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Exchanges on Communication Strategies and Generating Demand for Better Rates of Vaccination Against COVID-19 and Vaccine-preventable Diseases



PAHO

*Exchanges on Communication Strategies and Generating Demand
for Better Rates of Vaccination Against COVID-19 and Vaccine-preventable Diseases*

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Contents

Introduction	4
Participants	4
First Session of Exchanges	5
• Agenda	5
Country Presentations	6
• Guatemala: Objective, Information and Lessons Learned	6
• Uruguay: Objective, Information and Lessons Learned	7
• Colombia: Objective, Information and Lessons Learned	9
• United States of America: Objective, Information and Lessons Learned	11
• Peru: Objective, Information and Lessons Learned	14
Panel of discussion COVID-19 vaccination as a starting point for discussing vaccination throughout the life-course	15
Second Session of Exchanges	17
• Agenda	17
Country Presentations	18
• Paraguay: Objective, Information and Lessons Learned	18
• Ecuador: Objective, Information and Lessons Learned	20
Question and Answer Session	22
Country Presentations	23
• Bolivia: Objective, Information and Lessons Learned	23
• Costa Rica: Objective, Information and Lessons Learned	24
Question and Answer Session	26
Panel of discussion COVID-19 vaccination as a starting point for discussing vaccination throughout the life-course	27

Introduction

Since the introduction of COVID-19 vaccines in the Region of the Americas in 2021, more than 19 billion doses have been administered, and 69% of the Region's population has been vaccinated.¹ However, only 17 of the Region's 51 countries and territories have reached the World Health Organization (WHO) target of 70% vaccination coverage. Vaccination against COVID-19 in the various countries of the Americas faces several complex problems, including the infodemic with widely circulating myths and misinformation, including concern about the safety and efficacy of new vaccines having been developed in such a short time, and rumors from anti-vaccine groups and vaccine hesitancy.

As a result of a request from Peru's Ministry of Health, the Pan American Health Organization (PAHO) organized a series of exchanges between Spanish-speaking countries in Latin America and the Caribbean. The objective was to present successful communication strategies and generate demand at the national level in order to improve vaccination coverage rates and vaccine acceptance, both for COVID-19 and routine vaccinations throughout the life course.

Participants

Two sessions were held, in which ministries of health from Latin America and the Spanish-speaking Caribbean, PAHO immunization and communication focal points, and colleagues from other United Nations agencies and partners participated.

In the first session of exchanges, representatives of the ministries of health of Colombia, Guatemala, Peru, and Uruguay, along with the health department of Montgomery County, Maryland (United States of America), presented their experiences and lessons learned. In the second session, representatives of the ministries of health of the Plurinational State of Bolivia, Costa Rica, Ecuador, and Paraguay participated.

¹Data as of 15 July 2022. Source: Pan American Health Organization. COVID-19 Vaccination in the Americas [Internet]. Available from: https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp.

First Session of Exchanges

Agenda

Time (EST-5)	Topic	Presenter
10:00 a.m.	Introductory remarks	Daniel Salas Chief of the PAHO Comprehensive Family Immunization Unit
Panel A. Improving COVID-19 vaccination rates in priority groups		
10:10 a.m.	GUATEMALA Collaborative work between ancestral authorities and the area's health directorates for the implementation of the COVID-19 community vaccination strategy in Maya, Xinca, and Garifuna communities	Rodolfo Pineda Head of the Directorate of Petén Sur Oriente Health Area e-mail: deservicioprovision245@gmail.com
10:20 a.m.	URUGUAY Communication strategies for vaccinating older people	Patricia Schroeder Director of the Department of Communications, Uruguay Ministry of Public Health e-mail: pschroeder@msp.gub.uy
10:30 a.m.	COLOMBIA Communication strategies for vaccinating migrant groups	Hugo Alejandro Arévalo Dillon Communications and Press Advisor of the Office of the Minister at Colombia's Ministry of Health e-mail: harevalo@minsalud.gov.co
10:40 a.m.	Question and answer session	
11:10 a.m.	Coffee break	
Panel B. Improving implementation of the national immunization program		
11:20 a.m.	United States of America The <i>La Abuelina</i> communication campaign to achieve high rates of COVID-19 vaccination coverage among the Latino population in Montgomery County, Maryland (United States of America)	Mariana Serrani Program Manager of "For Our Health and Wellness" Latino Health Initiative County Government of Bethesda, Maryland, (USA) e-mail: mariana.serrani@montgomerycountymd.gov
11:30 a.m.	PERU Communication strategies for hard-to-reach areas	Ana Cecilia Bardales Caballero Director General of the General Communications Office e-mail: abardales@minsa.gob.pe
11:40 a.m.	Question and answer session	
12:10 p.m.	Panel discussion COVID-19 vaccination as a starting point for discussing vaccination throughout the life course	All panelists
12:30 p.m.	Closing remarks	Peru Ministry of Health

Country presentations

GUATEMALA

Objective: Facilitate collaborative work between ancestral authorities and the area's health directorates aimed at implementing the COVID-19 community vaccination strategy in Maya, Xinca, and Garifuna communities

Rodolfo Pineda, head of the Directorate of Area Health (DAS) of Petén Sur Oriente (Guatemala), presented activities that have been carried out in the country at the local level and with leaders of the Maya, Xinca, and Garifuna communities, in efforts to promote COVID-19 vaccination in these populations, with support from several partners and from the PAHO Representative Office.

Information

The District of Petén is located north of the Guatemalan capital. It covers approximately 782 km² and has a population of approximately 166 000 people. Of the total population, 38% belong to the Mayan community.

The project's objective was to facilitate collaborative work between ancestral authorities and those of the DAS, in implementing the COVID-19 community vaccination strategy in the Maya, Xinca, and Garifuna communities. In an effort to reach these populations, this project had the support of PAHO's Representative Office, in collaboration with Luis Castellano, from the Petén Sur Oriente Health Area.

COVID-19 vaccines were slower to reach Guatemala than was the case for other countries in the Region. While awaiting the arrival of the vaccines, prevention efforts were the only health measures implemented. During this time, the population received a great deal of information, including erroneous data, and people were exposed to circulating myths (e.g., about

supposed adverse effects of vaccines, such as sterility and involuntary sex change). In addition, there was hesitancy due to the handling of vaccine doses in small groups.

