Exchange on communication strategies and generation of demand to improve COVID-19 and routine vaccination rates

Since the introduction of COVID-19 vaccines in the Region of the Americas in 2021, more than 1.96 billion doses have been administered and 69.4% of the Region’s population has been vaccinated.1 However, only 17 of the 51 countries and territories have reached the World Health Organization (WHO) target of 70% vaccination coverage. Vaccination against COVID-19 in the countries of the Americas faces numerous and complex challenges, including the infodemic, with widespread circulation of myths and misinformation (e.g., concern about the safety and efficacy of new vaccines developed in record time, rumors from anti-vaccine groups, etc.), and vaccine hesitancy.

In response to a request by the Ministry of Health of Peru, the Pan American Health Organization (PAHO) and WHO organized two sessions for Spanish-speaking countries in Latin America to share successful strategies for communication and to generate demand. These strategies were deployed to improve vaccination coverage rates and acceptance, both for COVID-19 and for routine immunization throughout life.

Both sessions had participation from ministries of health of Spanish-speaking Latin America, PAHO immunization and communication focal points, and colleagues from other United Nations organizations and partners. The first exchange session, held in June 2022, featured presentations on experiences and lessons learned by representatives of the ministries of health of Colombia, Guatemala, Peru, and Uruguay, as well as the Montgomery County Health Department in the state of Maryland, United States of America. Each country was asked to present its experience in the area where it had achieved the most progress on vaccination coverage.

Guatemala: Indigenous groups

Dr. Rodolfo Pineda, head of the Directorate of Petén Sur Oriente Health Area, presented activities at the local level and with Mayan, Xinka, and Garifuna community leaders. The purpose of these initiatives was to advance vaccination against COVID-19 in these populations, with the support of different partners and the PAHO Country Office in Guatemala, in collaboration with Dr. Luis Castellano of the Petén Sur Oriente Health Area.

Conversation with Daniel Salas, new chief of the PAHO Comprehensive Family Immunization Unit

In May 2022, Daniel Salas became chief of the PAHO Comprehensive Family Immunization Unit, part of the Family, Health Promotion, and Life Course Department. We had a chat to get to know him a little better.

Dr. Salas is Costa Rican and got his medical degree from the University of Costa Rica in 2001. He also obtained a Masters in Epidemiology, with a concentration in Applied Epidemiology in Health Systems, from the Universidad Nacional de Costa Rica (UNA). He was later awarded a diploma as a Project Management Specialist by the Instituto Tecnológico de Costa Rica.

How long have you been working in public health?
Twenty years.

Exactly 20 years? Do you remember when you started?
Yes, it was in February 2002, so it would be 20 years and 5 months.

Quite a long time.
Yes, it’s been a long time. I have always been passionate about continuous improvement, always challenging the status quo and going beyond. I think part of what you need or what you have to do to achieve changes in public health is not always accept things as they are. I know that there are results that are very well established, that have been achieved over time, and that it is important to sustain them. But times change, needs change, and organizations, institutions, and supply have to change as well. I firmly believe that. Although it’s been 20 years of working in public health, I feel like I’m just starting out because there are many challenges I’m excited to face, in order to make necessary changes to close gaps in the supply of services and health projects.

What motivated you to study medicine? Was it something specific?
It was the combination of two things. I was never one of those kids who said: “I want to be a doctor, I want to be a doctor when I grow up”, but at school I really fell in love
Lessons Learned

- Guatemala’s experience provides a key example of how community participation is essential in any effort to generate vaccination demand.
- Governments, through their health services, must engage community leaders who can support communication on the benefits of vaccination.
- Messages must be clear, simple, and tailored to the language and cultural context of the target audience.

Uruguay: Older people

Patricia Schroeder, director of the Uruguay Ministry of Public Health Department of Communications, presented activities intended to reach, inform, and vaccinate groups of older people.

