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REPORT ON COMMUNITY COMMUNICATION CAMPAIGNS

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity. In Colombia, this project is known as "*Comunidades Saludables*".

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LIST OF ACRONYMS

ET   Territorial Entity

LHSS   Local Health System Sustainability project

MSPS   Ministry of Health and Social Protection

PNV   COVID-19 National Vaccination Plan

PAI   Expanded Programme on Immunization

USAID   United States Agency for International Development

1. BACKGROUND

The interventions under Objective 4 of the LHSS Colombia work plan focus on strengthening the resilience of the health system to respond to current and future emergencies, including the COVID-19 pandemic. To face these challenges, LHSS Colombia provides support to the Ministry of Health and Social Protection (MSPS), the territorial health secretariats, and other stakeholders to implement the COVID-19 National Vaccination Plan (PNV) by strengthening management of the PNV in the territorial entities, training health workers and communities to create demand, adapting guidelines to improve monitoring of the vaccination process, and developing digital mechanisms to strengthen the implementation of the PNV to increase access to vaccines, particularly for Venezuelan migrants, minority ethnic groups, low-income, and uninsured populations.

The Activity works together with the MSPS to provide support to the health secretariats to develop communication strategies aimed at generating community trust in the vaccination process and implement measures to prevent infection, as these are key factors in determining the success of the COVID-19 PNV in Colombia.

In Year 3, funding was approved to finance activities supporting the implementation of the PNV. This was delivered within the framework of VRIO Work Plan Task 4.4.2; Support to the MSPS, territorial entities, and health care providers with communication products aimed at promoting vaccination and mitigating misinformation.

To steer these campaigns, the Activity developed a community media toolkit with key information gathered during the needs assessment (Task 4.4.1), along with key health care communication tools that can be used to consolidate communication products. The media toolkit was adapted from existing materials, where possible.

2. CONTEXT

The PNV began the COVID-19 vaccination process in Colombia in February 2021. This process was based on the principles of solidarity, efficiency, welfare, promotion of the common good, and social justice. The PNV was implemented in two phases; the first was aimed at reducing COVID-19 mortality and the incidence of severe cases of COVID-19, prioritizing the protection of human resources in health and support personnel, caregivers of protected populations (community mothers, family welfare, caregivers of the elderly) and police and military personnel. The second phase of the PNV aimed at reducing infection among the general population in a staged manner. (Minsalud, 2021)

In contrast to the above and given the time constraint between the introduction of the vaccine and the technical and operational deployment of the PNV, the promotion of trust in the vaccine among the general population became a national and territorial challenge as it was key to reducing the sustained community spread of the virus. Following the implementation of the PNV at the national and territorial levels, in May LHSS Colombia began a process of technical assistance to

the health authorities. This process aimed at implementing microplanning activities for vaccination strategies, cross-sectoral coordination, and the development of communication strategies aimed at facilitating the outreach of COVID-19 vaccination services to communities across different PNV phases.

LHSS Colombia provided support towards the creation of community vaccination campaigns targeting vulnerable populations. This process was guided by a literature review on community communication strategies that could positively impact COVID-19 vaccination uptake nationally. The literature review aimed at identifying evidence regarding education and community communication strategies delivered at the international level and analyzing which achieved successful results in increasing trust among the population and which maximized effectiveness for implementing COVID-19 vaccination plans, thus changing the course of the pandemic-related public health crisis (Omer, Benjamin, Buttenheim, Callaghan, & Caplan, 2021). Additionally, it is worth noting that the academic literature ties together three main areas explaining the reasons behind hesitancy to COVID-19 vaccination among the general population, which could be addressed through community communication campaigns. These areas are: 1) vaccine-related, which is characterized by a distrust in the safety and efficacy of the vaccine, 2) health system related, and 3) related to individual social attributes. These are considered to be the most influential factors affecting vaccine acceptance (Alamoodi AH, 2021).

The development and implementation of scientifically-based and community-targeted COVID-19 vaccination communication campaigns are considered to be the best tools to counter misinformation in social networks and the mass media. This is an effective strategy that must be led by the MSPS, territorial entities, local health directorates, Benefit Plan Administrators (EAPB) and Health Care Providers (IPS). Upon achieving public acceptance of the vaccine, mass vaccination efforts are helpful to reach herd immunity, when a large proportion of the population has been vaccinated (Alamoodi AH, 2021).