Once the vaccines arrived in the country, a significant portion of the population rejected them. In response, the country adopted different communication strategies, including broadcasting information by radio, and providing training and related activities in the communities, but these were not very successful. It was at that point that meetings with municipal authorities were initiated in an effort to hold conversations with religious leaders. This resulted in the participation of four municipalities, 75 male leaders, and 52 female leaders

The participating individuals and institutions designed a project to encourage the Maya, Xinca, and Garifuna populations to get vaccinated. Since each community has its own language, interpreters were enlisted to **communicate information about the benefits of the vaccines**. The activities in this project managed to bring the population together and convince them of the benefits of COVID-19 vaccines, demystifying false and negative information that people had heard or believed.



In the course of the project, four dialogue sessions were held with local indigenous authorities, who served as a bridge to the community, providing information about vaccination, especially in the Mayan population. The indigenous authorities, in turn, had the opportunity to learn about the different aspects of vaccination programs, and to make recommendations to health authorities on matters such as the use of language that is simple and understandable for the entire population, since difficulties in communication were identified as a barrier. Based on this advice, the project used the language and phrasing most appropriate to each community when holding meetings and events with different population groups.

Another strategy employed was to recruit psychologists, some of whom also had a background as religious leaders. This helped to increase vaccination coverage, which continues to grow, providing coverage to more people.

URUGUAY

Objective: Creating communication strategies for vaccinating older people

Patricia Schroeder, Director of the Department of Communications of Uruguay's Ministry of Public Health, described the activities undertaken to reach, inform, and vaccinate older people.

Information

Uruguay's Ministry of Public Health sought different ways to make vaccines available in health centers, and to make them more accessible to the most vulnerable groups. The COVID-19 Vaccination Plan 2021–2022 was developed, with events designed specifically for the prioritized population of older adults. Building on the success of a flu vaccine initiative in 2020, people in residential facilities (400 facilities nationwide) began

Lessons learned

- ▶ Guatemala's experience is a key example of how community involvement is paramount in all activities aimed at increasing vaccination demand.
- ▶ It is essential that governments, through their health services, engage with community leaders who can help communicate messages about the benefits of vaccines.
- ▶ Communications should be clear, simple, and timely, in the language and cultural context of the target audience.

to be vaccinated against COVID-19. This strategy also made it possible to update the register of residential facilities for older people and determine why they were living in them. Different stages of vaccination were scheduled to administer both the first series of doses and booster doses.

A village-to-village campaign was launched, deploying vaccination personnel to the most isolated areas. In addition, a door-to-door and village-to-village vaccination campaign was organized, to vaccinate people who had not been able to reach vaccination centers, and who often are the most difficult to get vaccinated, given their distance from urban centers. This strategy reached not only older people, but also people with limited autonomy or mobility – another group prioritized for vaccination.

Another strategy was to phone people over the age of 60—a population that generally has greater difficulty navigating technology and communications. The Ministry of Health contacted these people by text message and direct calls, and sent them a link to schedule a booster vaccination. Of the 15 000 people contacted by phone, 75% scheduled an appointment to receive a booster dose. Of people who received text messages, 2060 got a third dose.

In addition, the Ministry of Health reached out to people over 70 years of age at locations where payments were processed, since these were places that older people often frequented. In a nationwide television campaign that reached these establishments, messages focused on the importance of booster doses, and were aimed at a very specific segment of the population. The



results were excellent, with 100% vaccination coverage for the first dose in people over 75 years of age and 97% in people aged 65 to 74, with 99% vaccination coverage for the second dose in people over 75 years old and 96% in people aged 65 to 74. The first booster dose reached 87% coverage in people aged 65 to 74, and 85% in adults over 75 years old. The country continues to promote the second booster dose in this population, although with fewer messages about vaccine availability and vaccination locations.

Lessons learned

- ▶ Older people living in residential facilities are among the most vulnerable groups, and it was important that they be prioritized for vaccination.
- ▶ Taking vaccination staff to isolated locations and vaccinating in homes was a successful strategy for reaching people with access and mobility problems.
- ▶ The communication strategy using text messages and direct calls to people over age 60 to schedule boosters was effective in reaching older people with limited access to vaccination centers.
- ▶ By segmenting communications by channel and targeting optimal locations in the country, the success of vaccination in this priority group was enhanced.



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COLOMBIA

Objective: Creating communication strategies to vaccinate migrant groups

Hugo Alejandro Arévalo Dillon, communications and press advisor at Colombia's Ministry of Health described the activities conducted to reach groups of migrants, provide them with information, and vaccinate them.

Information

The movement of migrant populations directly impacts health systems. On 11 December 2021, Colombia's Ministry of Health issued Decree No. 1671 to include, as a target population within the national COVID-19 plan, people traveling in the country's border areas, regardless of their immigration status. The aim was to **protect the migrant population** and reduce the risk of outbreaks in border areas. This effort became a milestone in implementing the vaccination plan, given the low vaccination coverage in this population group, and was included as a specific communication strategy within the national vaccination plan.

It was important to establish **new, flexible mechanisms to help integrate Venezuela's migrant population** into the productive life of the country, in addition to regularizing their migratory status. Resolution No. 572 of 2022 establishes that temporary protection permits are a valid document that migrants can use to access

the social protection system.

With the support of the United States of America, strategies were developed to **identify and evaluate how to reach out to the migrant population**. For example, a distinction had to be made between people who settle in the country permanently, those traveling through the country, and those returning to their country. To ensure that a complete dosing schedule was achieved, single-dose regimens were used, thus ensuring adherence.

The communication strategy focused on how to reach this population. An initial assessment found that migrants commonly visited **pharmacies and drugstores**. The Ministry of Health used these health sector access points to inform migrants of their rights regarding access to health services.

In order to vaccinate these groups of highly mobile migrants, vaccination centers were set up on the border between Colombia and Venezuela, thus avoiding the need for follow-up. In October 2021, in collaboration with the country's migration agency, the plan was implemented at the eight formal border points between the two countries, where between 7000 and 70 000 people circulate each day, depending on the location.

Activities were also carried out on the borders with Brazil, Ecuador, and Peru. In these locations, **loudspeakers were used to inform migrants of their right to be vaccinated regardless of their immigration status.** This helped protect the health of all people circulating in the country.

As of the date of this exchange, the country had administered 1 061 844 doses of COVID-19 vaccine to the migrant population; 642 494 received a first dose and 419 350 received a second dose.

