can see on the screen. Those ... The answer is mobile vaccination brand, and, yes, I think that also the good solutions but in our country the mobile vaccination van is not apply for the COVID-19 vaccination. We all used the land ... the place like [Indistinct] hall or the school [Indistinct] or community [Indistinct] that is set up for mobile vaccination site. Another one is the microplanning and mobile vaccination [Indistinct] that is exactly [Indistinct] we also do [Indistinct] Vietnam. The next answer is [Indistinct] mobility, yes. [Indistinct] historic population, vulnerable population in Vietnam. That is also targets of ... target population in the MOMENTUM project. Another one answer is open pool where in our project, we are focused on the rural and mountainous area. That is more a rural area rather than the urban or outskirts of the city, so really it's not ... because we are [Indistinct] mountainous and remote area, and in that province we just selected only the [Indistinct] categorized by government that is a poor and difficult and remote area in the project. So the next answer is children in the slum settlement or unrecognized housing community. They are in our target population is also including the children because the government and ministerial guideline is allowed to vaccinate children from 5 and under 12 and, of course, the adolescent, about the [Indistinct] 12 years old. However, that children is include all children, even children in the school or in the selected [Indistinct] and selected [Indistinct]. So the old children included in children in this settlement, also included in our project. And the last answer here is our schoolchildren, [Indistinct] children and children working in [Indistinct] yes. We also have a strategy to [Indistinct] children out of school because we have 10 percent of children [Indistinct] school, so that the reason why I have tools ... the reviews [Indistinct] the children, especially with the really [Indistinct] to identify the children who are not attending school. And then we are advocate their parent and bring the children to the mobile vaccination site and vaccinate COVID-19 program. And of course, we also get and try to get zero [Indistinct] children. That's also how [Indistinct] vaccine. Thank you, again, for the participants, and back over to Grace.
- >> Yes, I think we're going to go on to Mr. Sung's presentation now.

- >> Hello, everyone. On behalf of the team, I would like to share with you our lesson learned on microplanning tool development and implementation in Vietnam to support COVID-19 vaccination campaign. In Vietnam [Indistinct] implemented COVID-19 vaccination system from the beginning of the campaign in March of 2021. However, the [Indistinct] and guidance on the vaccination trends frequently, so the system had limitations on how to look at the different levels, had some challenge in making plan for COVID-19 vaccination as well as report. The challenge the facility have is the vaccine [Indistinct] and vaccine expiration date. Health workers do not have a good quality [Indistinct] plan. [Indistinct] did not have a way to estimate the number of stops and [Indistinct] to implement the COVID-19 vaccination, especially to when the facility received different types of the vaccine. We [Indistinct] and different expiration date. So like [Indistinct] standardized the planning format for all facility at [Indistinct] level is also this challenge. These facilities, they have their own template for planning, and the plan is very simple and in general ... in respond to the challenge, the MOMENTUM team in collaboration with national API and regional API to develop and establish microplanning tool. The tools were developed by the ... on the need of how to work [Indistinct] in landscape assessment and adapt with the whole realized. The prototype of the true [Indistinct] province to have the [Indistinct] for improvements, and the team finalized [Indistinct] before running out to the [Indistinct] project province. So tools is preprogrammed with the simple function of the Microsoft Excel to help the worker at levels to calculate automatically based on the input and how the workers input information required into the tool such as the number of target populations by group, the quantity and [Indistinct] of the refrigerator available at their facility. Update vaccination progress and number of the vaccination site that they conducted in a day and expiration date [Indistinct]. Health workers who are in charge of creating vaccination plan using microplanning tool to estimate their need for the whole campaign, in Vietnam, quantity and [Indistinct] depends on the location for high level. [Indistinct] the vaccine arrive, the facility has to make a plan to update their vaccination progress by age group with number of clients vaccinated by [Indistinct] vaccinate and by [Indistinct] based on their daily data report. They enter quantity and times of vaccine campaign. Based on the input data, so [Indistinct] necessary information for health worker like number of stop, number of health worker, number of volunteer and coaching the capacity needed for the campaign. So facilities submit plan to the [Indistinct] level basing on the plan from their own facility [Indistinct] uses a tool to make a plan for each [Indistinct] level. They uses that to allocate vaccine properly as well as [Indistinct] to provide clinical support for facility. Managers [Indistinct] understand well the [Indistinct] need of the capacity building, so they design and conduct a series of trainings to fit with the need from the facility level. At the beginning of the implementation of the tool, there was resistance from the health care worker. They did not want to learn and apply the new tool, so we had to work closely with the regional API and the provincial CDC to provide coaching and supportive supervision to encourage them to use this tool. This is a microplanning to bring some benefits like increased accuracy of local level needs and forecasting and planning, reduce vaccine waste space by allowing for appropriate reallocation of excess vaccine to [Indistinct] vaccine [Indistinct] community-level staff. Provide literacy and province-level staff with a standardized tool with a high-level buy-in from the national and local government agency. It's also have the opportunity based on the COVID-19 vaccination. The tool can be adapted for routine immunization, particular for catch-up vaccination for the children who missed vaccination due to the COVID-19 outbreak. And it could be integrated with the other health activity with support from the [Indistinct] while represent a community [Indistinct] uses microplanning tool and 1,500 plans created or adjusted based on the tool developed by the project. Some lessons learned, the microplanning can provide a facility [Indistinct] as a different level, and this is making and focused on things regional for COVID-19, the vaccination. Investing in a standardized tool with high level of the buy-in from the all level