The Ministry evaluated different methods to make vaccines available in central locations and bring them to the most vulnerable groups to increase accessibility. It also developed the COVID-19 Vaccination Plan 2021–2022, which included events targeting priority groups. This prioritization method involved vaccination by stages. Building on the success of a previous flu (influenza) vaccine campaign in 2020, COVID-19 vaccination began in 400 residential facilities nationwide, a strategy that also allowed the registry of residential establishments to be updated. People in these facilities are vulnerable because of their age. Primary and booster series were checked for completeness. The country put different programs in place, including the Pueblo a Pueblo (Village-to-Village) campaign, which involved bringing vaccinators to the most isolated areas, making telephone calls to people over 60 to remind them of their vaccination appointments, and launching a communication campaign through payment and collection networks.

The results were excellent, with 100% vaccination coverage for the first dose in people over 75 years of age, and 97% in those aged 65 to 74 years. Second dose coverage reached 99% in people older than 75 years and 96% in those aged 65 to 74 years. Coverage for the first booster was 87% in people aged 65 to 74 years and 85% in those over 75 years of age. The country is promoting the second booster dose in this population, and although coverage is lower, messages about vaccine availability and locations continue.

Lessons Learned

- People living in residential facilities are among the most vulnerable and it is important to vaccinate them first.
- Taking vaccinators to isolated locations and home vaccination were successful strategies to reach people who have challenges with mobility and access.
- SMS messages and direct calls to people over 60 to schedule booster doses were effective in reaching those with less access to vaccination centers.
- Segmented communication in optimal channels and locations helped make vaccination in this priority group successful in Uruguay.

Colombia: Migrant populations

Hugo Alejandro Arévalo Dillon, communications and press advisor and representative of the Ministry of Health of Colombia, presented efforts to inform and vaccinate migrants.

On 11 December 2021, Ministerial Decree 1671 included people who transited and transit through the country in border areas, regardless of their immigration status, as a target population in the National Vaccination Plan against COVID-19.3 The goal was to protect the migrant population and reduce the risk of outbreaks in border areas. This effort was a milestone in the execution of the vaccination plan, given the low vaccination coverage in this population group, and was accompanied by a specific communication strategy.

Colombia developed diagnostic methods to evaluate how to reach migrants, focusing on increasing accessibility to vaccines and facilitating compliance with vaccination schedules given the high mobility of this population, with an accompanying migrant-focused communication strategy. Through an initial assessment, it was found that migrants had access to pharmacies and drugstores. The Ministry of Health used these access points to inform them of their rights to health services. Mass vaccination centers were also set up at the borders.

In collaboration with the country’s migration authority in October 2021, the eight official border crossings between Colombia and the Bolivarian Republic of Venezuela were used, with between 7000 and 70,000 people crossing every day, depending on the area. Finally, actions were taken on the borders with Brazil, Ecuador, and Peru. In these locations, speakers were used to inform migrants (regardless of their legal status) of their right to vaccination. As of the date of the exchange session, the country had administered 1,061,844 doses to the migrant population: 642,494 first doses and 419,350 second doses.

Lessons Learned

- Protecting vulnerable populations led to better protection for the entire Colombian population.
- Janssen’s single-dose vaccine (which had a full one-dose series in 2020 and 2021) ensured full vaccination of migrant groups.
- It was important to make migratory regulations more flexible in order to vaccinate undocumented migrants.
- The communication strategy should evaluate where people from the target group congregate.
- Setting up mass centers at the borders was an effective way to directly vaccinate migrant groups where they circulate.

United States of America: Spanish-speaking population

Mariana Serrani, program manager of Por Nuestra Salud y Bienestar, a Latino health initiative administered by the Montgomery County Government in the state of Maryland, United States, presented outreach efforts with the Latino community to inform about COVID-19 vaccines.
The program operated near the District of Columbia in Montgomery County, an area with a population of approximately one million people, 20% of them Latino. By June 2020, 70% of all new COVID-19 cases in the county were among people of Latino origin. To address this problem, the health initiative deployed a plan to reduce the effects of COVID-19 on the Latino population with four objectives: 1) increase knowledge and prevention of COVID-19; 2) promote COVID-19 testing and vaccine services; 3) provide home based services; and 4) expand access to health and social services.

