

MOMENTUM Routine Immunization Transformation and Equity

Lessons Learned from COVID-19 Vaccine Rollout in Vietnam

October 18, 2022

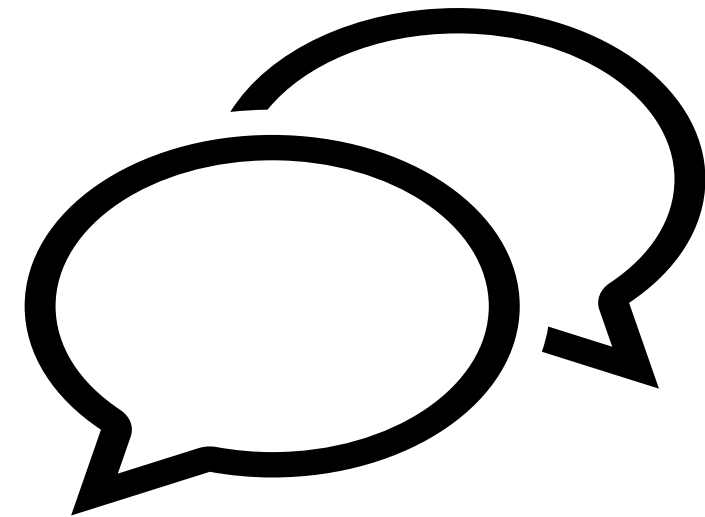


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- Use the **chat feature** to introduce yourself and share your thoughts during the presentations.





Opening Remarks: USAID Vietnam Mission

Mr. Randolph Augustin
USAID/Vietnam Office of Health Director

Meet the Speakers



Dr. Tham Chi Dung, MD., PhD.

Vietnam Country Project Director
MOMENTUM Routine Immunization
Transformation and Equity



Mr. Dao Dinh Sang

Vietnam MEL Lead
MOMENTUM Routine Immunization
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COVID-19: Vietnam Context

On January 23, 2020, the first case of COVID-19 caused by the SARS-CoV-2 virus was confirmed in Ho Chi Minh City, Vietnam.

The socio-economic situation has been strongly affected by the pandemic. Control activities were implemented, including measures of social distancing and lockdown. In 2020, Vietnam had maintained control of the epidemic with a total of 35 confirmed deaths for the year. However, by the end of July 2021, the epidemic situation had become more serious with the increasing number of deaths.

The COVID-19 pandemic has spread to all 63 provinces and cities in Vietnam. As of August 26, 2022, Vietnam officially reported 11,396,205 cases and 43,110 deaths.