Therefore, LHSS Colombia implemented a series of community communication activities aimed at providing the MSPS and territorial entities with effective tools to instill a higher level of trust and increase COVID-19 vaccine coverage, enabling herd immunity.

To guide these campaigns, the Activity developed a community media toolkit based on key information gathered during the needs assessment (Task 4.4.1), along with key health care communication tools that can be used to consolidate communication products. Where possible, the media toolkit was adapted from existing materials. Likewise, this process recognizes that media outlets are important allies in mitigating disinformation and its effects on vaccine adoption, especially among populations consuming alternative sources of information, such as from social networks. During Year 3, the Activity trained local media outlets (digital, print, radio, television) as a means to mitigate disinformation in the prioritized territorial entities.

The target population of the community communication campaigns are the health professionals responsible for managing and operating the COVID-19 vaccination, as well as the general community and its leaders. These encompass dispersed rural areas, ethnic minorities, migrant, and vulnerable populations concentrated in the territorial entities of *Medellín, Arauca, Bogotá, Bucaramanga, Buenaventura, Barranquilla, Caldas, Cartagena, Cesar, Cauca, Casanare, Cundinamarca, Riohacha, Nariño, Norte de Santander- Cúcuta, Santa Marta, Sucre, Cali,* and *Meta.*

3. OBJECTIVE

To describe the communication activities developed at the community level aimed at preventing transmission of the virus and promoting COVID-19 vaccination.

4. METHODOLOGY

This document includes two complementary dimensions: the first summarizes a review of the literature on community communication activities and strategies as carried out in several countries, which demonstrated favorable results for deploying COVID-19 vaccines, considering vaccine hesitancy among the population. The second describes the actions developed by the LHSS Colombia Activity in agreement with health authorities at the national and local levels to generate an appropriate response to vaccine misinformation, and to strengthen both the resilience of the health system and the community's trust in the system to increase COVID-19 vaccination.

5. DIMENSION I: LITERATURE REVIEW

The research process generated a significant number of related articles through independently applying the selection criteria, filters, and keywords. However, not all of the articles met the inclusion criteria, as it was in the interest of the Activity to learn about communication strategies facilitating or impacting acceptance, hesitancy, or indecision about COVID-19 vaccination in different communities and scenarios at a global level.

5.1 SELECTION CRITERIA

- Types of studies: systematic reviews.
- Review years: 2020, 2021, and 2022.
- Keywords: COVID-19 Vaccines, psychology, "social marketing" or "social behavior" or related to "Community Participation", "Community Networks" or "Community Health Planning", "Health Communication" or "Communication".

5.2 EXCLUSION CRITERIA

- Types of studies: narrative reviews or others different from systematic reviews
- Years other than: 2020, 2021, 2022
- Keywords: Psychology, "social marketing" or "social behavior" related to other events different from COVID-19 Vaccines, "Community Participation", "Community Networks" "Community Health Planning", "Health Communication" or "Communication".

5.3 SOURCES FOR SEARCHING ARTICLES

The search was performed on indexed articles in the Cochrane Database of Systematic Reviews (Cochrane Database of Systematic Reviews MeSH (searching medical keywords)), MEDLINE PubMed database, Science Direct (explore scientific, technical, and medical research), and SCOPUS database.

Table I. Search and selection of articles

Search engines	Filters	Terms	Search	Preselection	Exclusion	Selection
Cochrane	Year 2020-2022 Systematic Review	COVID-19 vaccines and psychology, and "social marketing" or "social behavior"	418	2	1	1
PubMed	Year 2020-2021 Systematic Review	(psychology) AND (covid-19 vaccines)	41	10	3	7
Science Direct	Year 2020-2021 Systematic Review	COVID-19 VACCINES AND PSYCHOLOGY	119	7	3	3
Scopus	Year 2020-2021 Systematic Review	(TITLE-ABS-KEY (covid-19 AND vaccines) AND TITLE-ABS-KEY (psychology))	64	0	0	0
TOTAL			**642**	**19**	**7**	**11**

5.4 RESULTS

The studies found that although researchers from many scientific disciplines have submitted a myriad of studies in favor of COVID-19 vaccination, misinformation on social media could hinder vaccination efforts and increase concerns about vaccination (Alamoodi AH, 2021). The World Health Organization (WHO) defines vaccination hesitancy as the delay in accepting safe vaccines or the rejection of such vaccines despite the availability of vaccination services. Hence, the WHO recommends further investigating the reasons behind vaccine hesitancy, its determining factors, and resulting challenges. (WHO, 2015).

