COVID-19

Guide for the preparation of a risk communication strategy for COVID-19 vaccines

A resource for the countries of the Americas

PAHO
Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

COVID-19

Guide for the preparation of a risk communication strategy for COVID-19 vaccines

A resource for the countries of the Americas

PAHO
Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

Washington, DC

Guide for the preparation of a risk communication strategy for COVID-19 vaccines

PAHO/IMS/FPL/COVID-19/21-0009

Acknowledgments

The publication was developed under the supervision of Sebastian Oliel, Media and Communications Specialist (PAHO); and Lauren Vulanovic, Knowledge Management and Communications Specialist (PAHO). The document was written by Maritza Labraña, international PAHO consultant.

We would like to thank Sandra Mallo, from the PAHO Representation in the Plurinational State of Bolivia; Florencia Guedes, from the PAHO Representation in Argentina; and Ljubica Latinovic, from the World Health Organization Regional Office for the Western Pacific, for their valuable contributions during the drafting and review process.

Index

Introduction 2

Risk communication strategy: scenarios 3

Components of the
risk communication strategy 5

Effective communication 9

Behavior analysis, community engagement, and
territorial deployment 11

Information monitoring 11

Considerations when preparing
the strategy 13

Monitoring and evaluation
of the strategy 14

Annex: Matrix for the preparation
of a risk communication strategy
for COVID-19 vaccines 15

Introduction

All countries around the world have developed response plans to tackle the COVID-19 pandemic. However, the challenges presented by the disease require constant learning and adaptation. In these circumstances, vaccines appear as a key element in the package of measures to tackle this public health emergency of international concern (PHEIC), which has tested not only the health system, but also countries' economic and social protection policies.

It is increasingly necessary to strengthen the risk communication component as an essential tool for providing the population with all of the necessary information about the immunization process. This ranges from clinical trials and the production of new vaccines to the introduction, distribution, and prioritization of groups that need one or more vaccines—according to each country's definitions and vaccine availability. It also includes universal access to vaccines, once the priority groups have been immunized.

There is no doubt that vaccines will help to save lives and contain the pandemic. However, that mounting hope should not weaken the continuity of other known health measures that are contributing to reduced virus transmission, among them correct mask use, hand hygiene, and physical distancing. The sum of all strategies is needed to contain SARS-CoV-2––the virus that causes COVID-19––since it will take time for the vaccine to be available to everyone.

Vaccines and vaccination are only the beginning––not the end––of a long road to containing the pandemic. Governments face many challenges in this process:

- vaccination in phases.
- public perceptions regarding the safety of medical products.
- public doubts or mistrust of COVID-19 vaccines and their development, regulation, and implementation.
- an overabundance of information (an "infodemic").
- logistical aspects such as a potential delay in the arrival of vaccines, potential lack of vaccines, and installed capacity (cold chain, sufficient trained personnel, distribution, etc.).
- how to respond to anti-vaccine groups.
- the possibility of administering different vaccines with different schedules and levels of effectiveness.
- anticipation and management of communication about potential adverse events following vaccination.
- managing public uncertainty and expectations regarding the vaccination process.
- maintaining trust in preventive behavior and established measures.
- constant adjustments to decision-making as information emerges about the epidemiological situation, different territorial transmission scenarios, and behavioral patterns, among others.

All of these factors oblige countries to develop tools for the best possible response to a population that demands action.

The Pan American Health Organization (PAHO), in its constant, ongoing effort to support the countries of the Americas, is making this document available to facilitate the preparation of a risk communication and community engagement (RCCE) strategy for vaccination against

SARS-CoV-2. This instrument complements the technical guidance compiled in the document *Crisis communication related to vaccine safety,*[1] published by PAHO, with the goal of helping to strengthen the communication and planning capacities of the ministries or secretariats of health and other agencies in charge of communicating about new COVID-19 vaccines in the Americas.

Good management of communications is key to a successful vaccination campaign and for the population to accept and receive the vaccine and recommend it to others. Furthermore, successfully managed communication mitigates the impact of potential adverse events and demonstrates responsibility and transparency.

Risk communication strategy: scenarios

Risk communication is considered a linchpin for confronting emergencies that impact public health and is one of the components that the International Health Regulations (IHR) require of World Health Organization (WHO) Member States. Through communication, the community learns about risks and makes informed decisions to protect their own health and that of their loved ones.