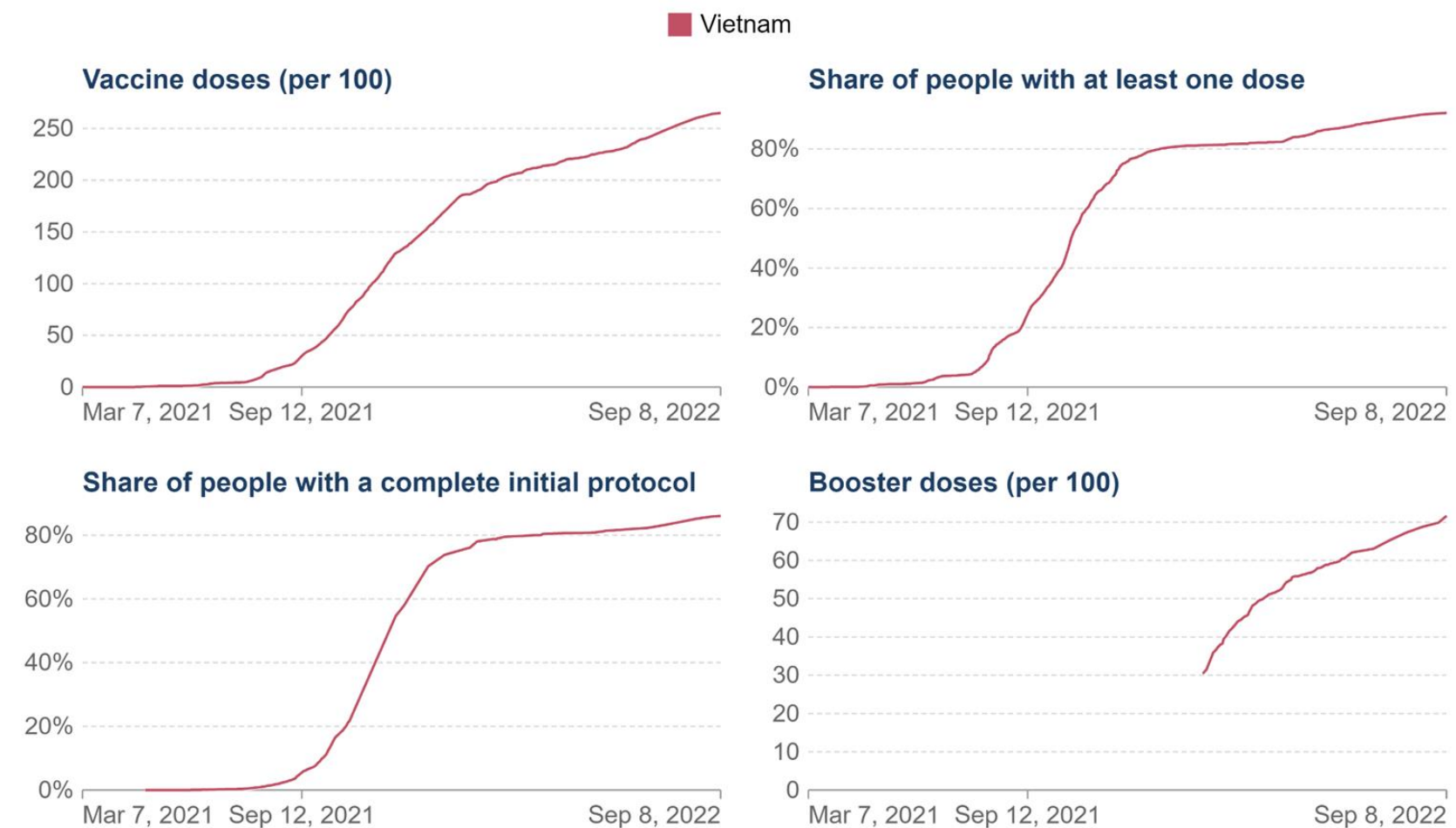
COVID-19 Vaccine Coverage in Vietnam

- On July 10, 2021, the Government of Vietnam (GVM) launched its largest national vaccination campaign for the COVID-19 vaccine.
- Vietnam's COVID-19 vaccination coverage for the first dose exceeded 80 percent of the total population by April 3rd, 2022, making it one of the leading countries in COVID-19 vaccination coverage.
- However, lower coverage persisted among the hardest-to-reach populations, such as those residing in remote, mountainous areas.

Vietnam COVID-19 Vaccination Coverage

COVID-19 vaccine doses, people with at least one dose, people with a full initial protocol, and boosters per 100 people

Our World in Data



Source: Official data collated by Our World in Data

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MOMENTUM Routine Immunization Transformation and Equity Project in Vietnam

- **Goal:** Reduce COVID-19 morbidity and mortality by supporting COVID-19 vaccine introduction and deployment.
- **Population and geographical focus:** Vulnerable and marginalized populations and those missed to-date in five hard-to-reach, mountainous provinces in the northern and central regions (Dien Bien, Son La, Hoa Binh, Quang Nam, Ninh Thuan).
 - Provinces were selected based on GVN identified need to extend focus beyond urban areas and easier-to-reach geographies, as well as coverage data in earlier stages of vaccine rollout.



MOMENTUM Routine Immunization Transformation and Equity Project in Vietnam

- **Local partners:** National Institute of Hygiene and Epidemiology (NIHE) (where the NEPI and Northern EPI are located) and Pasteur Institute of Nha Trang (where the Central EPI is located), together with the five Centers for Disease Control (CDC) from the five identified project provinces.
- **International Stakeholders:** WHO, UNICEF
- **Objectives:**
 - Support provincial EPIs on microplanning and strategic implementation of COVID-19 vaccine rollout.
 - Provide immunization technical support and capacity building aligned closely with GVN priorities and protocols, including supportive supervision.
 - Monitoring, evaluation, and learning.