Guided by these four objectives, the communication campaign played an essential role by informing the community about available services and by sharing disease prevention messages and other information. The program developed a culturally relevant character as a spokesperson for the campaign: Abuelina, a Salvadoran grandmother. Abuelina’s family captured the attention and imagination of the Latino community with short, simple messages culminating in specific information on, for example, where to get tested, and when and where to get vaccinated. The messages were accessible and available on all communication platforms managed by the program. Alongside Abuelina and her family’s communication campaign were real people in the community, including religious leaders, doctors, community health workers, and health promoters.

The Abuelina campaign reached more than eight million people in the metropolitan area of Maryland, Virginia, and the District of Columbia. Approximately 90% of the Latino population received the first dose, and between 75% and 80% received the booster dose. Por Nuestra Salud y Bienestar conducted more than 123 000 COVID-19 tests and administered more than 47 000 doses of COVID-19 vaccine and booster. Abuelina received three Emmy Awards for the campaign and public service announcements.4

Lessons Learned
- Creating a spokesperson for vaccination messages is key to making the communication strategy culturally relevant.
- Engaging religious leaders and community influencers in an early and timely manner is an effective way of gaining the trust of communities.
- Vaccination messages should be tailored to each audience to create campaigns that motivate specific groups.
- Community events are most successful when they are held in a relaxed atmosphere and factor in the main language and schedules of people in the target group.
- Qualitative studies and focus groups help to understand the opinions of specific groups, aiding design of effective communication campaigns.


Peru: Populations residing in border areas
Ana Cecilia Bardales Caballero, general director of the General Communications Office of the Ministry of Health of Peru, presented her country’s efforts to reach communities in hard-to-access areas.

The country began by implementing its vaccination strategy with a strong focus on establishing vaccination areas in central locations in cities. The Ministry used all its communication channels and tools to disseminate information about vaccines; namely, times, places, and recommendations from health authorities. It was important for authorities to know not only which means to use, but also how to reach people. Consequently, the Vamos a tu Encontro (We’ll meet you) strategy was developed. The Vaccinate Ya (Get vaccinated now) campaign also aimed to spread information about the vaccine in shopping centers, sports centers, supermarkets, neighborhoods, etc.

In March 2022, the Ministry of Health and the Directorate of Immunization launched a campaign called El Barrio de Vacunación contra la COVID-19. Es tu Oportunidad. (COVID-19 vaccination in the neighborhood. This is your chance.). The goal was to close vaccination gaps in adults and promote vaccination of children aged 5 to 11 years. The communication strategy began with community organizing, involving support for community outreach from local governments, non-governmental, national, and international organizations, district leaders, and private enterprise in different fields, including telecommunications. The campaign included press conferences announcing the arrival of vaccine supplies, complemented by multimedia materials and interviews. These methods kept people informed about times, locations, and priority population groups.

An important action to increase access to the vaccine in remote areas was setting up mobile vaccination posts and equipping buses with the materials needed to vaccinate people. Motorcycle taxis were also used to get to high altitude and hard-to-reach places. These resources also carried communication materials, such as pamphlets and megaphones, to share messages about vaccination.

Lessons Learned
- Bringing vaccination closer to remote and hard-to-reach communities is essential to improving coverage.
- Accompanying these initiatives with key messages on access and education about the benefits of vaccines helps more people get vaccinated.
- Collaboration with strategic community partners aids ministries of health to gather resources that may be scarce in times of emergency.
COVID-19 vaccination in the Region of the Americas: Achievements and future challenges

On 31 December 2020, the first COVID-19 vaccine was approved for inclusion in the WHO emergency use listing, one year after a new virus called SARS-CoV-2 was officially reported. By 30 June 2022, more than 12.1 billion doses of vaccines had been administered worldwide, with 61% coverage of the last dose in the primary series. In the Region of the Americas, by the same date, a total of 1.91 billion doses had been administered and the primary vaccination series had been completed in 68.6% of the population. The lack of access and follow-up, as well as resistance to vaccination, have produced heterogeneous results in the countries of the Region. The Americas is the region with the second most COVID-19 cases (approximately 176 million people infected) and with the highest number of deaths (approximately 2.8 million). However, the situation would be worse without the effect that vaccines have had.