Experts indicate that certain determinants of hesitancy may cause both vaccine acceptance and rejection, thus, a higher level of education does not necessarily presuppose acceptance. For examples, some Countries have both rural ethnic minorities and isolated communities and high-income residents in urban areas expressing concern regarding the safety of the vaccines (WHO, 2015).

It is important to remember that, historically, there have always been concerns about vaccines dating back to the eighteenth century, when the smallpox vaccine was introduced after the smallpox epidemic (Dubé E, 2015). However, increasingly, people are becoming part of anti-vaccination movements, which consider vaccination to be risky and non-essential (Alamoodi AH, 2021).This does not mean that all vaccine hesitant people are completely anti-vaccination, on the contrary, the spectrum of vaccine hesitancy includes those showing an absolute rejection or other undecided people who have hesitancy and concerns. People who are concerned may accept

some vaccines, but refuse, postpone, or hesitate to accept others (Dubé E, 2015). A systematic review performed by Kamal et al. (2021) regarding the factors influencing the uptake of COVID-19 vaccination in minority ethnic groups in the UK suggests that the factors mostly influencing hesitancy among these groups include barriers such as pre-existing mistrust of formal services, lack of knowledge and information regarding vaccine safety, misinformation, complex and changing orientations, inaccessible communication, conflicting information from different sources, and practical barriers such as the location of vaccination centers (Kamal A, 2021).

In the same vein, according to Freeman et al (2020), nine other studies reported that variations in vaccine hesitancy among different population groups (including ethnic minorities) are mainly explained by beliefs regarding the collective importance of getting vaccinated, vaccine efficacy, side effects, and the expeditious period in which the COVID-19 vaccine was developed (Freeman, 2020). Other factors explaining hesitancy include excessive mistrust, conspiratorial beliefs, and negative views about doctors and the government. Lochyer et al (2021), found that vaccine hesitancy could be attributed to three factors: safety concerns about the vaccine, negative stories about the vaccine, and personal awareness related to health, disease, and the vaccine (Bridget Lockyer, 2021). Likewise, Bell et al (2020), found that participants self-identified as Black, Asian, Chinese, mixed or other ethnic groups were 2.7 times (95% CI: 1.27-5.87) more likely than white participants to report the refusal of the COVID-19 vaccine for themselves or their children. (Sadie Bell, 2020)

In order to respond to the factors triggering such hesitancy, governments and health authorities in different countries have been developing community strategies since the beginning of their COVID-19 vaccination programs. The United Kingdom provided support to local public health teams in order to work with communities in addressing existing beliefs and access barriers. This work was performed through a strategy involving the design and delivery of customized communications and the monitoring of local information (National Health Service, 2022). As a result of implementing similar initiatives in a variety of countries, vaccine uptake increased in the populations under study. In Pakistan, in the over 50 age group, vaccine uptake increased from 73.1% to 81.7%, in Bangladesh from 83.1% to 89.1%, in the Caribbean from 61.6% to 67%, and in African groups from 64.9% to 73.5%. (National Health Service, 2022).

It is also worth noting that during the last decade, social networks have become an important tool for opinion research, which includes real-time surveillance on concerns surrounding vaccination and infectious diseases, and they serve as a valuable communication tool for global stakeholders. Thus, the community has taken a central place in planning and defining community communication campaigns regarding vaccination, since it is required to ensure the participation of the community in the process in order to address the concerns and information needs of ethnic minority groups, migrants, and vulnerable populations. This is performed through the use of community networks and access to reliable healthcare services, which increases vaccine acceptance (Kamal A, 2021).

Another key factor about community communication campaigns that governments should consider is that ethnic minority groups, migrants, and vulnerable populations should not be treated as a homogeneous group, and an individual-centered approach should be adopted in order to provide support to specific communities upon addressing their unique needs and concerns about the COVID-19 vaccine. (Kamal A, 2021)

In contrast, the results of six studies reporting communications data about the risks and benefits of vaccination, suggest that outgoing messages and vaccination campaigns may consider focusing on the risk of COVID-19 for others and the need of widespread vaccination as an effective tool in controlling infection (Basharat Hussain, 2022). Freeman et al. (2021) identified that the willingness to receive the COVID-19 vaccine is closely linked to the recognition of the collective importance of vaccination (Daniel Freeman, 2021). Hence, information disseminated through official media at the national and subnational levels should highlight social benefits of vaccination, as this can be particularly effective in reducing concerns among the population. (Daniel Freeman, 2021)

The following table includes some recommendations drawn from the systematic review conducted by Hussain et al. (2022), regarding overcoming concerns about the COVID-19 vaccine.