COVID-19 Vaccination Strategy

Mobile Vaccination to Reach Marginalized Populations

Mobile Vaccination Strategy for Last Mile COVID-19 Vaccination

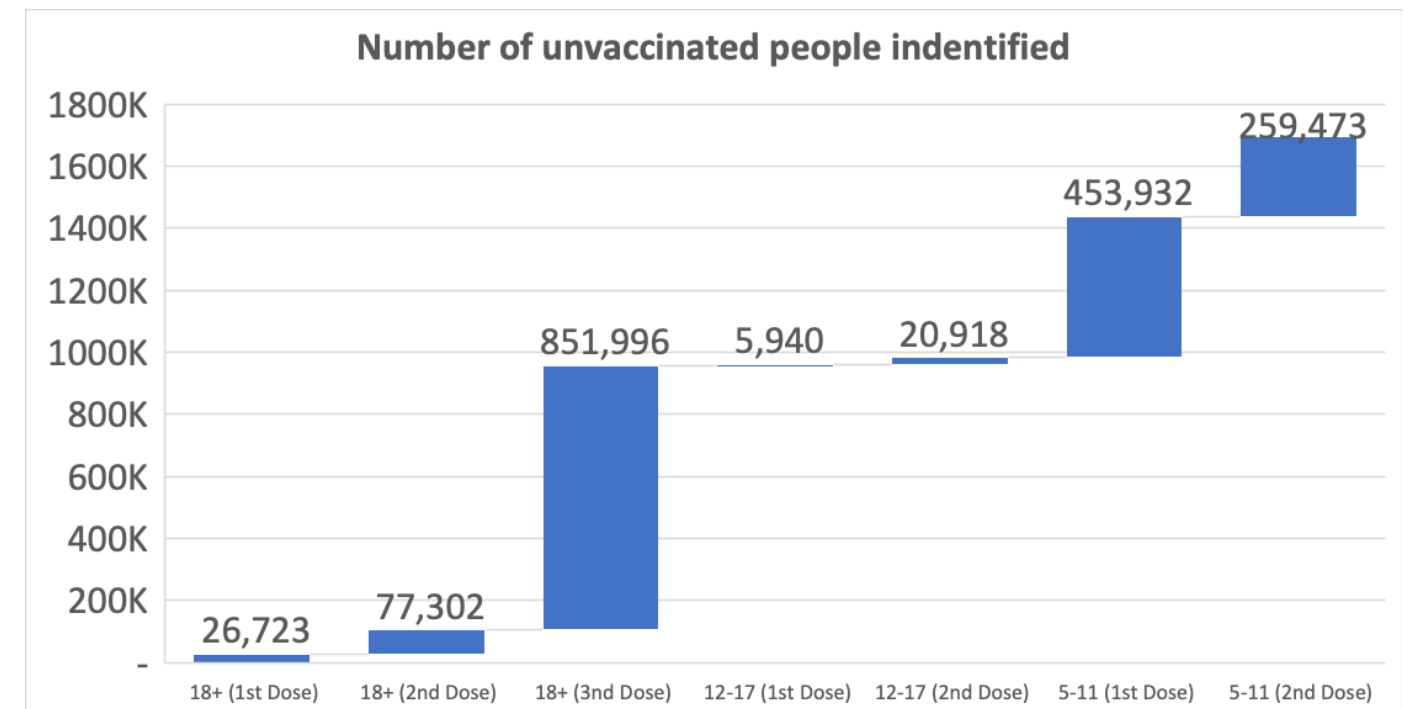
The project focuses on improving access to COVID-19 vaccination among **hard-to-reach communities** in the five focus provinces who are often:

- Living in geographically remote or rural areas with transportation disruption.
- Ethnic minorities.
- Migrant workers.

Challenges:

- Rough terrain and limited paved roads mean long travel times to health centers and vaccination sites.
- Limited equipment and local financial and human resources.
- Language barriers.
- Vaccine hesitancy, even anti-vaccine in some ethnic minorities.

Since 2021, with USAID-support, MOMENTUM Routine Immunization Transformation and Equity has supported **1,318 mobile vaccination sites** and administered **737, 977 doses** of the COVID-19 vaccine in five project provinces.



Mobile Vaccination Strategy for Last Mile COVID-19 Vaccination

The project adapted mobile vaccination strategies that have long been used to provide routine immunization to hard-to-reach populations for last mile COVID-19 vaccination through:

- 1. Multi-sectoral coordination.**
2. Engagement of local authority, community leaders, and community members.
3. Addition of new mobile sites to reach priority populations.

Multi-sectoral Coordination

Coordinating many health and non-health stakeholders helped to identify appropriate local sites, ensure safety, efficiency, and compliance with Ministry of Health (MOH) COVID-19 vaccination guidelines.