The COVID-19 vaccination process has involved a great amount of effort on the part of countries, international organizations and, especially, all health workers engaged in this immense task. Recommendations by the WHO Strategic Advisory Group of Experts (SAGE) on Immunization and PAHO’s Technical Advisory Group (TAG) on Vaccine-Preventable Diseases have been instrumental in guiding technical decision making on how to make the most of available vaccines. The governments of the Region made a commitment to make vaccines available to everyone living in their territories, and the efforts of their presidents, ministers, universities, regulatory authorities, immunization programs and national advisory groups were fundamental. The design and execution of vaccination strategies and development and implementation of information technologies that accompany and support the process have made it possible to complete the COVID-19 vaccination series and avoid millions of deaths in the Region.

However, in several of the countries and territories of the Region of the Americas, a remaining challenge is to achieve the coverage objectives established by PAHO. The entire population must be protected in order to meet these targets. With a view to planning, development, and accountability in the vaccination strategy, the entire immunization program had to be strengthened, introducing or enhancing innovative technological tools to support vaccination.

Since May 2021, countries have reported monthly on COVID-19 vaccination strategies using the Electronic Joint Reporting Form (eJRF) platform, a tool that collects immunization data. A significant number of countries and territories have reported data related to procurement, coverage of priority risk groups, information systems, cold chain and supply systems, waste management, and assessments. These reports provided in-depth and timely knowledge of the strategies, interventions, and innovations developed by the countries and territories of the Region, generating technical recommendations and specific profiles, and establishing priorities for PAHO cooperation. The information collected through the eJRF, alongside the information published by countries and territories on official websites, created the structure for the regional COVID-19 Vaccination in the Americas Dashboard, which between November 2021 and August 2022 had received more than 150 000 visits. The dashboard contains regional, sub-regional, and country and territory specific information that is updated weekly. This tool has also been introduced by some countries and territories that have made their coverage reports available to the public, even supplementing them with epidemiological information.

COVID-19 vaccination coverage in the Region of the Americas

COVID-19 vaccination began slowly in December 2020, due to lack of access to vaccines. There was sustained acceleration through 2021 as countries and territories received and introduced the vaccine. The current year began with a slowdown and reached a plateau in April 2022, as administration of booster doses began. Resistance to vaccination in certain population groups, coupled with prioritization of booster doses, may have affected follow-up and completion of the primary series.

In the Region, 21.6% of the population is unvaccinated, representing approximately 223 million people who have not received even a single dose. This figure mainly highlights deficiencies in access to vaccination services. At the regional level, 6.6% of the population has an incomplete primary series, which could imply problems with follow-up. Figure 1 shows the marked differences at the subregional level. Observations indicate that the countries and territories of Central America and the Caribbean have more problems with access to vaccination. In contrast, more than 470 million booster doses have been administered in the Region, and some countries have begun administering a second booster dose (Figure 2).

Figure 1. Status of COVID-19 vaccination in the subregions of the Pan American Health Organization

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Of the 51 countries and territories in the Region of the Americas, 41 reached the 40% vaccination target set by WHO for 31 December 2021, and 17 reached the 70% target set for 30 June 2022. Of the 10 countries and territories that remain below the 40% threshold, most are in the Caribbean, with the exception of Guatemala. Haiti remains the only country in the Region with a vaccination coverage rate below 10% (Figure 3). These results can be explained by multiple factors: lack of access to both vaccines and vaccination services, and lack of quality data, among other factors.