Table 2 Recommendations for designing community intervention strategies aimed at increasing COVID-19 vaccination uptake and reducing vaccine hesitancy.

- Develop community communication campaigns and messages about vaccination, emphasizing the risk of COVID-19 for the population, and the need for mass vaccination as an effective tool for controlling infection.
- Adopt differential approaches within and among different population groups, being transparent in recognizing causes of concern, and considering cross-sectional social status.
- Public health measures that are culturally adapted to improve vaccination rates should target indigenous communities, Afro-descendants, migrants, vulnerable populations, and certain religious groups.
- Vaccination programs must provide a localized and empathetic response to counter misinformation.
- It is necessary to proactively engage young people through online platforms and traditional formal and informal media.
- Media and social marketing interventions should target a myriad of subpopulations. This requires a better understanding of vaccination barriers.
- Additional research is needed in order to improve knowledge on the most effective approaches in communicating with ethnically diverse communities.
- Prior experiences with vaccination campaigns have demonstrated the importance of public engagement in increasing advocacy and implementation process effectiveness.
- Community leaders are key facilitators for knowledge exchange among marginalized communities, health care providers, and policymakers; and can facilitate participation and the dissemination of response strategies.
- Religious leaders are effective in communicating vaccine-related information and positively influencing vaccine acceptance within their communities.
- The identification of community leaders should be led by the communities themselves to ensure that such leaders substantially represent the views of such groups.
- Removing structural barriers to vaccine access can increase vaccination acceptance, especially among ethnic minority groups and migrant populations.

Source: Adaptation from the systematic review of the UK studies: Overcoming concerns on the COVID-19 vaccine among ethnic minorities. Basharat Hussain, Asam Latif, Stephen Timmons, Kennedy Nkhoma and Laura B. Nellums(Basharat Hussain, 2022).

Considering the recommendations identified through the literature review, the MSPS' communication and social mobilization component within the framework of the Expanded Program on Immunization (PAI as per its acronym in Spanish), is considered to be especially important. It links together the cultural characteristics of the target population, the creation of strategic alliances to train community leaders, and the participation of the family and community in processes addressing health promotion and protection. Hence, the findings from the current literature review provide additional information that is key to improving the institutional response and enhancing the capacity of this component in relation to COVID-19 vaccination.

In summary, this first dimension creates a conceptual reference framework aimed at developing the second dimension, which discusses the activities performed by LHSS Colombia and national and local health authorities to manage COVID-19 communication campaigns at the community level.

6. DIMENSION II: ACTIVITIES DEVELOPED BY LHSS COLOMBIA AIMED AT MANAGING THE COVID-19 VACCINATION COMMUNICATION CAMPAIGNS AT THE COMMUNITY LEVEL.

The communications activities that were delivered to effectively implement the PNV the product of a rigorous exercise to identify needs, coordinated with health authorities and the community at the national and local levels. As a result, LHSS and local actors designed and executed a set of activities described as follows.

Table 3. Community communication activities implemented between LHSS Colombia and the national and territorial health authorities.

Activity	Content	Description
Creating a toolbox	Dimensions implemented: - Press release - Interviews - Strategic planning - Focus groups - Traditional and digital media - Storytelling - Spokespersons	This process was delivered through trainings to both the community and the local media.
Evaluation for communication campaigns (Cheklist)	Dimensions or minimum criteria that an effective communication campaign shall meet at both a national and local level.	Development of an evaluation format or checklist for communication campaigns. This checklist was designed by taking into account the strategic focus, content, and impact of the campaigns.

Activity	Content	Description
Creation of a communications kit aimed at strengthening communication strategies at the national and territorial levels (Deliverable: communications kit submitted in Q3)	Design, production, and distribution of the communications kit, which includes: - Infographics (banners and flyers) - Animated videos and radio spots.	The contents were drafted together with technical teams from the MSPS and LHSS Colombia.
Provide support for developing Information and Community Education activities and implementing the PNV at the territorial level.	PAI-COVID teams comprised of health professionals were deployed to provide support for strengthening communication strategies within the framework of the PNV.	This process was delivered through training activities addressing the community and the dissemination of clear and timely information on COVID-19 vaccination to strengthen trust in vaccines and promote uptake.
Provide support for community communication initiatives (Grants)	Implementation of a request for applications process targeted to institutions interested in developing and implementing a behavior change strategy.	Provide support to the proposals in compliance with the program requirements to strengthen the request for applications and receive applications from different institutions. The request was performed through social networks.

