

The background is a solid blue color. It features several abstract geometric elements: a large, faint virus-like particle on the left; a cluster of circles with different patterns (dots, concentric lines, and a striped segment) in the upper right; and a large, faint syringe icon in the center-right. The text is positioned in the lower-left area of the cover.

# Guidance on operational microplanning for COVID-19 vaccination

**INTERIM GUIDANCE**

16 NOVEMBER 2021



**World Health  
Organization**

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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# Acronyms

<b>AEFI</b>	adverse events following immunization
<b>CBO</b>	community based organization
<b>CSO</b>	civil society organization
<b>EIR</b>	electronic immunization registries
<b>GIS</b>	geographic information system
<b>IDP</b>	internally displaced persons
<b>NDVP</b>	national deployment and vaccination plan
<b>NGO</b>	non-government organization
<b>NITAG</b>	national immunization technical advisory group
<b>PFM</b>	public financial management
<b>PPE</b>	personal protective equipment
<b>RCCE</b>	risk communication and community engagement
<b>RED</b>	reaching every district
<b>SAGE</b>	strategic advisory group of experts
<b>UCC</b>	ultra-cold chain
<b>WHO</b>	World Health Organization

# Introduction

At the national level, planning for COVID-19 vaccine deployment focuses on creating an enabling policy environment, procurement system and resource allocation. Successful implementation requires a collaborative effort between governments, private sectors, development partners and communities. At district and sub-district levels, successful introduction, uptake and equitable distribution of COVID-19 vaccines depend on robust and continuously funded operational microplanning.

Microplanning for COVID-19 vaccination involves developing a detailed roadmap for implementing COVID-19 vaccines in the catchment area of a primary health care facility or corresponding institution. The microplan includes components necessary for management of human resources, vaccines and logistics; demand generation and communications; service delivery; and community engagement.

**An operational microplan is not just a collection of spreadsheets and budgets. Rather it acknowledges human, financial, and logistical resources as well as the geographical, demographic, and socio-cultural attributes of the resident population and target community groups.**

There are key distinctions between childhood routine immunization and COVID-19 vaccination. The populations to be vaccinated are larger; the multiple age ranges need tailored strategies for delivery, demand and uptake; and planning will need to be regularly revisited and updated over at least a two-to-three-year period as vaccine availability increases and products evolve.

COVID-19 vaccination microplans should be tailored to specific contexts and linked with operational aspects of immunization and other programmes for addressing such issues as difficult access and scarce resources. Therefore, planners and immunization programme managers should refer to and build from other routine immunization and VPD-specific microplanning experiences and data inputs, as relevant and feasible, to help inform this process.

**Microplanning for COVID-19 vaccination is a continuous process that depends on the type and supply of vaccines, demand and uptake and findings from monitoring and involves re-evaluation and revisions for leveraging resources and opportunities.**

## Purpose of the document

This document provides operational guidance and information to support planners and immunization programme managers at the national and sub-national levels on microplanning for COVID-19 vaccination

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