COVID-19 vaccine hesitancy has been widely documented in the Caribbean. A study conducted by the United Nations Children’s Fund (UNICEF) in six Caribbean countries found that unvaccinated people are mainly young (between 18 and 30 years old) and tend not to have formal work.9 Not having a job, they do not need to meet the institutional requirements that promote vaccination. The most common argument for not getting vaccinated is lack of trust in vaccines due to their accelerated development, uncertainty regarding their content, and the possibility of long-term side effects. Parents and guardians cite as reasons for not vaccinating children that they are not old enough to receive the vaccine (17%), followed by "It is a choice and I have decided not to do it" (9%).

PAHO also conducted a study of more than 1000 health professionals from 14 Caribbean countries on routine vaccination and vaccination against COVID-19, finding that 23% of Caribbean health workers did not intend to be vaccinated as soon as possible.10 The survey identified nurses (34%), allied health professionals (38%), and older workers (85% of the 51–87 age quartile) as the most likely to be hesitant. With this information, PAHO developed a regional policy statement and specific communications to address the concerns of these visible and influential members of Caribbean society.

Considering the lack of early-stage vaccines, difficulties in accessing health services in the Region, and resistance to vaccination, countries and territories have made a commendable effort to achieve the proposed objectives. COVID-19 vaccination has played a key role in controlling the pandemic, representing a major undertaking by immunization programs globally. In the Region, heterogeneous results are observed between subregions and countries, so best practices and lessons learned must be documented and shared. PAHO will continue to make every effort to provide technical assistance when developing strategies to achieve coverage objectives, integrating COVID-19 vaccination into routine schedules, and strengthening health teams to protect the health of the population.

**Contributed by:** Catalina Abarca, Dan Álvarez, Pamela Burgos, Ignacio Castro, Marcela Contreras, and Martha Velandia, Comprehensive Family Immunization Unit, Pan American Health Organization.
El Salvador's Expanded Immunization Program prepares for national vaccination campaign as part of Vaccination Week in the Americas

With support from the Embassy of Canada and UNICEF, PAHO organized a series of workshops for the Regional Health Offices of El Salvador's Ministry of Health, with the goal of training health workers to carry out effective and high-quality vaccination campaigns and in support of Vaccination Week in the Americas.

First, 120 professionals from the five health regions were trained in follow-up measles vaccination, accompanied by a team at PAHO headquarters in Washington, D.C. The expectation was that all municipalities would develop their own vaccination microplanning programs. This goal was met, with excellent proposals for activities in line with the recommended strategy.

Later, 40 professionals were trained as tutors and facilitators, with the aim of strengthening their specific knowledge to act as trainers in the regions on topics including: vaccine life cycle, development, and safety; how the immune system works when receiving vaccines; the basic principles of vaccines and their characteristics; safe vaccination; ESAVI (events supposedly attributable to vaccination or immunization) surveillance; monitoring of vaccination coverage; cold chain protocol during the vaccination campaign; and the characteristics of vaccines to be used in the campaign (measles-mumps-rubella, oral polio vaccine, influenza, COVID-19, and others). The technical guidelines of the campaign were finalized, with implementation scheduled for 11 July 2022.

A methodology emphasizing daily practice for vaccination workers was shared that used educational materials, including a case study, to support the development of training, implementation, monitoring, and evaluation of immunization actions, as well as practical classes, case discussions, dramatizations, and realistic simulations. The 369 nursing professionals hired for the municipal campaigns underwent assessment. Each vaccinator had to score at least 70% to pass. Professionals with a lower score had to complete a one-day vaccination internship and then be reevaluated. This method provided an opportunity to exchange experiences, acquire knowledge, and determine opinions, while also establishing a group of facilitators trained in the methodology to support future training.

As of 23 June 2022, the facilitators began a review of trainings in the five health regions, using the proposed methodology and reaching the entire target audience that was preparing to deploy the campaign. Geographical and territorial characteristics, as well as cultural contexts, are among the challenges that require technical teams to employ different strategies to effectively perform activities.

The health authorities thank and congratulate the nursing staff who have traveled to every corner of the country, bringing vaccines and services to people who cannot access a health center.