Critical contributions from structured and coordinated multi-sectoral actors:

- Commune health workers
- Emergency unit at the local hospital
- Local police
- Local social organizations: women union and youth union
- Local People's Committees

Mobile Vaccination Strategy for Last Mile COVID-19 Vaccination

Engagement of Local Leaders and Community Members

- Community leaders (village heads, ethnic minority leaders) who have influence over the population and speak the local languages, helped to champion the COVID-19 vaccination, increasing demand.
- Teachers, farmers, local store owners, and women's unions were recruited and quickly trained to support different roles in the vaccination locations including welcoming and registration, verifying vaccination subjects, data entry, and translation.



A Village Youth union member was mobilized to support health workers with translation to H'mong during screening examination for a village elder with a pre-existing condition of heart rate abnormality.

Mobile Vaccination Strategy for Last Mile COVID-19 Vaccination

Addition of New Mobile Sites

- Existing routine immunization sites in cultural houses were used.
- New sites were utilized for COVID-19 vaccination, including kindergartens, periodical schools, and community/hamlet gathering halls.
- New sites were located with community input to reach specific priority populations (e.g. migrant workers with small children).



“My whole village has been vaccinated here [Da Phen kindergarten- Mobile vaccination site]. We wouldn’t have come to town as by the time I get there the sky will be dark” - a field worker from Da Phen 3 village who came to get vaccinated when picking up her child after work.

Mobile Vaccination Strategy for Last Mile COVID-19 Vaccination

Lessons Learned

- Coordination with health and non-health sectors and community leaders is critical to coordinating on-site logistics and generating community buy-in and demand.
- Recruiting community volunteers to assist with essential tasks related to COVID-19 vaccine implementation can be a solution in settings with human resources shortages.
- Multi-sectoral coordination and mechanisms, trained non-health staff, and newly established mobile vaccination sites can be used for routine immunization and SIA in the future.