Furthermore, risk communication permits a two-way dialogue between authorities and their target audiences with the goal of changing behavior. Proper management of this process contributes to improved emergency response and strengthens the authorities' leadership and the population's confidence in authorities and the measures they establish.

The risk communication strategy will be the foundational document for indicating the road map for communication issues. This strategy will also make it possible to lead, contain, or mitigate the public impacts of vaccines and vaccination. Furthermore, the strategy should be adaptable to each country's different territorial levels and should identify and include responses to potential scenarios that must be considered, including:

1) **Vaccine introduction and partial distribution (preliminary phases of distribution)**: demand for vaccination from non-priority groups during the first phase or phases, as well as logistics and distribution.
2) **Administration of several vaccines**: safety, quality, efficacy, schedule, and target population for each vaccine.
3) **Priority groups**:
   - Selection criteria (why these groups were selected to receive the vaccines now).
   - Total or partial adherence, that is, the coverage target for the first and second doses, as indicated for each vaccine.
   - Potential or actual reasons for vaccine hesitancy or choosing not to get vaccinated among these groups (which can be perceived as a failure of the process).
   - Monitoring of adverse events following immunization (AEFI).
   - Education about potential vaccine side effects.
   - Individual care post-inoculation.
   - Reinforcement of basic protective measures even after receiving the vaccine, including mask use, hand hygiene, and

1. Pan American Health Organization. Crisis communication related to vaccine safety: technical guidance. Washington, D.C.: PAHO; 2021. Available at: https://iris.paho.org/handle/10665.2/53221.

physical distancing.

- Clear indications about the importance of administering the complete vaccination schedule (number of doses), as appropriate.
- Equitable distribution within the country, arrival times in each region, and potential delays in vaccine delivery and implementation.

4) **Non-priority groups**:
   - Why they are not on the list at this time (for example, people with disabilities, pregnant women, children, or others). Why it is necessary to prioritize other people first and how long they might have to wait for their turn.
   - Prioritization of basic protective measures as the main prevention strategy.
   - Potential citizen mobilization due to discrimination (includes message containment).
   - Potential judicialization of the process.

5) **Delays in universal access to the vaccine**:
   - Purchasing or distribution processes that the country is considering (time frames).
   - Conversations or agreements with international organizations (access through the COVAX Facility and the PAHO Revolving Fund).
   - Conversations or agreements with other countries to receive vaccine donations.
   - Potential political and social reactions.
   - Global vaccine production.
   - Countries' bilateral purchases and global availability.

6) **Increased demand for the vaccine**:
   - Demand from groups (who are initially non-priority).
   - Vaccine production.
   - Country's purchasing power.
   - Capacity to access more vaccines.
   - Strategic partnerships.

Depending on the variability, dynamics, and duration of the pandemic, the strategy can be strengthened, adjusted, or modified as events unfold. Today, risk communication should change and adapt according to the dynamics of the virus, the evidence, and available medical technologies.

For more information, see the Annex, which includes a matrix for the preparation of a risk communication strategy for COVID-19 vaccines.

Components of the risk communication strategy

1) **Objectives of the strategy**: why the short-, medium-, and long-term actions will be implemented. These clarify how to work and act.

2) **Main objective(s)**: stating the targets to be met or the final result pursued by the communication strategy, including:
   - reduce or mitigate perceived risks about vaccines and vaccination.
   - manage uncertainty and expectations about vaccines.
   - communicate the risks associated with not getting vaccinated (becoming severely ill, dying, having to quarantine, or infecting others).
   - promote knowledge and understanding of what vaccines are (process), their safety, and the results of administering them (benefits) in order to increase awareness.
   - mobilize the community in support of vaccination.
   - reduce rumors and disinformation about vaccines.
   - increase vaccination acceptance and demand (reaching people).
   - foster the participation of other actors in support of vaccination, such as connections with champions of the cause, influencers, and professional partners (especially health workers), among others.

3) **Public relations**: a strategic communication process that builds mutually beneficial relationships between organizations and their audiences. This should include:
   - Define the official spokespeople and train them in vaccine- and vaccination-related content and how to handle the media. They should maintain a standardized discourse and avoid public contradictions.