6.1 ACTIVITIES IMPLEMENTED

6.1.1 CREATION OF THE TOOLBOX

LHSS Colombia provided support to the MSPS to strengthen the different teams that are part of the value chain of the Colombian healthcare system. On this occasion, LHSS Colombia implemented this activity hand in hand with the local media and communications teams of the territorial entities to jointly promote COVID-19 prevention activities and carry out vaccination in the territories. Accordingly, LHSS and local actors created a toolbox to design and implement community campaigns, which required the development of messages based on information needs identified at the community level.

The process of crafting the messages began with shaping a narrative through a co-production process. Various components were involved in drafting the story, which aimed at identifying key and differential elements for crafting messages with emotional language appealing to target audiences in an effective and coherent manner.

It is worth noting that upon crafting the message, the six principles of clear language established by the Heath brothers in their book "Made to Stick" were taken into account, which includes the following characteristics:

- Simple: anyone in any context should be able to understand the message.
- Unexpected: avoid falling into common places, as it is known, for example, that change belongs to everyone, but there are other ways to express an idea that is already common to hear in other contexts.
- Specific: people must have the possibility to understand clearly and bluntly the idea communicated, in 2 or 3 lines.

- <u>Credible:</u> the story does not arise from nothing, but from a creative, structured, and analytic (data-driven) exercise.
- <u>Emotional:</u> messages should always challenge people in their emotions and feelings. They must move their fibers and manage to connect with their deepest thoughts.
- <u>In stories:</u> it is key to communicate through stories with a meaning in their messages. Avoid loose ideas.

In communications, it is also important to always understand the target audience for the message. There are many ways to learn about that audience, and although there are tools to track your target audience, their interests, consumption channels, and the kind of messages the audience prefers, the fact is that in most cases, even if there is detailed information available about the target audiences, it is better to include a wider scope of arguments to ensure that the message is reaching more than one single audience.

Likewise, a message without order is more difficult to remember. Dale Carnegie (1936) teaches in his training course "high-impact presentations" that the opening and closing of the message is as important as the body of the message. Annex 1 contains some key aspects for crafting community campaigns.

6.1.2 Training activities addressing communicators and local media

Upon availability of the inputs to craft the community communication campaigns, LHSS delivered a training exercise addressing social communicators and local media outlets in the prioritized territorial entities. This training aimed at providing conceptual elements on risk communication in public health, which included the interaction of messages and people, the importance of the media, and broadening the debate towards related concepts such as the precautionary principle, risk perception, the social amplification of risk, transparency, and trust. This training course included four modules outlining topics such as the context of the current emergency, epidemics and disasters, risk communication, and response to crisis events, among others.

An online course was held in order to improve competencies and skills aimed at promoting health and preventing COVID-19 infection. This course had an emphasis on vaccination and included four modules, which were previously recorded for self-learning, and a 20-hour practical workshop based on cooperative and participatory education.

The thematic contents developed with the communicators and local media outlets are listed below (a report covering these workshops can be found in Annex 2).

Table 4. Thematic content developed during the training process addressing communicators and local media outlets

Thematic	Activity Objectives	Content
Context of public health emergencies and risk communication	• Contextualize public health emergencies, specifically the COVID-19 pandemic in Colombia and the territories. • Provide theoretical tools to develop risk communication strategies. • Examples of event-based responses to implement risk communication strategies.	1. Context of public health emergencies. 2. Epidemiology of disasters and increased risk of disease. 3. Scenario where an outbreak occurs. 4. Risk management strategy. Phases: Preparation, implementation, and evaluation. 5. Types of events, classifications, and proposal of actions to be developed.
Risk perception	Learn about determinants and cognitive biases influencing the decision to vaccinate.	1. Main cognitive biases that can affect the decision to vaccinate (affectivity, loss, confirmation, and anchoring). 2. Factors and determinants of vaccine hesitancy (contextual, individual and group, and related to the vaccine or vaccination). 3. Infodemia
Myths and realities about vaccination	To remedy false information and misperceptions about vaccines.	Myths and realities about vaccination Basic strategies to replace false information with evidence
Safe vaccination communication for the territory	Put into practice the knowledge acquired.	Example of a strategy and communication actions of a real situation impacting the acceptance of vaccines in indigenous populations.