of health system across geographic area improved efficiency and coordination with benefits [Indistinct] facility were committed to use and issue letters to all the level to use these tools to develop the [Indistinct] project for our [Indistinct] capturing and making the microplanning. Approach uses the digital solution as a mode impactful and helpful so when a solution aligns carefully to the need of the health worker in different levels to fit for the purpose and the local context, providing the training and mental [Indistinct] or technical support through the supportive supervision on the use of [Indistinct] tools is critical to case success and also the [Indistinct] sensibility.

- >> Thank you, Chi, for the presentation. Now we'll go to the phone questions. The question is, what are some adaptations or improvements that you or others have made to data planning or reporting system during the COVID-19? There is a QR code, so you can use the mobile phone to use your code to get the question and answer, or you can go to the website, [www.menti.com](http://www.menti.com), to get the question and answer. So we have 2 minutes to go before we go to review all your answers. So there was some answer here already, so 30 seconds more so we can look at the answer. So now thank you very much for the participation in the phone questions. I would like to take a minute to go over some of the answers that I'm seeing on the screen now. The answer is the capacity building of the health worker. Yes, so in order to input for data planning and also make the microplanning so we have to do the series of the training for the microplanning especially for how health worker are at different level, focused on the province and district level. They are the more important to make [Indistinct] COVID-19 vaccination [Indistinct] community. Second answer is, have to expand to include a wider range of the age group. Yes. You are correct because the microplanning, when we have a different target population, the government tried to expand target population for COVID-19 vaccination. So at the beginning, we just focus on the older adults and greater [Indistinct] and then we expand to the 12 under 18 years old and then 5 to under 12 years old. So the microplanning tool, also have to update it and also have to cover why they're [Indistinct] of the age group. And in the future for the children from 6 months to under 6 years, 5 years old, yes, you also have to include in [Indistinct] planning [Indistinct]. As a ... So next answer is a frequent review meeting to review and use data. Yes, you are correct. We have very frequent review meeting with different level, especially with provincial level and district level. During the review meeting, we invite also the [Indistinct] and also northern [Indistinct] office, the import and export, to join. And they also update the current and almost up-to-date regulation from initial [Indistinct]. During the review meeting, we also discuss about how to implement the microplanning and how to conduct microplanning in [Indistinct] and how to use data, yes. That, also a good answer. The last one is linking the community health worker with the facility to help find the [Indistinct] population, and the digital map alone is not sufficient to find individuals. Actually, we identify the higher-risk population at the beginning. However, when we do the vaccination with the comprehensive population, it's the whole population. So everyone is [Indistinct] evenly in the high-risk area and also the un-high-risk area. You know that at the beginning, we have a [Indistinct] number of vaccines, and that's the reason why we have to meet the priority for some population and high-risk population only, especially for health worker, for the elderly and also for the people at the high-risk population. However, after that, when we have a lot of vaccine arrival and a whole population where we target for the campaign. So thank you very much, again, for the participation, and now I will go back over to Grace again. Grace?
- >> Thank you very much, Dr. Dung and Mr. Sung for those excellent presentations. And thank you to everyone in the audience for the participation in those polls. It was great to hear about how the Vietnam team worked to address the special challenges around reaching children in the most remote populations for COVID-19 vaccination and also to hear about all the work to support microplanning, which is critical to