Lessons learned

- ▶ Protecting vulnerable populations increased the protection of the Colombian population as a whole.
- ▶ The single-dose vaccination regimen ensured that migrant groups would be fully vaccinated.
- ▶ It was important to adopt new, flexible mechanisms that allow migrants to receive the vaccine, even if they are undocumented.
- ▶ The communication strategy should evaluate where people from the target group congregate.
- ▶ Setting up vaccination centers at the borders was a successful way to provide migrants with on-site vaccinations



UNITED STATES OF AMERICA

Objective: Create a COVID-19 initiative adapted to the linguistic and cultural characteristics of the Latino community

María Serrani, manager of the program “Por nuestra salud y bienestar,” a Latino health initiative of the government of Montgomery County, Maryland (United States of America), described activities being conducted to reach the Latino community and inform its members about COVID-19 vaccines.

Information

The health initiative took place in Montgomery County, which adjoins the District of Columbia. The county has a population of approximately one million people, 20% of whom are of Latino origin. As of May 2020, in the county’s ten geographic areas, as designated by zip code, the Caucasian population accounted for 16% of COVID-19 cases, compared to the Latino population, which accounted for 7% of cases. As of June 2020, **70% of all new cases in the county were in the latter group.**

During the state of emergency, the county decided to establish a partnership between local authorities and seven community organizations. The program’s mission was to **reduce the negative impact of COVID-19 on Montgomery County’s Latino population**, with four objectives:

- 1 Increase knowledge about and prevention of COVID-19.
- 2 Promote testing services for severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and COVID-19 vaccination.
- 3 Offer home health services for people with COVID-19.
- 4 Expand access to health and social services in

emergency situations for county residents.

It was important to increase and improve access to social and health services by providing food and economic assistance, since this helped to reduce the negative effects of the pandemic and the confinement measures. This effort was made possible by the provision of federal funds to support the COVID-19 response. The program offers a variety of services to the Latino community, such as SARS-CoV-2 testing, vaccination, mental health services, and clinical follow-up, all in one place.



The communication campaign played an essential role, as it informed the community about **available services, disease prevention**, and other information. The communication campaign was intended as an activity to build awareness in the Latino community, using various **education modalities and tactics**. Messages were focused on prevention, treatment, and COVID-19 vaccination, through television, radio, local newspapers, and social networks.

An important element of the communication campaign was to deliver the relevant messages in the appropriate cultural context. Thus, a key aspect of the campaign was deciding who would be the spokesperson for the Latino community. To make this decision, the initiative organized focus groups; in these sessions it was noted that when the older women in the group spoke out, others in the community listened and respected their views. Using this information, it was decided that an older woman could be influential figures in the Latino community and the initiative created the *Abuelina* character.

Abuelina, the campaign's main spokeswoman, is a Salvadoran woman married to an Afro-Colombian man. She and her husband have two grandchildren, who later joined the **campaign to support the message about vaccinating children and adolescents**. *Abuelina's* family captured the attention of the Latino community with **short, simple messages, which always ended with a call to action**. Information was provided about locations where SARS-CoV-2 tests are administered, when and where to get vaccinated, and other important information. The messages are accessible and can be found on all of the initiative's communication platforms.

Other elements of the communication campaign of *Abuelina* and her family included the use of **real people from the community, such as religious leaders, medical personnel, community health workers, and health promoters**. These influencers had extensive contact with the community and participated in videos to reinforce *Abuelina's* messages.

When the vaccination campaign was launched in 2021, vaccination coverage in Montgomery County's Latino population was less than optimal, with lower vaccination rates than among other ethnic groups. The communication campaign was therefore redefined and redesigned. This new strategy tailored messages to the audience by gender and age, creating unique messages for each group, and expanding the number of channels through which they were delivered.

In the first stage, the campaign focused on the male population since higher levels of hesitancy were found in this demographic. Strategies included a Father's Day initiative, in which males were invited to upload content to their own social networks. For the target population of 12- to 17-year-olds, a campaign called "Put Out Your Arm" was designed, with digital content to **incentivize young people** to get vaccinated.

In parallel with the communication strategies, **20 to 25 events** were planned and organized for the vaccination campaign, to be held each week in different parts of the county – in supermarkets, parks, schools, clinics, etc. At these events, all participating staff spoke Spanish, and convenient hours were established, so that working people could be vaccinated before or after working hours. There were also activities to ensure that undocumented individuals could get vaccinated without fear of legal repercussions due to their immigration status. This was done in coordination with county authorities, who agreed not to request personal information from people who came to be vaccinated.



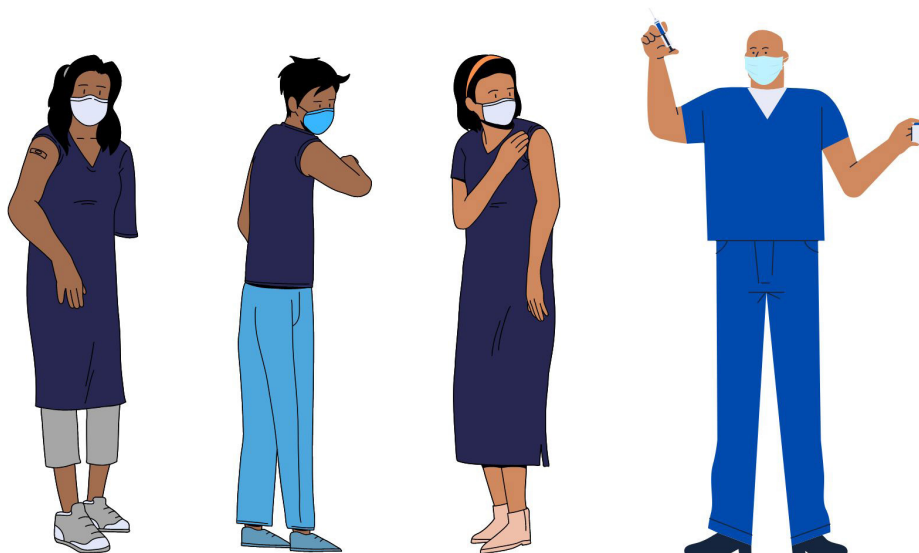
Three months into the campaign, the **vaccination gap was closed**, and as of July 2021, Montgomery County's Latino population is the group with the highest rate of vaccination with a first dose of COVID-19 vaccine.