Contributed by: Samia Samad, PAHO immunization specialist; Nora Villatoro, immunization coordinator of the Ministry of Health of El Salvador; Sara Lemus, licensed nurse with the Expanded Immunization Program administered by the Ministry of Health of El Salvador; Ana Yamilet, epidemiologist with the Expanded Immunization Program administered by the Ministry of Health of El Salvador.
IX Ad Hoc Meeting of the PAHO Technical Advisory Group on Vaccine-Preventable Diseases

TAG ordered the following recommendations according to their degree of urgency:

1. TAG expresses grave concern regarding the serious decline in DTP3, polio3 and MMR2 vaccination coverage across the Americas and is disheartened to see that the achievements of 40 years are at risk of collapse. TAG strongly recommends that countries focus their political, technical, and financial commitments to halt the decline in vaccination coverage by December 2023. Countries must increase vaccination coverage for all antigens of the regional immunization program to achieve the 95% coverage threshold. These objectives must be prioritized given finite financial and human resources to address essential health needs and emerging health threats.

2. TAG strongly encourages PAHO to address this crisis at both the technical and political levels. Unless the political discourse leads to urgent action supported with the necessary resources, children are likely to die from several of the vaccine-preventable diseases. The first step is to stop the continued trend in declining vaccination coverage. The following objective will be to reach levels of coverage that the programs were so successful at attaining a decade ago.

3. In addition to ongoing consultations with ministries of health, PAHO must engage heads of government and ministries of finance as well as regional and global organizations such as the Organization of American States, the Inter-American Development Bank, and the World Bank, among other partners. PAHO should obtain unequivocal commitments to strengthen the regional immunization program, and work with these entities to establish clear goals and milestones to monitor progress. Further, PAHO should engage a broad range of donor organizations and partners to create a coalition for supporting national immunization programs at all levels. Such efforts should be a clear call to action to the governments and all stakeholders of the Americas to support action plans and multi-year budgets to implement the recommendations of Resolution CE168.R15 – Reinvigorating immunization as a public good for universal health. Resources should be provided to the PAHO regional secretariat to expand its field presence for prevention of vaccine-preventable diseases in priority countries.

4. TAG is deeply concerned with the accumulation of large, multiple cohorts of under-vaccinated children across the Region. In 2021, 2.7 million children younger than 1 year across the Americas are unvaccinated or under-vaccinated, leaving them susceptible to many vaccine-preventable diseases (notably polio, measles, pertussis, diphtheria, rotavirus, and pneumococcal diseases). Countries must assess their vaccination coverage rates at the national and subnational levels to identify and vaccinate susceptible children. Where DTP3, polio3 or MMR2 coverage rates fall below 80%, countries should strengthen routine immunization service delivery and implement multi-antigen catch-up vaccination operations – periodic intensification of routine immunization activities, innovative local strategies (e.g., mobile vaccination teams, outreach activities, events where multiple health services are offered to the public in one location) – to close the immunity gap.

5. Because of the dangerous decline in population immunity for polio and measles, TAG strongly urges countries, where appropriate, to conduct multi-antigen vaccination follow-up campaigns in collaboration with PAHO technical assistance.

For the priority groups at high risk for COVID-19 hospitalization and death, vaccination should be offered in these campaigns.

6. Given the risk of importations and cVDPV, TAG strongly recommends that countries that have not yet introduced the second dose of inactivated polio vaccine (IPV) in their national immunization schedule should do so immediately, to reduce the pool of children susceptible to poliovirus type 2 (PV2). Furthermore, countries should offer catch-up IPV1 and IPV2 doses to all eligible children immediately.

7. TAG reiterates its previous recommendation that countries do not discontinue the use of bOPV in favor of an IPV-only schedule at this time. Countries that have been classified as “very high risk”, “high risk” or “medium risk” for polio by the RCC for at least one of the last three consecutive years should not stop the use of bOPV. It should be noted that many countries in the Region currently fall into this category.

8. Given the widening immunity gaps reported in all countries and territories of the Americas, TAG urges countries to expand the age range of their surveillance operations to include adolescents and adults who present with symptoms and signs of a VPD. For example, acute flaccid paralysis cases should be investigated thoroughly for polio, even if the person is older than 15 years.