     Spokespeople are the link between the institution and the media, public platforms, and special-interest groups. They are also responsible for transmitting the position and perspectives of the organization they represent to the community.
   - Identify the spokespeople's competencies and abilities, including credibility, knowledge, and empathy. This will permit improved handling of the press.
   - Create a list of the media (television, radio, printed press, digital platforms), examine which media outlet the spokesperson can handle best, and have the spokesperson present to the outlet where they will feel most comfortable communicating.
   - Define the situations in which each spokesperson will speak or which aspects, subjects, or areas each person will cover.
   - Remember that public health teams are an important source of credible, consistent information.

4) **Identify strategic partners**: who facilitate synergies when communicating, and who bring together each organization's best aspects (for example, they may amplify messages, access other communication channels, and have more direct contact with citizens or target audiences that are hard-to-reach through institutional means).

Potential partners include:

- Media professionals (journalists, editors, recognized public figures, among others). It is necessary to identify those with the greatest influence on citizens and start with them, without disregarding others.
- Public figures with a large reach (television presenters, soccer players, commentators, among others).
- Social leaders with a strong public presence. They will be an important sounding board in the community and an important contribution to information dissemination since they know their territory (community and neighborhood council leaders, indigenous population representatives, among others).
- Churches and religious leaders.
- PAHO and WHO.
- United Nations and other international cooperation agencies.
- Donors.
- Nongovernmental organizations.
- Scientific societies.
- Political and social leaders.
- Others.

5) **Determine latent threats that may exist in the country**: Identifying latent threats can lead to extensive knowledge about potential areas of communication while optimizing work and reducing the risk of a crisis. It is necessary to consider:
   - **Territorial mapping**: Analyze the local situation by considering population density and geographic, cultural, or other aspects; and identify the areas from highest to lowest acceptance of vaccines and the vaccination process—remembering that not everyone responds similarly. This will target the communication response and focus efforts on areas with the lowest acceptance and adherence, through adequate spokespeople, messages, tools, and supports.
   - **Analysis of positions opposed to vaccines and vaccination**: Identify who they are, where they are, how much support they have, and what they say. This can include anti-vaccine groups, political leaders, and social groupings. It is necessary to analyze their discourse and identify the main opposing claims and arguments. That information will be used to prepare evidence-based public responses for the spokespeople. This represents a proactive rather than reactive approach. This also reduces public confrontation and dispels the population's doubts, strengthening public trust in the government's credibility. There may be groups of people who oppose COVID-19 vaccines but accept vaccines on the routine schedule.

6) **Identify audiences**: It is important to define target audiences because this will expand current relationships between the official health system and the community, based on mutual interests. Although it is necessary to target the general public (i.e., the entire population), it is also necessary to identify specific target audiences, according to the communication goals.

   Identification of target groups will make it possible to determine aspects of each specific group and its environment (age, cultural profile, and educational level). Target groups may include health workers and essential workers, people with chronic diseases, people over 65 years of age, isolated communities, confined groups (uniformed personnel, incarcerated people, people in nursing homes),

immigrants and migrants, and rural populations, among others.

7) **Prepare the messages**: Messages should focus on increasing trust in vaccines and demand for them; in other words, reducing mistrust of vaccines (their content, origin, safety, efficacy, etc.), the vaccination process, the need to get vaccinated, and continued adherence to current public health recommendations.

   It is advisable to draft the messages based on social listening, both on social networks (Facebook and Twitter) and other platforms (telephone hotlines, focus groups, surveys, etc.), where the same subject is addressed in different ways. This allows analysis and evaluation of what is happening, whether actions and messages are obtaining the expected results, and if necessary, their reformulation. Social listening will provide insights into what a large part of your audience needs or demands. This can be used to draft or adapt your messages for each audience.

   It should be ensured that citizens have precise, useful, and timely information about the vaccines and vaccination.

   - **Define methods for communicating the messages**: Although the message is the same, it should be disseminated using different approaches, forms, and formats, in order not to exhaust the audiences. Communicate while considering educational or cultural relevance (for example, use local idioms).

   - **Use alternative approaches to oral, written, and signed communication**: for example, announcements, meetings, or small group discussions.