When booster doses became available, the county faced several problems, and the strategy was rethought. Different activities were carried out, such as a "Boosterama,"² activities in public spaces, and collaborations with local religious leaders. New messages were devised for different communication channels in English and Spanish, to promote COVID-19 booster vaccinations.

The *Abuelina* communication campaign has reached more than eight million people in the metropolitan areas of Maryland, Virginia, and the District of Columbia. Approximately 90% of the Latino population in these areas received a first dose of the COVID-19 vaccine, and 75–80% received a booster dose. The "For Our Health and Wellness" program has administered more than 123 000 SARS-CoV-2 tests and more than 47 000 COVID-19 vaccinations. The *Abuelina* campaign has received three Emmy Awards³ for the campaign and for its public service announcements.

Lessons learned

- ▶ When considering the cultural context, choosing a spokesperson for vaccination messages is a vital aspect of the communication strategy.
- ▶ Engaging religious leaders and influencers in the community in an early and timely manner is an effective strategy for gaining the trust of those communities.
- ▶ It is important to tailor vaccination messages to specific audiences and create campaigns that target specific groups.
- ▶ Community events are most effective when they are held in a relaxed atmosphere and take into account the preferred language and available schedules of people in the target group.
- ▶ Qualitative studies and focus groups are effective in helping to understand the beliefs of specific groups and in designing effective communication campaigns.



² Through the "Boosterama" event, the public can receive COVID-19 booster vaccinations in places they usually frequent for other purposes (e.g., shopping malls).

³ The Emmy Awards are awarded by the United States' National Academy of Television Arts and Sciences, and highlight television's most noteworthy achievements.

PERU

Objective: Creating communication strategies for hard-to-reach areas

Ana Cecilia Bardales Caballero, Director General of the General Communications Office, described the activities conducted to reach communities in hard-to-reach areas.

Information

In March 2021, Peru's Ministry of Health began vaccinating the entire population against COVID-19. In February 2021, health workers were prioritized to receive the vaccine, and 7 February was chosen as National COVID-19 Vaccination Day, with vaccinations being administered to other priority groups, such as older people.

A decision had to be made on **how to communicate information about COVID-19 vaccines to different age groups, as well as to anti-vaccine groups in the country**. A specific communication strategy was then developed for the different age groups; indigenous communities requiring materials in their native languages were included.

The initial strategy of this vaccination plan was to **set up spaces for vaccination in central locations in downtown urban areas**. The Ministry of Health used all of its tools and channels of communication to disseminate information about vaccines, including times, locations, and recommendations from health authorities. It was very important both to make personal contact with people, and how it was done was also important. The "Let's meet: Get vaccinated now," program provided information about vaccines at shopping malls, sports centers, supermarkets, and neighborhoods, among other locations.

In March 2022, the Ministry of Health, together with the Directorate of Immunizations, launched the campaign "Neighborhood COVID-19 vaccination. This is your chance." The objective was to close vaccination gaps in the adult population and promote vaccination

in children 5 to 11 years old. The communication strategy began with community organizing, with **support from local governments, non-governmental organizations, national and international agencies, district leaders, and private companies from various sectors, including the telecommunications sector**. These partners supported efforts to reach out to the community. The campaign consisted of announcements made at press conferences, with messages about the arrival of vaccine supplies, along with multimedia materials and media interviews. This helped keep the population informed about the times, locations, and eligibility criteria for each group.

Mobile vaccination facilities were an important element in the strategy to increase access to the vaccine in isolated settings; buses were equipped with all the materials and resources needed to vaccinate people. Motorcycle taxis were used to reach high-elevation and hard-to-reach places. Also included were communication materials such as pamphlets and megaphones, used to disseminate messages about vaccination.

Lessons learned

- ▶ Bringing vaccination closer to remote and hard-to-reach communities is one of the most important steps for improving vaccination coverage.
- ▶ Accompanying these efforts with key messages on access and education about the benefits of vaccines leads to more people getting vaccinated.
- ▶ Partnerships with strategic community partners help ministries of health to pool resources that can be scarce during emergencies.

Panel discussion

COVID-19 vaccination as a starting point for discussing vaccination throughout the life-course.

What are the lessons learned that you would like to share?

What actions have been useful? What would you change in the communication strategies to promote COVID-19 vaccination?

What lessons, investments, or resources used during the COVID-19 pandemic can be used for routine vaccinations?

UNITED STATES

- One of the most important lessons learned involves access to services: the success of the campaign was due in part to the fact that activities were carried out **close to the community, with hours of care adjusted so that people were able to visit health facilities.**
- The initiative, in collaboration with government agencies, is working to continue these measures and maintain flexible hours after the COVID-19 pandemic.
- The vaccination campaign for children aged 6 months to 4 years began **with the idea that the COVID-19 vaccine is just another vaccine, similar to the one for measles and chickenpox, among others.** Graphics and content from the La Abuelina campaign were used.
- In Latino communities, parents prefer more formal places to vaccinate their young children, such as their **pediatricians' offices, rather than in informal settings, and they are not comfortable having vaccinations administered at public events.**

PERU

- The Ministry of Health coordinated **periodic Zoom® meetings, and used WhatsApp® groups and email,** in order to maintain constant communication with other regions and strategic partners. These served as a channel for communicating strategies and transmitting materials for use. Constant follow-up with the regions is maintained through these periodic meetings and training sessions.

PANAMA

- One of the lessons learned was the importance of improving health promotion efforts, based on the seven pillars used by the country (be well informed about health, be aware of one's physical and mental conditions, engage in physical activities, have a healthy diet, avoid attitudes that pose health risks, practice good hygiene habits, and make conscious and responsible use of health products). The country's communication strategy focused on **educating, persuading, and providing information that vaccination is effective and safe.**
- The Ministry of Health, together with other government agencies, took a cross-sectoral approach to the issue.