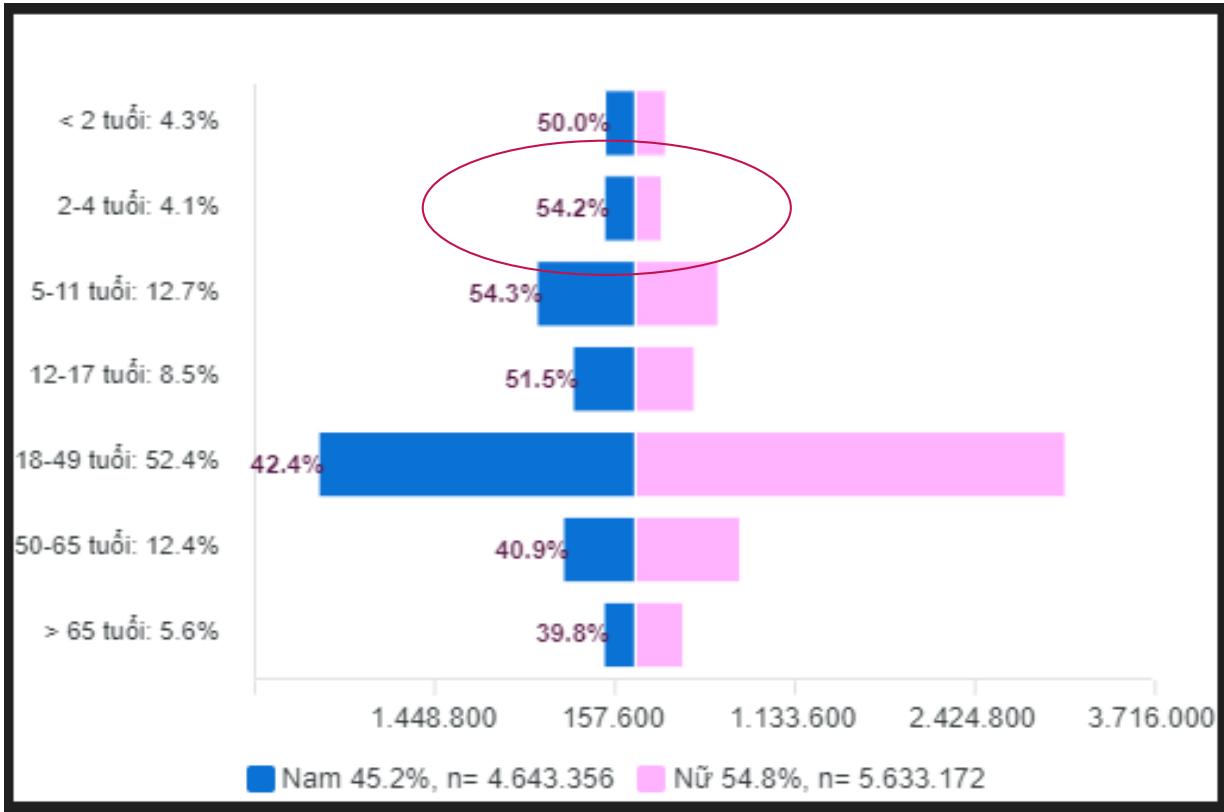


COVID-19 Vaccination Strategy

Education Sector Engagement to Reach Children Ages 5-11

COVID-19 Vaccination for Children Ages 5-11 in Vietnam

- The first dose of COVID-19 vaccine given to children ages 5-11 was administered on April 14, 2022. By then, approximately 3.6 million children in Vietnam had already been infected with the virus.
- As per MOH guidance, children ages 5-11 would be vaccinated with both Moderna and Pfizer, while children aged 12-17 could only get Pfizer.
- Children who have been diagnosed with COVID-19 would have to wait 3 months until they could get their COVID-19 vaccine.



Education Sector Engagement to Reach Children Ages 5-11

Challenges to Vaccinate Children Aged 5-11

- Reduced COVID-19 prevalence and restrictions as well as high COVID-19 vaccination coverage in Vietnam have reduced demand for COVID-19 vaccine.
- Vaccine hesitancy toward COVID-19 vaccination for children:
 - Many children have already been infected and recovered; thus, the risk of further infection vs. the risk of vaccination were carefully weighed by the parents.
 - Concerns on long-term side effect myths that have been spreading in the community regarding memory loss, potential damage/impairment on the reproductive health/fertility of the child, and so on.
- Guidance on vaccinations for children were unclear. For example the children in the transition between age groups, mix-match vaccination, the requirement of wait-time for infected children, etc. led to confusion for healthcare workers and parents.

Coordination with Education Sector

- Local People's Committees and COVID-19 vaccination Steering Committees facilitated the coordination between Health and Education departments.
- Teachers consolidate list of children in the target age group.
- Schools turn into the mobile vaccination sites.
- Vaccination sessions were integrated into after school activities.
- Teachers/principals encourage parents to give COVID-19 vaccination consent for their children.

Mentimeter Poll

What are strategies you have used to reach hard-to-reach populations?





Microplanning

Mr. Dao Dinh Sang
MEL Lead Vietnam, MOMENTUM Routine Immunization
Transformation and Equity

Data Systems for COVID-19 Vaccination

Challenges

- Vaccine allocations arrive without much notice and vaccine expiration dates necessitate quick resource mobilization and decision making at local levels.
- Gaps in data and data management tools for health workers and district/provincial level health officials to effectively plan for COVID-19 vaccination implementation, as well as collect, report, and analyze COVID-19 data.
- Gaps and limitations in Vietnam's national COVID-19 data system.
- Commune and district health staff don't have a way to estimate the number of vaccines, resources, and supplies needed to implement COVID-19 vaccination especially given many vaccine types with short shelf life and different expiration dates.
- Lack of standardized planning format for all facilities at all levels.

Data management systems are essential in enabling local government and healthcare workers to estimate resources available for COVID-19 vaccination, forecast vaccine needs, and track progress to pinpoint gaps in coverage, particularly in hard-to-reach communities.