The practical workshop was held on March 2022. This 2-hour workshop was attended by **409 professional** communicators from different local media outlets. The purpose of the workshop was to strengthen communication plans at a territorial level by training participants on preparing and assessing community campaigns. The training was structured in three parts.

- The first phase reviewed the main concepts related to risk communication, objectives, and goals and phases of crafting a communication strategy, namely: preparation, implementation, and evaluation.

- The second phase explained the types of communication according to their risk versus emotional reaction. This segment closed with explaining how risk perception affects the vaccination process and decisive factors for vaccination.

- The third phase was dedicated to myths and realities. A video was played which included information about the myth that the COVID-19 vaccine turns people into werewolves. This video was the basis for providing practical recommendations for reporting on COVID-19.

A virtual participatory methodology was applied to the development of the training process for social communicators. This methodology enabled the collection of elements that should be improved and would guide the development of the training topics. The main findings during the trainings include:

- **There is a lack of training among communicators in the territorial health entities.** Throughout the trainings, the participants stated that during the two years of the pandemic they had not received any type of training in either general communications or risk communication. The participants explained that they had to improvise and learn using trial-and-error, which created difficulties in promoting the compliance of biosecurity measures and the acceptance of vaccines among the population.

- **Risk perception is not taken into account.** It was evident that upon facing situations involving vaccine acceptance, communicators in the territorial entities and local journalists disregarded the effect information has on communities. Accordingly, no active listening or two-way communication activities were performed, therefore, when addressing vaccine-related crises, communicators seemed to act intuitively and appealed to generic messages that sometimes do not generate the necessary trust and credibility required to achieve vaccine acceptance.

- **The people in charge of health communications in the territories are unaware of the phases of a risk communication strategy and do not have a crisis plan.** In several trainings, the communicators expressed the importance of learning and implementing the three phases of the crisis communication strategy, particularly the step-by-step preparation phase.

Accordingly, it is necessary to strengthen the existing process through **mapping and working with the stakeholders involved in the risk communication process**. In some territories, it was clear that health authorities have failed to generate ties with key stakeholders (such as community broadcasters) during crisis management processes and local media outlets do not provide essential service information to the user because they have advertising guidelines. **There are no existing internal coordination mechanisms** to deal with a crisis, the design of messages, and staff training to focus on message discipline. **There are also no evaluation mechanisms,** thus there are no lessons learned or correction plans drawn.

6.2. EVALUATION OF COMMUNITY COMMUNICATION CAMPAIGNS (CHECKLIST)

Upon development of the toolbox for crafting community communication campaigns, the next step was to draft a checklist (Annex 3). The purpose of this checklist is to assess these campaigns and strengthen COVID-19 prevention initiatives, as well as to promote vaccination within spaces prioritized by LHSS Colombia. The assessment of communication campaigns includes the following criteria: 1) message coherence, 2) creativity, and 3) structure. Each organization or local media outlet that participated in the call drafted a concept for a public health community communication campaign, which was evaluated using the clear language parameters of the Heath Brothers (2007) ("Made to stick" or Ideas that stick), as well as the high-impact presentations principles for preparing and presenting a campaign concept.

The parameters required for community communication campaigns concern quality, impact, and scope; and are described as follows.

- Problem and objective: responds to a clear social problem and includes an objective that shall be achieved. Eg.: promoting an initiative, debunking information, acknowledging obstacles, encouraging actions, or preventing risks.

- Target audience: the target audience shall be clearly defined and the message addresses such target audience.

- Message and arguments: delivers a clear and easy-to-understand, original, creative, and community-friendly message.

- Call to action and interaction: invites the audience to act or to stop doing something upon receiving the information.

- Limited in time: it represents a current and relevant problem within the community that is part of the target audience of the campaign.

- Channels: the strategic channels to mobilize the campaign are consistent with your objectives and audiences.

- Impact: the scope and impact of the communication message can be assessed through strategic indicators.

- Inclusive: the language and approach are inclusive with an emphasis on diversity of gender, communities, ethnicities, and ages.

6.3. CREATION OF A COMMUNICATIONS KIT AIMED AT STRENGTHENING THE COMMUNICATION STRATEGIES AT NATIONAL AND TERRITORIAL LEVELS

The creation of the communications kit (Task 4.4.2 deliverable) consisted of the development of inclusive communication materials aimed at promoting COVID-19 vaccination within the target communities. These materials emphasize vulnerable populations; including migrants, ethnic

minority groups, low-income, and indigenous populations to increase trust in the COVID-19 vaccination process and improve access to and demand for the vaccine..