- Various religions are practiced in Panama, and the Jewish and Muslim communities have a great deal of economic and political power. Strategic alliances with these partners were important, and **all religious leaders were enlisted** to convey prevention and advocacy messages, addressing the pandemic as a collective responsibility. In addition, strategic alliances with the business sector and the media were strengthened – an essential element in disseminating messages. During the COVID-19 state of emergency (and as of June 2022), the Ministry of Health has been disseminating promotional messages on COVID-19 prevention through the media, free of charge on **television channels, including Panama’s national channel, along with religious channels** with large audiences. Six television channels offered their support, and collaborated with national news directors to provide coordinated and reliable information.
- With regard to anti-vaccine groups, it is necessary to educate the population and provide relevant information in order to mitigate the effect of circulating rumors and misinformation. *Con Vacuna* is a commission made up of immunization experts from around the world that, together with the Ministry of Health, disseminated information designed to be more acceptable to the population, since it was a non-government entity that the public could trust.
- The campaign developed for **Panama’s subway** system, which is used by more than half a million people (half the city’s population), focused on COVID-19 prevention measures and won an advertising award.



Second Session of Exchanges

Agenda

Time (EST-5)	Topic	Presenter
11:00 a.m.	Introductory remarks	Daniel Salas Chief of the PAHO Comprehensive Family Immunization Unit
Panel A. Improving COVID-19 vaccination rates in priority groups		
11:10 a.m.	PARAGUAY Communication strategy to promote vaccination of the indigenous population in the Paraguayan Chaco	Celeste Molinas Spokesperson for the National Immunopreventable Diseases Program and the Expanded Program on Immunization email: comunicacionpai@mspbs.gov.py
11:25 a.m.	ECUADOR Communication strategies for reaching indigenous groups	Verónica Inuca National Director of Intercultural Health, Ministry of Public Health email: veronica.inuca@msp.gob.ec
11:40 a.m.	Question and answer session	
12:10 a.m.	Coffee break	
Panel B. Improving implementation of the national immunization program		
12:20 p.m.	COSTA RICA Dialogues on COVID-19 Vaccines: Combating disinformation from community spaces	Andrea Rojas Department of Health Systems and Services Focal Point, PAHO Representative Office email: rojasand@paho.org
12:35 p.m.	BOLIVIA (Plurinational State o Bolivia) Fighting the infodemic in the context of COVID-19 vaccination	Sandra Mallo Communication Focal Point, PAHO Representative Office email: mallos@paho.org
12: 50 p.m.	Question and answer session	
01:20 p.m.	Panel discussion COVID-19 vaccination as a starting point for discussing vaccination throughout the life course.	All panelists
01:50 p.m.	Closing remarks	

Country presentations

PARAGUAY

Objective: To provide safe vaccination to prevent COVID-19 in indigenous communities in the departments of Alto Paraguay, Boquerón, and Presidente Hayes (western Paraguayan Chaco region).

Celeste Molinas, spokesperson for the Expanded Program on Immunization (EPI) of Paraguay, described the initiative on behalf of the Ministry of Public Health and Social Welfare (MSPyBS).

Information

The National COVID-19 Vaccination Plan, developed by Paraguay's Ministry of Public Health and Social Welfare (MSPyBS), established three stages for vaccinating the various groups, which were prioritized according to their risk, while taking into account the progressive availability of vaccine doses. The indigenous population was included in the second stage, after health personnel and individuals ages 60 years and older.

An analysis of the status of the COVID-19 pandemic in the indigenous population showed that, as of 3 June 2021, there were 16 affected peoples, 101 communities at risk, 420 confirmed cases, and 46 deaths. The departments most affected were Alto

Paraná and Central, along with the Paraguayan Chaco region.

Based on these data, the COVID-19 vaccination plan was implemented in the departments of the Paraguayan Chaco (Boquerón, Presidente Hayes, and Alto Paraguay), in coordination with the EPI and the MSPyBS, with technical cooperation from the PAHO Representative Office in Paraguay.

There was clear participation by the population, starting with the planning of activities, and during implementation of the plan between 26 July and 11 December 2021. The general objective was to promote vaccination of the indigenous population in the Paraguayan Chaco, with the following specific objectives:

- 1 Ensure a safe and timely vaccination process.
- 2 Strengthen community participation in organizing the campaign and mobilizing the population.
- 3 Strengthen the vaccination information system, and conduct surveillance and investigation of adverse events following immunization (AEFI) against COVID-19.
- 4 Implement a social communication strategy to promote COVID-19 vaccination.



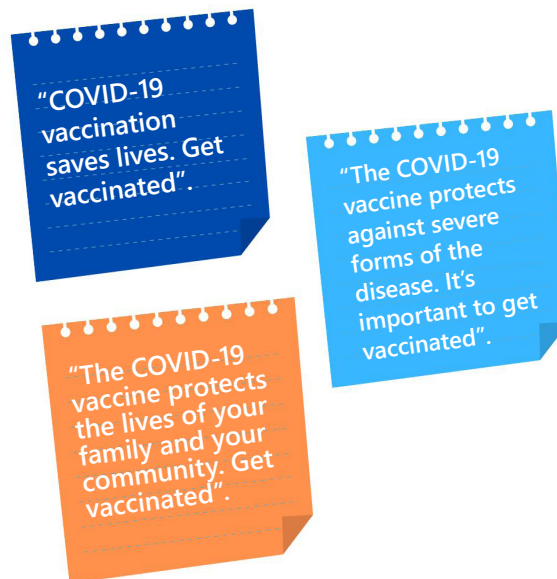
The Paraguayan Chaco is home to 49.4% of the country's indigenous population, who live in clustered or dispersed settlements, communities, and villages, as well as in peri-urban households in all three departments. To reach this population, the regional technical team coordinated with various institutions and community leaders to promote awareness of the plan and agree on the schedule of activities.

The staff in charge of the family health units collaborated with local leaders and other key stakeholders from the different communities to ensure the necessary spaces for vaccination, and to bring people to those locations. With the support of the EPI and regional health offices, members of vaccination brigades were trained on the technical recommendations for the vaccines to be used, registration in the nominal information system, and collection and reporting of AEFI.

The social communication and community participation strategy was planned through an inter-institutional consultation process, with the cooperation of PAHO, the national EPI, regional health offices, the National Directorate of the Health of Indigenous Peoples, the Directorate of Communication of the MSPyBS, the National Council of Indigenous Peoples, and the Office of the United Nations Resident Coordinator. The proposals and products were validated by all the entities involved.

The MSPyBS developed the vaccination guide for indigenous peoples, as well as brochures and posters in digital and printed format. Illustrations were by indigenous artists, and the translations were done by communicators. Alliances were managed by members of the Federation for the Self-Determination of Indigenous Peoples (FAPI), to ensure their support and help in dissemination.