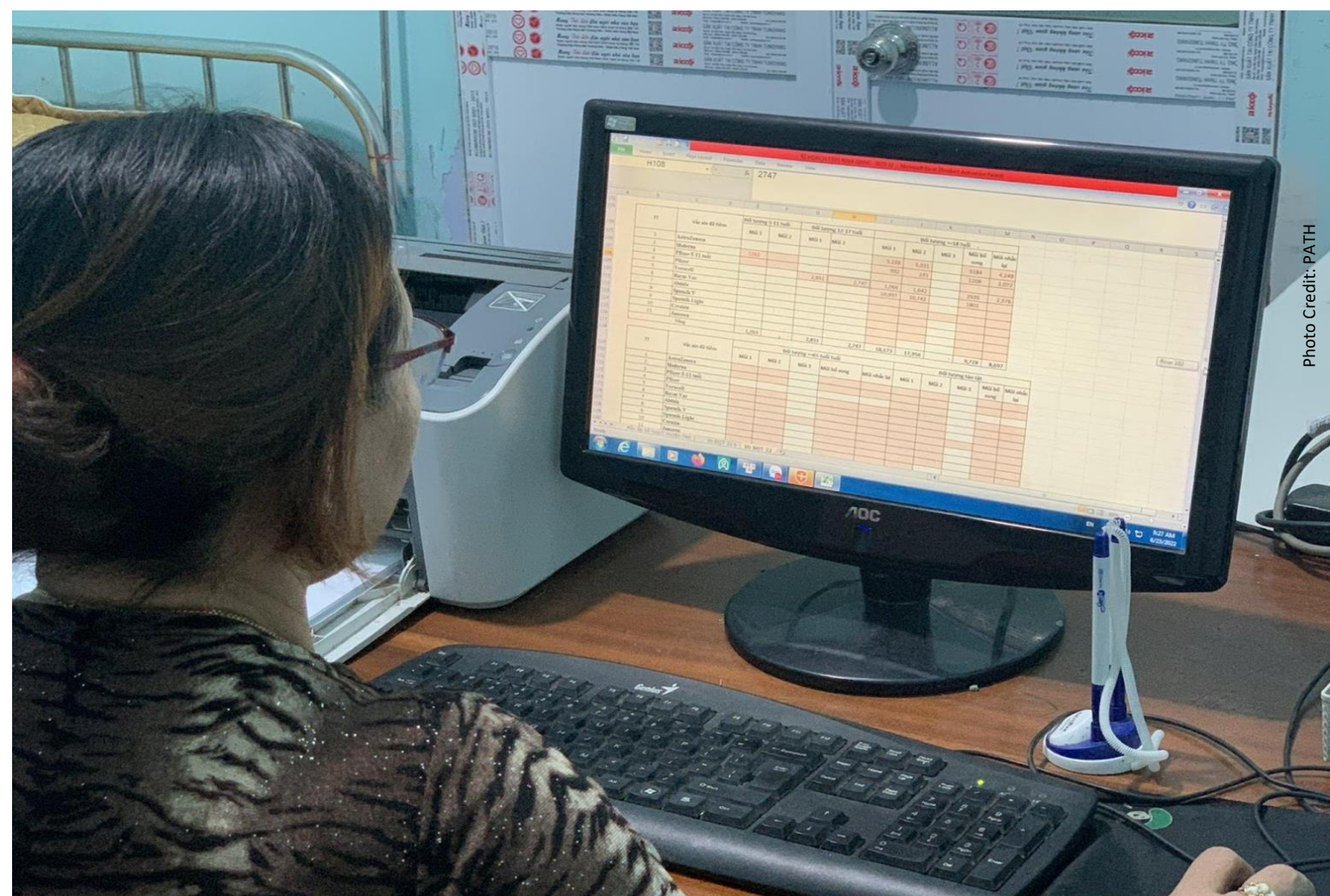


Microplanning Tool

In response to these challenges, project staff developed an Excel-based microplanning tool for use at the commune and district level.

Tool Design/Development

- The project team analyzed user needs, adapted WHO tool and shared with partners (NEPI, regional EPI, CDC) for input
- Piloted in Son La province; revised, adapted, finalized, and scaled up to other provinces
- Excel-based microplanning tool with pre-programmed automatic calculations
- Users input variables needed to estimate resources for COVID-19 vaccination, including target population and coverage, human resources and supplies, cold chain capacity, vaccine types, amount, number of vaccination sites, and expiration date received