   - **When they speak, spokespeople should issue messages under risk communication directives**: They should always tell the truth and acknowledge what is not known. Audiences value sincerity. Furthermore, it is advisable to not repeat false or erroneous information because this tends to transform them into truths for the audience. Language constructs realities that people end up accepting.

8) **Define relevant communication supports and channels**: These channels should facilitate the population's access to information. The contents (previously defined key messages) should be adapted to provide support. For example, create a space on the institution's website with information about COVID-19 vaccines and vaccination.

Effective communication

The objective is for the person who issues the message to transmit it clearly, transparently, and directly, leaving no room for confusion, misunderstandings, or misinterpretations.

1) Identify two to three key messages to communicate. The public does not retain a lot of information and the central messages may become diluted. Avoid speaking more than necessary.

2) It is recommended to target messages to audiences who are willing to be vaccinated and need to be informed and to convince the undecided. Avoid expending energy on those who will not change their minds.

3) Avoid getting into fruitless public debates. It is necessary to respond with data, validated information, and evidence, and based on clear ideas. Be more proactive than reactive.

4) Use language that is consonant with the audiences. Learn the idioms, jargon, and other elements that allow a connection with the public.

5) Speak with empathy, recognizing that people may have questions or doubts.

6) Do not minimize the audiences' concerns. Every question is useful for clarifying or repeating concepts or information that may not have been completely clear.

7) Work on the audiences' emotional responses, such as their perception of risk and infection; mistrust of vaccines, the system, regulatory agencies, and the pharmaceutical industry; fear, uncertainty, concern, expectations, anger, and frustration, among others. Generate a simple, straightforward dialogue with citizens, respond to their concerns, reduce their fear and increase acceptance of vaccines and vaccination.

   Respond to questions such as: How do we know whether the vaccines are safe and effective? What will the vaccination process be like? When and where should I get vaccinated? If I get vaccinated, does that mean I won't get infected? If I am vaccinated, should I abandon protective measures like mask use, hand washing, and physical distancing? Why are there priority groups? Do the vaccines have side effects?

8) Use clear, simple language. Explain the technical aspects related to the vaccine in a simple manner. Increase your discursive scope around safety and make people's fears or concerns your own. Show empathy. For example:
   - "We understand that some people may be concerned or have doubts about a new vaccine developed in record time and that is totally reasonable, but this was possible due to existing technology and significant investment at the global level. Furthermore, the necessary tests and processes have been implemented and have confirmed the safety of vaccine x. The development of the vaccines has not been improvised. All of the platforms being used already existed, with years of research experience."

   - "The investigators for vaccine x have been transparent, shared data, published in a scientific journal, given live presentations, and paused the trials when necessary. A strict regulatory agency approved vaccine x."

   - "The vaccines acquired within the framework of the COVAX Facility and through the PAHO Revolving Fund have been prequalified or included in the WHO emer-

gency use list prior to their distribution. This ensures that they meet all of the quality, efficacy, and safety standards required by WHO."

9) Put the information in context. Communication about vaccines and vaccination cannot be carried out in isolation but is part of a comprehensive policy. Show that COVID-19 vaccines and vaccination are part of a broader public health strategy. It is necessary to connect them to people's realities and countries' vaccination plans and how these have contributed to the population's health. Show examples of other successful vaccination processes.

10) Have families and the community share responsibility for the vaccination process. Appeal to lived experience. All of us are in this together. "When you get vaccinated, you take care of yourself and others, and it's one more step toward controlling the pandemic."

11) Prepare a media plan to raise public awareness of the issue. Arrange for interviews, provide articles, publish opinion columns. Put someone in charge of handling the press (contacting the media and proposing topics). Assemble a good team, including writers, to develop content. Decide in advance which spokespeople will be part of the plan.

EVIDENCE-BASED COMMUNICATION

The key to credibility and trust is to disseminate true, timely, and transparent information. Furthermore, it is necessary to avoid an overabundance of information, or "infodemic".

1) Messages should refer to recognized, prestigious, and credible institutions, studies, and experts. Use sources that are reliable and recognized by the public, such as PAHO or WHO, the US Centers for Disease Control and Prevention, and public health institutes, among others.

2) Direct people to seek general or background information on official platforms (websites, social media, hotlines) or other platforms with trustworthy, verified information. Do not leave information gaps because others can fill them with incorrect information.