The messages used were informative and clear. Following are examples of the messages:



Forty posters were designed and used for social networks, translated into the Nivaclé, Enlhet, Qom, Ayoreo, Guaraní, and Spanish languages. In addition, six Spanish, Qom, and Ayoreo radio podcasts and social networks spots were created, promoting vaccination of indigenous peoples. These materials were distributed to community radio stations in the eastern and western regions, and to FAPI communicators and other indigenous peoples' organizations. In addition, slots for podcasts were contracted on Radio Caritas and Radio Pa'i Puku. All of these activities were systematized and documented.

Through the efforts of leaders and other key community actors, and through messages on community radio stations, information on vaccination schedules and locations (village squares, community centers, etc.) was disseminated in the different communities. Portable megaphones, donated to the health regions by PAHO, were used, and proved highly useful for disseminating promotional and informational messages in community spaces, markets, churches, squares, bus stops, and schools. In addition to the communication campaign, a strategy was deployed to train 107 promoters (79 from the MSPyBS and 28 volunteer community promoters) on the importance

of vaccination, vaccine safety, and potential adverse events. They were provided with social communication materials to encourage vaccination, so that they could pass along these messages to the communities.

As a result of these interventions, the country gained access to 155 remote and dispersed communities, in many of which (26) the population was hesitant to get vaccinated against COVID-19. In this way, the country helped ensure that the people in these communities in the three selected departments could be vaccinated against COVID-19 and other vaccine-preventable diseases, and were able to receive other health services.

During the 18 rounds of vaccination carried out, 17 172 doses of COVID-19 vaccines and 15 009 doses

of routine vaccines were administered; 1063 doses of vaccine, including measles, rubella, and polio vaccines, were also administered as part of the 2021 National Vaccination Campaign.

A total of 7175 medical consultations were also conducted, and 114 pregnant women were brought in for their first prenatal check-ups and to receive vaccinations, vitamins, and guidance on childbirth. Forty-three children who had received no vaccinations were identified, and they began to receive routine vaccinations. The same strategy is currently being applied in other departments of the eastern region of the country (Amambay, Canindeyú, Caaguazú), with a focus on indigenous populations.

Lessons learned

- ▶ Respect for the worldview of indigenous communities, involving and listening to them, and working with their leaders, is important in ensuring that the population has access to vaccination.
- ▶ During the pandemic, the importance of working with communication professionals to dispel myths and monitor the quality of information presented has become clear, as well as the important role that these professionals play in educating the population.
- ▶ Cooperation and coordination with health regions, the EPI, and other organizations helped to develop a plan that brought together everyone's knowledge and allowed the plan to be implemented with an intersectoral perspective.
- ▶ Use of the native languages of indigenous communities and the production of simple and understandable messages were essential in communicating the importance of vaccination in these regions.

ECUADOR

Objective Establish procedures for linking inter-institutional, intersectoral, and social stakeholders in the territories and among the peoples and nationalities of Ecuador, in order to provide a coordinated, culturally relevant response to the COVID-19 emergency.

Verónica Inuca, National Director of Intercultural Health at the Ministry of Public Health, described her country's experience.

Information

Access barriers to health services were studied within the regional context in order to develop and implement vaccination strategies to protect the indigenous population. An assessment of the population determined its socioeconomic status, with overcrowded conditions and poor access to basic health services in these regions. Other factors taken into consideration included language barriers, degree of access to information, and specific cultural characteristics, both of the country's peoples and of Ecuador as a country.

An analysis of the determinants of health among the country's peoples and nationalities indicated an increased risk of contagion and spread of COVID-19 in indigenous populations. The COVID-19 infodemic also spread misinformation about the pandemic. Another problem was the lack of information adapted to specific cultural contexts, and inadequate communication channels for these populations.

Community participation in the development of communication strategies and local vaccination plans was important. In addition, there was a need to design sanitary cordons for indigenous peoples living in isolation who had yet to come into contact with the disease.

In 2021, before implementing protocols for administering vaccines, vaccination coverage was analyzed. This analysis highlighted the low coverage in these areas, especially in the southwest region. In response to the infodemic and the spread of misinformation, messages concerning COVID-19 vaccination were adapted to the cultural context, making them clearer and easier to understand. At present, Ecuador reports an 80% increase in vaccination coverage in areas where indigenous communities reside.

In order to implement intervention strategies, a protocol was established for COVID-19 prevention and care among indigenous, Afro-Ecuadorian, and Montubio peoples, taking account of intercultural factors. The overall objective was to reach indigenous groups and provide a coordinated, culturally appropriate response to the COVID-19 emergency. One specific objective was to ensure equitable access to vaccination for indigenous, Afro-Ecuadorian, and Montubio peoples and nationalities, prioritizing areas in which health services are hard to reach, so as to reduce rates of mortality and severe morbidity from COVID-19.

Communication actions included:

- Implementation and monitoring of operational guidelines for COVID-19 vaccination in specific peoples and nationalities.
- Cross-sectoral activities with international and local stakeholders.
- Development of educational and communications

materials.

- Inclusion of advertising spaces and radio spots, translated into the ancestral language of each community.

At the local level, the Ministry of Health worked with the Ecuadorian Local Popular and Educational Media Coordination organization, which participated in developing radio messages.

In the campaign to raise awareness and educate the population on the importance of vaccination, the following activities were conducted:

- Educational materials and information were translated into the ancestral language of each community and validated by community leaders.
- A communication campaign was devised for local and mass dissemination of information on activities to be conducted.

The content of the messages was developed in coordination with the community and state institutions. These messages outlined basic prevention measures, what to do if you get sick with COVID-19, warning signs in pregnant people who have COVID-19, and the safety of COVID-19 vaccines. In places where electricity or internet connectivity was not available, printed materials and radio messages were used. All materials were developed based on the specific cultural context, and were translated into the languages needed to reach all populations.

A key part of the strategy was the plan for training health professionals on operational guidelines for vaccinating Ecuador's various peoples and nationalities. This was in addition to training leaders and other stakeholders involved in the radio messages with respect to the importance of increasing COVID-19 vaccination coverage of the population.



Lessons learned

- ▶ As with previous experiences, field work and coordination with community leaders and formal organizations of indigenous groups were key, not only in gaining access to these populations, but also so that these actors could serve as spokespersons in their communities.
- ▶ The involvement of private companies helped to increase coverage and disseminate messages about the importance of vaccination, and expand the resources available to promote vaccination. The effects of their participation became evident with the decreased rate of COVID-19 mortality in this population.