be sure that the vaccines with short expirations are put to good use. I want to encourage everyone to put any questions in the Q and A box. We have two questions there that are great questions, and I want to ask our panelist to answer them. And let me ... I will read them both out, and then, Dr. Dung and Mr. Sung, please jump in for ... to respond for everyone. So the first is, can you please describe how elderly populations will be prioritized and reached for future COVID-19 vaccination as focus shifts back to routine immunization and children? And then the second question is, what specific lessons did the project team learn regarding recruiting health workers to administer the vaccines? So, Dr. Dung, do you want to add to those?

- >> Yes. Thank you, Grace. So I think it is a very interesting question, and also ... That is also the [Indistinct] topic that is discussed in our country at the moment. The first question is about the elderly population and how it's prioritized. So the elderly population is the ... at the beginning of the vaccination campaign is one of the priority populations, as I just mentioned a few minutes ago. And in the [Indistinct] community area, elderly population was identified by common health center. So the health care staff in the common health center, they have a list the elderly, and they make the list and make the schedule for vaccination. And then they invite them for the vaccination site. However, in some areas, especially for our project areas, the elderly people is easily ... They don't have a chance to join the vaccination section because it's very far, and they don't have transportation or a vehicle, or they cannot go by themselves to the vaccination site for the frequent vaccination. So they ... Usually they are ... They are lower coverage of the vaccine when we go through those project [Indistinct]. That's the reason why the project also collaborates with the local authorities, especially with the different union such as woman union, family union and also the ... We have a volunteer health volunteer in every health care center in every community with supporter to identify the elderly and support them, make the list of those and organize some specific vaccination section in the inside the community [Indistinct] or the one house of the health care worker and they very closely with the elderly population. And then they invite them to go to come for vaccination. We also organize a team, go directly to the house of the elderly, but not much because it's very hard work, and we're very [Indistinct] to do that, so that is the real reason why the mobile team goes to the household usually at the end of the [Indistinct] campaign. And then we vaccinate for elderly. And why we do the mobile by site and mobile team, because the mobile team is not usually is to take a lot of the participation and resources. We have to bring a lot of equipment and move the vaccine along with the mobile site, mobile team and also have a travel. We have to pay for the travel fee. So that's the reason why the local authority and health care [Indistinct] don't have enough financial resource to fund it for the mobile sites. That's the reason why our project is contributed partly in support for the mobile site, and that's the reason why we can vaccinated for the elderly in the specific area. The second question, I do also mentioned about routine, how to sit back to the routine immunization and infant. I think we also already discussed about how to sit back to the routine immunization. The government also considers the COVID-19 as routine vaccination and can reimburse for that. However, that is still ... Because the COVID-19 is still considered a pandemic, meaning the government have to take care of it, and the vaccination should be separate from the routine immunization at the moment. That's the reason why I think in Vietnam now we do not yet have any official season to sit back to the routine immunize [Indistinct]. We still conduct the immunization for COVID-19 test campaigns separately from others. The next question is, what specific question did the project learn regarding the recruiting of the health worker? The health worker, we are mobilize all the health worker in the system to support for the vaccination. So that is the health care worker existing, the existing health worker network. And then if we don't have enough health care worker, we can mobilize some of the health care worker in the hospital, so a number of the health care

worker in the hospital already collaborate with us and support for mobilization. Besides that, we also recruiting some [Indistinct] health workers as the [Indistinct] union and the woman union, and all the [Indistinct] also join for the outreach vaccination. Thank you. Back to Grace.