9. In accordance with WHO guidelines, countries must further reduce the number of persons in the Americas who have not received the primary series of COVID-19 vaccination. Countries should focus resources on high-risk priority groups such as the elderly, health workers and immunocompromised persons to reach 100% coverage with both primary series and booster doses to minimize hospitalization and death from COVID-19. Countries must achieve at least 70% vaccination coverage with primary series in the general population. At the same time, TAG recommends that government authorities reinstitution public health and social measures (i.e., mask wearing in crowded or closed locations, hand hygiene, social distancing) to minimize the spread of the SARS-CoV-2 virus in the population according to the epidemiological situation.

10. TAG recommends that countries continue to sensitize clinicians and other healthcare workers and enhance surveillance and diagnostic capacity to identify and curtail spread of the multi-country monkeypox outbreak. TAG commends PAHO on its development of guidelines and training materials for clinicians to facilitate the detection of suspected monkeypox cases and recommends that the Organization expand these efforts to reach public and private health facilities and non-governmental organizations that cater to mainstream media networks and the general population.

11. Due to the extremely limited supply of vaccines against monkeypox, current allocation efforts must consider the geographic distribution of confirmed cases and the likelihood of viral spread. TAG recommends that the PAHO Revolving Fund for Access to Vaccines continue to work with vaccine manufacturers to map the expansion of vaccine capacity at the global level and promote the inclusion of equitable distribution of vaccine doses in the allocation algorithm.
The Immunization Newsletter is published four times a year, in English, Spanish, French, and Portuguese, by the Comprehensive Family Immunization Unit of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO). The purpose of the Immunization Newsletter is to facilitate the exchange of ideas and information concerning immunization programs in the Region and beyond.

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ISSN 1814-6244
Volume XLIV Number 3 • September 2022

We are pleased to note that with support from PAHO’s Knowledge Management Unit, all Immunization Newsletters from 1979 to the present are now in the Institutional Repository (IRIS), which can be found here: https://iris.paho.org/handle/10665.2/33674

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Daniel Salas. © PAHO

I see. So, you accepted the position, and then the pandemic hit. Totally unexpected.

Yes, we had to redirect all our efforts. You just don’t expect that a pandemic of that magnitude is going to happen, even though I’ve worked at other times on influenza pandemic preparedness. And you know that something like this can happen. You’re always thinking of the possibility. It’s fortunate that as minister, I had a very competent and strong work team when the pandemic started. With the strengths I brought to the table, we already had the knowledge in epidemiology, outbreak management, and oversight, and all that helped me perform my duties as minister. All the negotiation that had to take place during the pandemic, working with other sectors, private companies, non-governmental organizations, that was something positive and a great learning experience amid the pandemic. Another thing that supported my management, I think, is that I have always tried to be a very direct, calm, and poised spokesperson. I try to also give a sense of security to the work team, the population, and other social actors. I try to speak to people using very simple terms. We need to remember who we are talking to—a mistake we often make as health professionals. We forget that we are not addressing other health professionals when we are talking to different target audiences or to the general population. So, we have to learn and use language that will be understood by the target audience. I learned this also during my time as director of Health Social Marketing at the Ministry. I think I was clear about this before, but it was even more pressing when I was minister. You have to understand who you’re addressing to and how to tailor the discourse, how to present it more clearly—and that became key during the COVID-19 pandemic.

Right. Have you been able to reflect on your career up to this point? What advice would you give?

I think the most important lesson I learned in the field of management is that one has to listen, and learn to listen not to a single point of view. Don’t talk so much. Always listen and seek consensus when possible. A good consensus is not always possible, but I believe very much in listening, knowing how to analyze, and always applying scientific method and logic, but, above all, common sense. In public management, you need a lot of common sense and have to be practical. It shouldn’t take long to make decisions; time is very important. We can’t be constantly analyzing. We have to be executives and take action to make things happen. There has to be a balance, because you can’t be an executive 100% of the time. You have to listen and analyze, but you can’t always sit there and analyze and never make timely decisions.