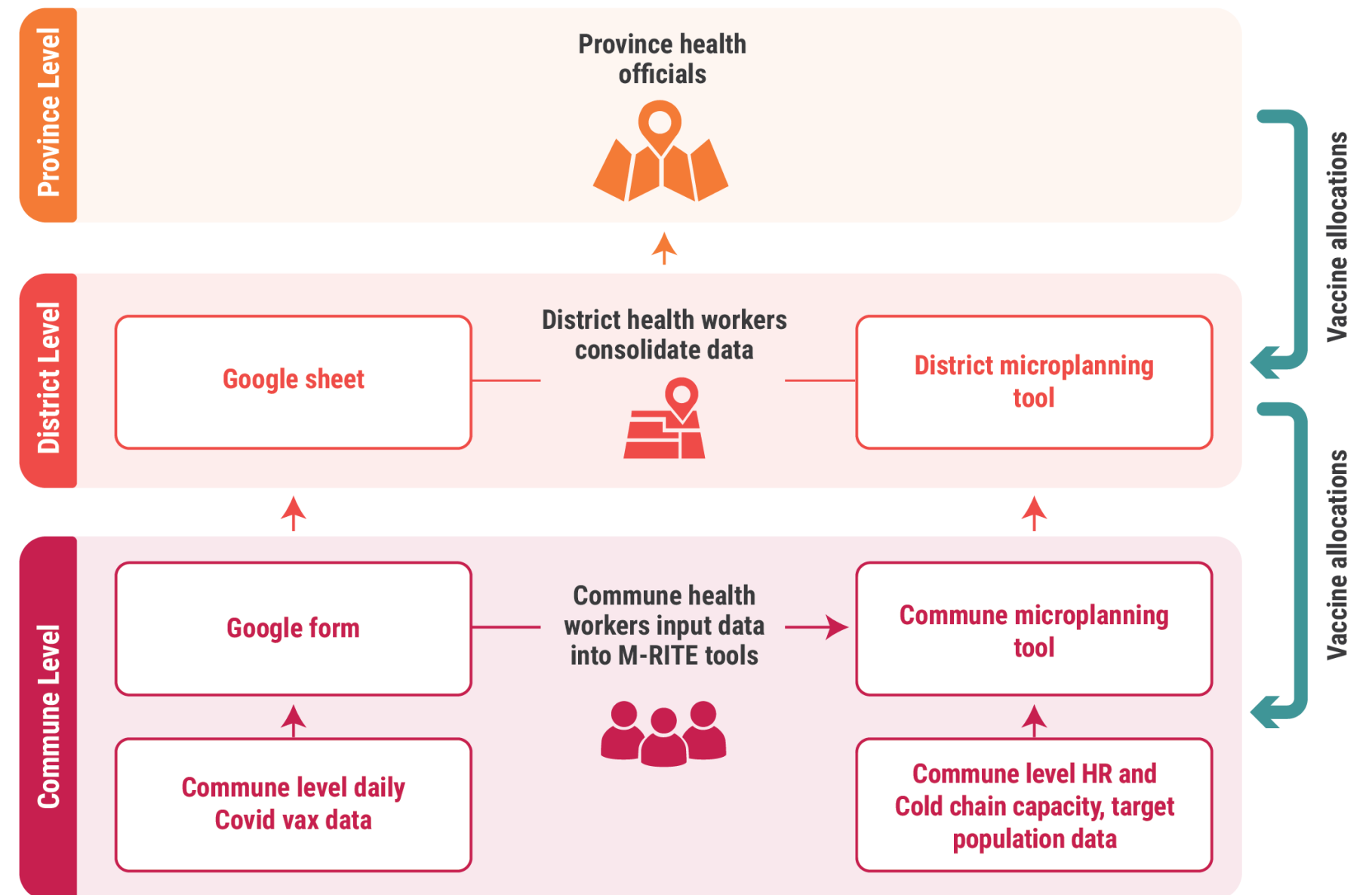
A healthcare worker uses the microplanning tool in Ta Poo commune, Nam Giang district, Quang Nam Province.

Microplanning Tool

Tool Implementation

- Daily reporting of data from a Google form developed by the project is fed into the microplanning tool along with other data.
- Communes submit microplanning tools to the district; district aggregates and communicates needs to provincial level.
- TOTs at province/district; and cascade trainings at commune level.
- Initial resistance from HCWs—required ongoing mentoring and supportive supervision.

Data Flow from Communes to Upper Levels



Microplanning Tool

Benefits

- Increased accuracy of local level needs forecasting and planning.
- Reduced vaccine wastage by allowing for appropriate reallocation of excess vaccines to other communes or districts with vaccine shortage.
- Saved time for commune level staff.
- Provided district and province level staff a standardized tool with a high level of buy in from national and local government agencies.

Opportunities Beyond COVID-19 Vaccination

- Could be adapted for routine immunization, particularly catch-up campaigns or supplementary immunization activities.
- Could be more opportunities for integration with other health activities.

Outcomes

- **1,485** facilities used the tool to develop vaccine arrival or disbursement and immunization plans.
- 100 percent of communes in Son La, Dien Bien, and Hoa Binh use the microplanning tool.