- >> Thank you. We have another question that came through that's an excellent question, and I think others would be interested, too. What is the impact of rumor and misinformation while implementing COVID-19 vaccination? How was the situation addressed in order to build trust and create demand?
- >> Yes. I think we have a very big problem at the beginning of the COVID-19 vaccination, back to 2021. We have a first arrival of the vaccine around June of 2021, and then in the July, the government is starting the very [Indistinct] campaign for the COVID-19 vaccination in the country. I ... At that time, we don't facing the ... We don't facing a lot of the number of case of COVID-19 in Vietnam. That's the reason why people are still scaring to get the vaccine. They still don't worry about city and the effecting of the vaccine. So that time, we have a very strong [Indistinct] and misinformation, a lot of very bad story about vaccine and how to get the vaccine and a lot of story around that, they ... people talking about the rumor and misinformation rather than the truths. That's the reason why the government have also have one strategy for [Indistinct] or the COVID-19 in collaboration with WHO and UNICEF. So we have a series of the [Indistinct] to educate staff for the population [Indistinct] population for others and for the schoolchildren and also for the parent of the children. And in our project, we also organize very big ... the forum, the panel and discussion. We invite the leading expert in the country. One is come from [Indistinct] and one come from [Indistinct] and one from the local and one doctor from the hospital and [Indistinct] and we also invited the one expert from WHO, but finally he cannot join. So that's [Indistinct] discussion one forum that invite about more than 3,000 people to join, and we talk about why we have to implement COVID-19 vaccination and how to do that and the role of the health care worker for the green-lighting vaccination. So we went even ... In the past panel discussion, we can also identify that some of the health care workers still scare and suspect about the safety of the vaccine and [Indistinct] vaccine and even for the children, especially for children from 5 under 12. So by that way, we have a [Indistinct] from the different expert, leading expert, to explain [Indistinct] topic, [Indistinct] topic, [Indistinct] issue by issue, and then by that way, you understand, and they have a very strong collaboration later on. We do the same thing for the community. We have a lot of [Indistinct] from government and also from maybe where they implemented COVID-19 vaccination campaign in order to address a lot of the problem from community and create the demand for community. Over.
- >> Thank you for that excellent answer. I wanted to jump in with a question of my own and building on this question about trust and misinformation. I know occasionally even for routine immunization there are periods where there may be some mistrust of the vaccine and questions about the safety. Can you say a little bit both on the question of vaccine safety and trust as well as some of the work that's been done to reach very remote or migrant populations? Are there lessons for routine immunization based on this work?
- >> Yes. I think vaccine safety is very hard topic at the beginning of our project and also at the beginning of the campaign in the countries because when we demand COVID-19 vaccination for the very big population [Indistinct] ever because before we just vaccinated for the children or for something aside for some vaccination only, but for COVID-19 we are doing for the whole population. And all ... They have a different age group, different level of knowledge and understanding about vaccine. So the vaccine safety is the hard topic many people discuss around. That's the reason why we have to provide a lot of ... We not say ... Just say, really, the vaccine is safety. We have to provide the evidence. So that's the reason why a



lot of problem even in the newspaper and the main source of media. We have to provide the figure, the evidence from the scientific paper and also from ... We also have to analyze as a side effect. You can [Indistinct] the side effect is very low compared to the routine immunization vaccination, and also we have to ... We never have comprehensive and no-side-effect vaccine ever, so we have to face some [Indistinct] very minimum, and the [Indistinct] is compared to benefit ... is much bigger. Another one is the [Indistinct] from the WHO and UNICEF play a very important role for the vaccine safety. In some case, in Vietnam, we're facing some side effects and even deaths related to after the vaccination, and the WHO is examining and provide a lot of [Indistinct] and evidence to prove that some case is not related to vaccine. We can get the evidence to prove that that's evident. So that's the reason why that is a strategy we apply in Vietnam. We have to collaborate with WHO, with international organization. Besides that, we provide evidence for the ... in order to answer all the vaccine safety answers. Over.