QUESTION AND ANSWER SESSION

PARAGUAY

How was field coordination handled, with a view to the specific cultural context?

- The activities required strong coordination with health personnel at the local level, to act as conduits of vaccination information; personnel were also trained through awareness-raising workshops. Health personnel assisted in pre-registration, and assisted vaccination staff in reaching out to communities.
- Community leaders were assigned as spokespersons to issue messages with information about vaccination. Community dialogue was also essential in building trust for the campaign.

There are anti-vaccine groups in these communities. How has this issue, and the disinformation circulating on social media, been addressed?

- Some people were not in favor of COVID-19 vaccination or routine vaccinations.
- The controversy concerns the right not to be vaccinated and the mandatory nature of vaccination in those communities. Opportunities for cross-sectoral interaction and analysis have been increased, in an effort to combat the prevalent vaccination hesitancy.
- In order to combat misinformation, translating messages into ancestral languages has been very important.

What differences have been identified between communication in the general population and in specific groups?

- Before starting the COVID-19 vaccination campaign, training for indigenous health promoters and community leaders included the topic of vaccine safety and AEFIs, in order to develop ways to address them.
- Paraguay focused heavily on strengthening AEFI surveillance. Reporting of these events is ongoing and adds to the nominal vaccination reporting system, greatly facilitating the identification of AEFI and their relation to each vaccine administered.
- The response was very positive: no serious adverse effects were reported. The community knew that some adverse reactions could occur, and they accepted this, and because they were told that they could report any such reactions, the community viewed this as part of being vaccinated.

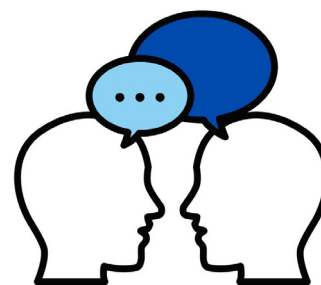
ECUADOR

- Within the operational guidelines on vaccination, improvements were made in the referral and counter-referral of cases involving vaccine safety
- Information was provided on actions to be taken if AEFI occur, regardless of severity.

- In hard-to-reach areas, promoters were trained to identify both mild and serious AEFI.
- Moreover, church leaders were able to convey the safety of vaccination in these communities.

How was the religious aspect approached in indigenous communities?

- In the case of Paraguay, indigenous groups have their own culture and religion.
- Churches are involved in all sectors and were highly supportive of the vaccination campaign in the Paraguayan Chaco, and their participation was instrumental in reaching many more people.



Country presentations

BOLIVIA

Objective: Combating the COVID-19 vaccination infodemic

Sandra Mallo, Communication Focal Point, PAHO Representative Office in Bolivia, described the activities conducted in the country.

Information

The pillar of the communication strategy in Bolivia was that all information transmitted must be based on evidence. Before designing the strategy, two studies were conducted, and these were used as starting points. One study concerned vaccine demand; the other related to the anti-vaccine movement in the country. These studies served to identify the population's sense of vaccine safety and their level of trust; based on this, solutions were designed to address problems that had arisen prior to the introduction of other vaccines. With the emergence of the COVID-19 pandemic, the activities of anti-vaccine groups mushroomed, particularly on social networks.

Mid-term studies were also conducted between July and October 2021 (one national and one in rural areas) to identify problems and establish guidelines for designing and adapting communication strategies. They also helped to define the most appropriate channels and types of messages, based on the most common questions and fears expressed by the population.

The results of the studies indicated a need for the following actions:

- Messages need to come from health personnel, in their capacity as experts in the field.
- Storytelling in the media is an effective way of conveying messages, e.g., testimonials showing that many people accept and trust the vaccine.
- Messages should be disseminated in context-specific media (Facebook, television, radio, health facilities, and local gathering places).
- Messages should promote proactive, pro-vaccination behaviors, and myths about vaccination need to be addressed.

The four central points of the strategy were that the activities should be people-centered, highly segmented, targeted to clearly identified audiences, tailored to the needs of the particular setting, and based on sectoral partnerships.

The general objective of the strategy was to promote acceptance of the new COVID-19 vaccines, continually promote trust in vaccination, meet the needs and information requirements of the different segments of the population, and monitor the climate of opinion in order to anticipate and control crisis situations. These actions were designed based on national- and

The specific objectives were to:

- 1 Support the goal of having 70% of the population vaccinated.
- 2 Increase trust in the vaccines.
- 3 Vaccinate the population in order to restart the economy.
- 4 Reach a political consensus on vaccination.
- 5 Leave no one behind.
- 6 Establish alliances at all levels and with all stakeholders in order to carry out collaborative campaigns.
- 7 Eliminate myths about vaccination.

In order to support these goals, different campaigns were developed to promote mass vaccinations. Communication tools and materials with recommendations regarding post-vaccination logistics were constantly updated, and their use was scheduled for different stages of vaccination. To build trust in vaccines, campaigns were developed on radio, television, social networks, and webinars, along with messages from influencers on social networks and through sectoral partnerships. Health

personnel was responsible for communicating these messages.

Lessons Learned

- ▶ It is important to increase journalists' awareness about misinformation and about their important role in combating the infodemic and educating the population.
- ▶ Community leaders should be enlisted when designing actions and disseminating materials.
- ▶ Efforts should be made to develop a repetitive, intensive, and relevant information campaign on the risks of not being vaccinated versus the benefit of receiving the vaccine.
- ▶ Forge more partnerships.
- ▶ Establish interpersonal communication that supports community leaders in their efforts to communicate messages about vaccination.

COSTA RICA

Objective: Establish dialogues on COVID-19 vaccines, based on facts and studies carried out in indigenous populations, in order to combat misinformation circulating in the community.

Andrea Rojas, Department of Health Systems and Services and Focal Point, PAHO Representative Office, described the activities carried out in the country.

Information

In mid-2021, Costa Rica acquired the doses of COVID-19 vaccine needed to vaccinate the entire adult population. As vaccination campaigns progressed, vaccine hesitancy was detected, jeopardizing the goal of achieving high vaccination rates. The PAHO office in Costa Rica decided to disseminate information to promote vaccination in various communities.

A decision was made to hold face-to-face meetings between health personnel and people from the community, so that they could have questions answered in a setting where they would feel safe, unthreatened, and not compelled to receive the vaccine.