Microplanning Tool

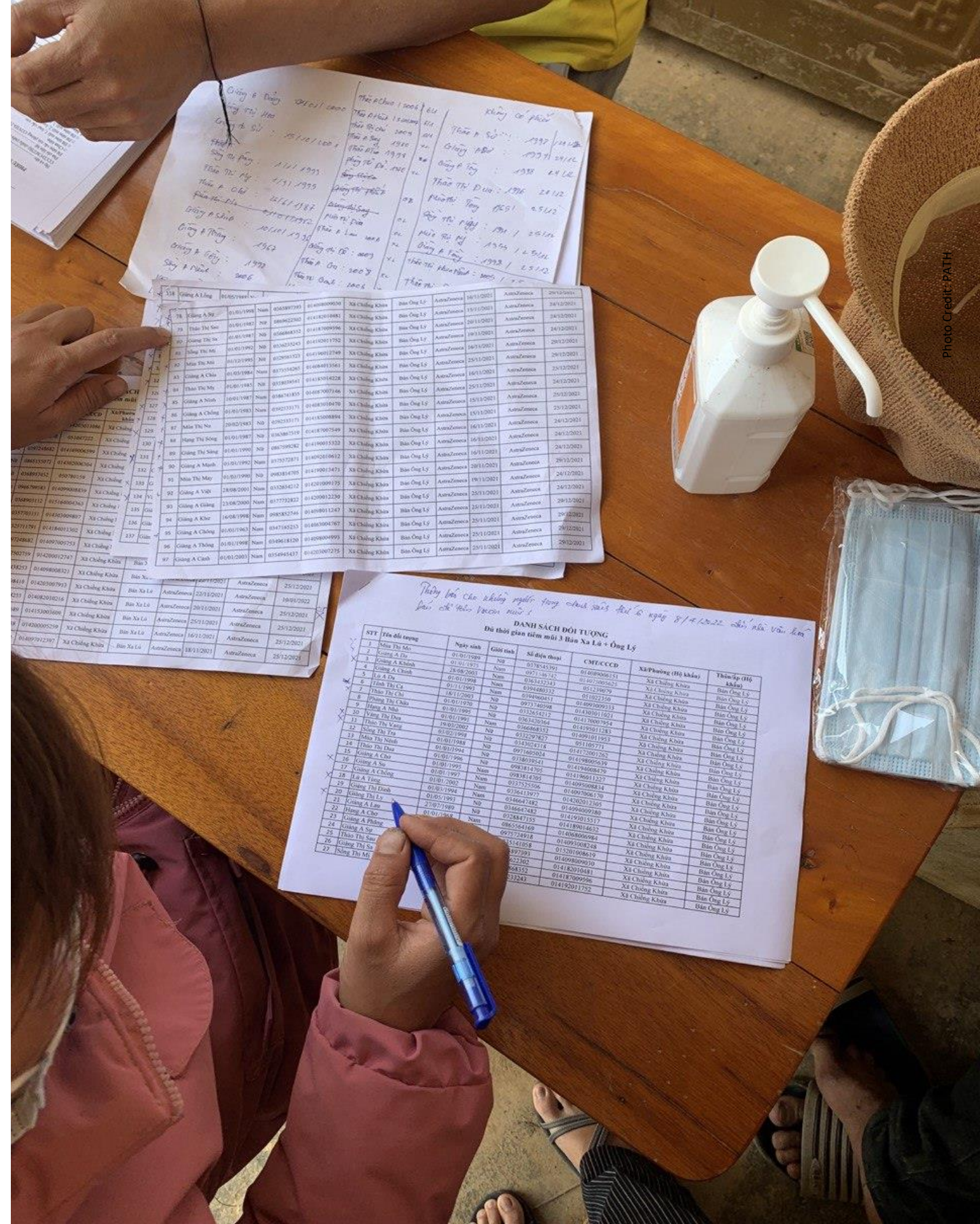
Lessons Learned

- The microplanning tool provided local communities and district officials with increased agency in decision-making and resource forecasting for COVID-19 vaccination.
- Investing in a standardized tool with high levels of buy-in from all levels of the health system across geographic areas improves efficiency and coordination. CDC accepted and issued a letter to all levels to use the Google form instead of paper based reporting systems.
- Digital solutions are most impactful when they are fit-for-purpose and tailored to local contexts.
- Providing sufficient initial training and ongoing mentorship through frequent supportive supervision on the use of digital tools is critical to success and sustainability.



Mentimeter Poll:

What are some adaptations or improvements that you or others have made to data planning or reporting systems during COVID-19?





Q&A





Closing Remarks: USAID

Evaluation

Share your feedback on today's webinar!



THANK YOU

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