Three guiding principles were considered upon developing the communication materials:

1. Technical accuracy
2. Delivery of clear, simple, and emotional messages
3. The inclusion of population groups by implementing a differential approach

Therefore, all contents, both text and graphic, were crafted together with LHSS Colombia's technical and communications team and were reviewed by USAID and the MSPS's corresponding teams.

Additionally, both gender and differential territorial approaches were implemented in order to have a wide representation of people from the regions in which LHSS Colombia implements its activities. Likewise, representative images of people with different ages, professions, and disabilities were included. The following describes the step-by-step process of creating the communications products.

Upon developing the kit, seven infographics were designed: four in a large banner format (2 X 1 meters), with a display stand, and three half-letter sized leaflets printed in full color on Earth Pact paper.

Five audio messages were produced, 30 seconds each, based on the narrative established to promote vaccination. These messages included voice-overs of people from different regions of the country. The audio messages are delivered in .mp3 and .wav formats for easy dissemination and distribution.

Based on the audio and voice-over scripts, five animated videos were produced: 30 seconds each. These videos mirrored the style of the infographics. Additionally, the main messages were emphasized in text. The videos included subtitles to ease understanding among different populations. The videos are delivered in high definition (1080x720 pixels) .mp4 format.

Each communication kit was distributed in the 25 prioritized territorial entities[1] and to the MSPS, and included:

- ✓ 3 types of infographics printed in small format (flyers). 2,500 in total.
- ✓ 4 types of infographics printed in large format (banners), three each, for a total of 12 banners.
- ✓ 5 audio messages in digital format.
- ✓ 5 animated videos in digital format.

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[1] *Antioquia, Medellín, Necoclí, Arauca, Bogotá, Bucaramanga, Barranquilla, Caldas, Cartagena, Cauca, Cesar, Casanare, Cundinamarca, La Guajira, Maicao, Riohacha, Nariño, Norte de Santander, Cúcuta, Santa Marta, Sucre, Cali, Meta, Buenaventura, Valle del Cauca.*

6.4. PROVIDE SUPPORT FOR DEVELOPING INFORMATION ACTIVITIES, COMMUNITY EDUCATION, AND IMPLEMENTING THE PNV AT THE TERRITORIAL LEVEL

At the local level, the PNV is led by the MSPS, which directs and plans the activities that are implemented alongside the communications sector and local media. This work is also done with grassroots organizations and community leaders to reach the whole community in both urban and rural areas.

Additionally, LHSS Colombia provided support with strengthening community communication strategies with teams backing the operations of the PAI-COVID. These teams are comprised of health professionals in the prioritized territories.

In particular, the support provided by the teams to the territories included intra-institutional and outreach activities to raise awareness on vaccination through clear messaging. These activities aimed to strengthen compliance and improve community trust in vaccination by delivering clear, truthful, and timely information on COVID-19 vaccination and disseminating scientific information, countering misinformation, and increasing vaccine acceptance to increase vaccination coverage.

6.5. SUPPORT FOR COMMUNITY COMMUNICATION INITIATIVES (GRANTS)

One of the main challenges created by the COVID-19 pandemic is strengthening practices proven to be effective in preventing COVID-19. Some of these practices include preventive health measures such as isolation (respecting mandatory confinement), hand washing, the use of masks, social distancing, and vaccination.

LHSS Colombia launched a grants program aimed at developing and implementing a behavioral change strategy focused on community compliance with the protection measures and health promotion strategies that have been proven effective in reducing the transmission of COVID-19. The objectives of such grants are:

- To link the community to self-care and solidarity care processes in regard to COVID-19.
- To reinforce the adoption and continuity of COVID-19 prevention behaviors in communities in order to induce behavioral changes.

By means of these grants, the beneficiary educational institutions, CBOs, NGOs, foundations or associations from the prioritized territories: *Bogotá, La Guajira, Norte de Santander (Cúcuta* and *Maicao), Santander (Bucaramanga), Valle del Cauca (Cali), Cartagena, Santa Marta, Nariño (Ipiales), Antioquia (Medellín)*, are expected to develop initiatives related to the development of behavior change strategies. These are aimed at improving community compliance with protection measures and health promotion strategies that have been proven effective at reducing disease transmission. Upon its implementation, such strategies will generate recommendations, enabling replication in other communities in the country.