- >> Thank you for that. Is that all you want to add related to being able to reach migrant populations? Are there any lessons for routine immunization in that regard? Dr. Dung, can you ... If you're speaking, we can't hear you.
- >> Can you repeat the question again? I'm sorry. I missed your question.
- >> Yes. The question was, are there any lessons around the work that MRITE did in Vietnam to reach migrant populations that could be useful for routine immunization?
- >> Yes, okay. That's also interesting question because when we conduct [Indistinct] project in five provinces, we have one province, have a very big problem with migrations. That's the reason why when we support them and finally they report the vaccine coverage is more than 100 percent, sometimes it's the high [Indistinct] number is 126 percent. So that's very strange, very [Indistinct]. So we are in the [Indistinct] province in the south of Vietnam, so we have to [Indistinct] reason immediately after we get that figure and go to [Indistinct] with CDC. And we sit down to analyze it later with them. So, finally, at the beginning, we support the [Indistinct] that is the local people. But when they implemented the vaccination campaign, they vaccinated for a lot of people, is not [Indistinct]. That is a migrant worker because that is [Indistinct] a lot of worker from other provinces come there to work for solar energy and also for the wind power plant there because they have a very big power ... wind power plant in [Indistinct] there are a lot of migrant worker come there to work. So when they come back to COVID-19 vaccine, they're vaccinated for everyone. They don't say, "Okay, you are local," or, "You are migrant." But when they go to the vaccination side, they vaccinate the [Indistinct]. That's the reason why they are reported to number of the people [Indistinct] the COVID-19 vaccine more than the nominator, so that's the reason why they get more than one [Indistinct] more than 1 percent. So for the migrant, I think that is a very good experience for it. It's first thing. We have to identify the migrant at first. For [Indistinct] do the survey and review the survey in the local very well at the beginning. That's the reason why they're facing that, some problem with the vaccination, because their plan for the vaccine is less than the number of demand. That's the reason why they did get some problem. So one lesson learned from that is have to review all the subjects, even the migrant population to be included, but that is at the beginning. The second one is, when we vaccinated for the migrant, we have to [Indistinct] register or [Indistinct] reporting for the system. So in our system, the online system, we hold the COVID-19 vaccine. We have a website for that, and people, when they're vaccinated, they entry the data on the website. However, the website is not linking from this province to another one. So that is one limitation. However, we can ... but the one experience is we have to report it. Report the number, okay, who come from other province or come from other place to come to the [Indistinct] province to vaccinated to report back to the original

province they come from. So by that way, we are not overlapping reporting the data. So in [Indistinct] still reporting, they will get more than 100 percent. But if that migrant worker comes from province A, and province A is ... When they report the coverage, it's so low because they are lacking of that person, even that person in the lead in province A. However, that worker has got vaccine in [Indistinct]. So that is our true experience, our lesson learned from migrant worker. We are learning from Vietnam.

- >> Thank you for that. We're near the end of time, and so that will be our last question. I want to thank Dr. Dung and Mr. Sung again for those excellent presentations, and thank you to all the participants for the great questions, too. We now have a few minutes. I'm going to hand it over to Erin O'Riordan from our USAID [Indistinct] team to provide some closing remarks.
  - >> Hi, everyone, and thank you, grace. Thank you all for your questions and engagement in today's webinar. While the MRITE project had a time-limited engagement in Vietnam, it made important contributions to the COVID-19 vaccination campaign across five provinces. With its rapid activities and innovative interventions, the project reached underserved and priority populations with COVID-19 vaccines and provided a model that the national and regional API programs can apply and adapt for other provinces. Many of the project's contributions including strengthened health worker capacity through training and supportive supervision, the development of scale and microplanning tools and relationship building and coordination across administrative levels will continue to benefit routine immunization beyond the project's end. Together, these contributions have increased immunization, service, delivery and resources, forecasting expertise at local levels while building trust between key stakeholders that can be used for immunization more broadly as well as other health interventions. We hope that the lessons learned from this work can be useful for other countries, and thank you again for your time and engagement. Back to you, Grace.
- >> Thanks very much, Erin. Before we drop off, I wanted to ask everyone to take 2 minutes of your time to provide feedback on our webinar. You can use the link here, the QR code on the screen, or I think there's a link in the chat in order to provide feedback. It will only take 1 or 2 minutes and is really valuable to us. In the next few days, you'll be receiving a link to today's recording. So thank you very much for your participation, and thank you to our speakers from USAID as well.