The project began by identifying barriers to vaccination and factors that account for vaccine hesitancy. Several myths that needed to be addressed were identified. Once information related to the myths about vaccination was clarified, technical content was developed and adapted to the target population group and its needs. A critical factor was the way in which messages about vaccines were created; the goal was to provide communities with a dialogue-based experience, rather than passively receiving the views of health workers.

With this information, the PAHO office in Costa Rica and the Ministry of Health developed the workshop “Debunking myths about COVID-19 vaccines. Let’s talk about COVID-19 vaccines.” These workshops were held in 2021, and continue to be updated. Topics covered at the workshop include general information about vaccines, their safety and effectiveness, as well as their risks and benefits. The workshop seeks to transmit clear information on AEFI, and to inform the population about the country’s pharmacovigilance mechanisms. Information on vaccination during pregnancy and lactation was also included.

At a second stage, when vaccination of children began, this topic was included in the workshop’s curriculum.

To develop and implement these actions, the PAHO Representative Office and the Ministry of Health invited participation from community networks and institutions such as the Ministry of Justice, the Costa Rican Social Security Fund, civil society organizations, the private sector, associations of people living with disabilities, indigenous associations for integral development, and several local governments.

Ten indigenous communities participated in the initiative, and 29 virtual and face-to-face workshops were held during 2021; these were also disseminated through social networks, television, and radio.

Lessons learned

- ▶ Detect the main problems to be solved, and provide information to communities about the objectives of vaccinating the population.
- ▶ Collaborate with community leaders and create partnerships with local organizations.
- ▶ Assign the role of spokesperson to trusted individuals in these communities, in order to spread the messages through social networks, television, radio, and other media.
- ▶ Use COVID-19 vaccine messaging to promote other routine vaccinations.
- ▶ Constantly adapt and update workshops to keep them relevant to the communities they target, based on the communities’ current concerns and behaviors.
- ▶ It is essential to identify the influence of certain individuals in the community. Their words, and the questions they help clarify, can lead to many more people getting vaccinated.
- ▶ Person-to-person communication builds trust.



QUESTION AND ANSWER SESSION

What problems have you faced by involving community leaders?

BOLIVIA

- Indigenous communities have a different worldview; for example, time is circular rather than linear. Also, their concept of community is different, and is based on the community as a solid foundation. The pandemic brought with it concepts such as physical distancing, and it was difficult to transmit messages contrary to their customs, such as, for example, not sharing coca because it involves a health risk.
- It was important to recognize that people in these populations are exposed to the information circulating in the area. It is therefore vital to combat the spread of misinformation, listen to all doubts, and conduct our work based on evidence.
- The deaths of indigenous leaders from COVID-19 caused great pain in the communities. However, this sad experience helped motivate communities to care for older people and to accept vaccination as a way to protect each other from this very real pandemic disease.
- The theme of faith was also used as a tool to promote vaccination. The message of loving one's neighbor was also used, with vaccination as a way to protect not only oneself, but also one's family and community. These messages—that vaccination is an act of love—have been key.
- Face-to-face activities were a way for people to meet (with protective measures) in a setting where they could talk about their experiences and obtain information about AEFI, so that they could feel safer.

COSTA RICA

- It was important to understand the community's customs, sit down with people, and learn how they communicate with each other. For effective communication, one has to speak colloquially, and focus on the warmth of the conversation, and on communicating.

Is it clear why parents are reluctant to have their children vaccinated, even when they themselves have been vaccinated?

BOLIVIA

- One of the parents' concerns is that the vaccine was poorly developed, especially for people under 18 years of age. Parents believe that vaccines are still in the experimental phase for this population.
- There are also fears based on false information, such as the supposed adverse effects of vaccines (sterility, arrested growth, sexual deviance, etc.). Information that appears to be evidence-based but that comes from unreliable sources continues to circulate.

COSTA RICA

- Many parents comment that COVID-19 is not a disease of children and adolescents, and only affects older people. It has been necessary to provide them with accurate information about how COVID-19 can affect children and adolescents.
- It has also been important to allay doubts about the vaccine, and explain how not only vaccines but all medicines are manufactured, in addition to clarifying that COVID-19 vaccines were subject to a thorough process of research and clinical trials before being used in people.

- To clear up confusion about whether or not the disease affects children and adolescents, it was explained that the reason children were not vaccinated in the initial stage was because there was not yet enough evidence to verify that the vaccines were safe and effective in children. It was further explained that there is now evidence on the effectiveness of the vaccine in children and adolescents, which is why these age groups have been added to those already authorized to receive the vaccine.

Panel discussion

COVID-19 vaccination as a starting point for discussing vaccination throughout the life-course

What were the most important lessons learned?

BOLIVIA

- Working with journalists and the media is very important, including demonstrating the effect of disinformation, misinformation, and the importance of the media in reproducing evidence-based information.
- The commitment to provide information is shared by all actors (decision makers, governments, organizations, and civil society).

PARAGUAY

- Demonstrating respect for indigenous populations is a fundamental pillar for working with communities on public health issues.
- The media play a fundamental role in education and communication, and it is through them that health organizations reach citizens. Only by working together can we fight the pandemic.

COSTA RICA

- Activities carried out in communities, regardless of their complexity, are essential to increase vaccination acceptance. One-on-one work counts, and it can have a big impact in vaccine-hesitant communities.

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- It is important to take a cross-cutting approach to context, interpretations, and social participation in all health policies.
- Empowering indigenous organizations plays a very important role, since it is through them that communication activities can continue in a spirit of mutual respect.

Since the introduction of COVID-19 vaccines in the Region of the Americas in 2021, more than 19 billion doses have been administered, and 69% of the Region's population has been vaccinated. However, only 17 of the Region's 51 countries and territories have reached the WHO target of 70% vaccination coverage. In the various countries of the Americas, COVID-19 vaccination faces several complex problems, including the infodemic and vaccine hesitancy.

At the request of the Ministry of Health of Peru, PAHO organized a series of exchanges among Spanish-speaking countries in Latin America and the Caribbean in order to present successful national-level communication strategies to boost demand and acceptance of the COVID-19 vaccine and other vaccines throughout the life course, with a view to improving vaccination coverage rates.

This publication includes presentations made at two sessions in which ministries of health, PAHO immunization and communication focal points, and colleagues from other United Nations agencies and partners participated.



PAHO