This process involves defining behavioral objectives, developing formative research, and constructing a community communications strategy considering the results of the formative research and the monitoring of behavioral objectives. This shall facilitate the strengthening of

protection measures and health promotion strategies, generating strategies for behavioral changes that promote the community compliance of these measures.

7. LESSONS LEARNED

1. The collaborative and engaging work performed by community leaders in these populations has been critical in successfully disseminating COVID-19 vaccination information across community networks and CBOs. These leaders convey information from the territorial entity to the community regarding vaccination days and training sessions on myths and the reality of vaccination. Thus, contact with the community leader, teacher, or religious leader must be cordial, respectful, and engaging in order to deliver a positive message from the institutional to the community level.

2. To strengthen support for vaccination by health professionals and promote community acceptance of vaccination from healthcare services, it is essential to work together with other stakeholders. These include academia and local media outlets, which support the development of messages and dissemination of communication pieces urging the population to complete their vaccination schedule, emphasizing safety and trust in the vaccination program.

3. Locally, the PAI together with the office of communications and social and community action of each territorial entity should establish social media groups with teachers, journalists, doctors, and nurses as well as religious and community leaders. This will strengthen communication channels whereby the population may interact with PAI technicians and resolve doubts about vaccination. These communication channels are also useful for the PAI to report on events developed in the community and generate spaces for disseminating information on public health challenges. This can focus in particular on the COVID-19 vaccination process, controlling the pandemic, and significantly reducing disease incidence at the national level.

4. Given the need to establish information channels and spaces to communicate with migrant, vulnerable, and ethnic and ancestral populations on how to freely and voluntarily access vaccination, communications should specify that an identification document (regardless of immigration status) is the only document required for registering in the information system and obtaining a vaccination card. This shall be divulged through communication pieces on local radio and television, as well as vehicle mounted loudspeaker services and instructive flyers distributed in the neighborhoods and communities with the largest population density of the targeted populations.

5. Locating and promoting fixed vaccination points in peripheral areas or those with greater demographic density facilitates the access to timely vaccination services for vulnerable, migrant, and ethnic minority populations, and provider opportunities to clarify concerns

regarding the vaccination process and likewise, the disease; ultimately strengthening the population's trust of the healthcare system and the vaccination program.

8.   RECOMMENDATIONS

1. Strengthen the national community communications strategy by integrating the various local entities and inviting other entities to join the discussion to demonstrate unity for a single cause: saving lives. It is necessary to rely on national influencers to convey the message of care and trust in vaccines, as this can motivate others to mirror such practices upon learning about their experiences.

2. Increase the spaces led by communities of experts to continuously disseminate information and avoid the spread of misinformation. This is essential for helping distribute expert voices across a variety of platforms (digital and traditional). Citizen concerns may be addressed using simple language and data that can be discussed in schools, working spaces, close groups, and with children, young people, and adults alike.

3. The territorial entities must identify community communications strategies for coordinating actions coming from and for the community, which may impact trust on the COVID-19 prevention and vaccination processes.

4. Strengthening risk communication for communicators in the territorial entities, as well as local journalists, is essential to face the challenges caused by the COVID-19 pandemic, which has not yet ended. This will also facilitate harnessing of lessons learned in managing communications strategies in other current and future health challenges.

5. Deliver a second part of this risk communication course on platforms such as Moodle, along with practical face-to-face workshops, thus encouraging participants to develop communications exercises in their territories. These can be implemented immediately and address vulnerable, migrant, indigenous, Afro-descendent, and farmer populations.

9.   SUSTAINABILITY / USE OF THE DELIVERABLE

The deliverable aims at documenting community communications strategies and activities in order to release and disseminate high quality and reliable information to the community, which may be used in a public health emergency. It is worth noting that the activities delivered at the territorial level should differ and be adjusted periodically as the stance, perception, and milestones at the national level evolve. An ongoing analysis shall be performed of the scope of existing myths to strengthen content aimed at reducing the number of people denying the existence of the virus or undermining the veracity of vaccine effectiveness. This document facilitates the creation, development, and measurement of strategies tailored to each territory. This document also helps the MSPS to reassess, based on existing content, its approach regarding vaccination processes and how messages are disseminated and consolidated in each territory.

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11. ANNEXES

1. Key aspects for the creation of community campaigns
2. Report on training addressing local media
3. Toolbox for local communicators