3) Confirm all information before issuing it. Do not talk about assumptions or preliminary information. Relative information leads to discursive confusion.

4) Avoid using personal accounts on social networks as official communication sites. Use institutional accounts on networks.

5) Do not share any information that is not official.

MANAGEMENT OF SOCIAL MEDIA

Given their importance and reach, social media can be excellent allies if they are adequately managed:

1) Designate someone to manage social media who has good judgment for identifying the institution's critical challenges and strengths.

2) Closely follow the news on social networks, as well as key influencers. Monitor the conversation about vaccines and vaccination.

3) Prepare a social media plan that includes which messages will be issued and their daily periodicity. For example, in the first week, disseminate media releases three times a day: the benefits of vaccines, where to go to be vaccinated, and any care that may be needed.

4) Identify partners and opponents. Monitor their accounts, what they publish, and the reach of their messages, and measure their impact. Decide which actions need to be taken in each case.

5) Take advantage of the opportunity provided by social networks to dialogue with the public, answering their questions and clarifying their doubts.

Behavior analysis, community engagement, and territorial deployment

1) **Behavior analysis**: Use surveys (telephone, social media, online, or other modalities) or focus groups to obtain information to understand the population's attitudes, behaviors, and perceptions regarding vaccines and vaccination. Analyzing the behavior of the general population or certain groups can be useful when adapting messages and responses, and when appealing for desired changes in behavior.

2) **Community engagement**: Identify and involve different community groups. Inform them, listen to them, provide them with information, and support community-led solutions, ensuring people's engagement in the vaccination process. The response should focus on communities.

   - First ask them what they know and think about the vaccine and listen to them.
   - Establish bidirectional conversations.
   - Ensure that the communities understand the recommendations.
   - Adapt messages based on the community's feedback.
   - Partner with community leaders to mobilize communities.

3) **Territorial deployment**: Form teams that are distributed territorially, especially in the most complicated areas. Hold educational activities with the population, respond to their doubts, disseminate information that is pertinent to their specific location, and have them get involved in the process. Ensure that the materials distributed are relevant, culturally and otherwise.

Information monitoring

It is essential to monitor information throughout the emergency process and implementation of the strategy. Monitoring makes it possible to identify rumors and false or imprecise information, design messages that are appropriate for different audiences' needs, and detect unexpected events early, among others. Monitoring can involve:

1) **Reports from telephone hotlines**: Request a daily report with the main queries. Use it to close disinformation gaps. Incorporate those needs into the messages that authorities issue the following day. For example, "yesterday we received many queries about where to go to get vaccinated. Therefore, all of the locations and how to reach them have been posted on our Web site. This information will also be available on our social media."

2) **Reports on vaccination monitoring**: Analyze progress in vaccination coverage and the causes of what is happening. For example, if coverage in certain groups is low, include messages that call on people to get vaccinated and dispel doubts they might have.


Organización
Panamericana
de la Salud
Organización
Mundial de la Salud
OFICINA REGIONAL PARA LAS Américas

3) **Social media**: Use daily or weekly metrics to analyze the main topics that have been addressed at the national level and, specifically, on the institution's networks. Develop messages with graphic materials like GIFs, videos, cards, or other supporting items to reach people using that same channel and close the gap.

4) **Consider how to respond to anti-vaccine groups or people**: For example, in light of declarations such as "vaccines do not work," evaluate whether to respond indirectly (avoiding confrontation) with information and evidence. Remember to direct people to the official website for more information.

5) **Observe what is happening in other countries**: This will provide additional information for handling potential critical challenges that need to be addressed.

Considerations when preparing the strategy

1) **Preparation**: will make it possible to organize the various components of the communication strategy and adequately plan each component's operations.

   An essential activity when preparing the strategy is to form the risk communication team, which may have professionals from various disciplines and institutions (communicators, educators, epidemiologists, anthropologists, psychologists, among others). This professional diversity will enrich the work and allow it to be shared.

   The team should include other communication systems that have led or worked on the subject—such as the office of the president or other ministries or partners. This will expand its reach toward achieving maximum adherence to the strategy.

   It is necessary for the team members to be informed in detail about vaccines and vaccination and to analyze the administration's weaknesses and strengths. Each member should have clear roles and responsibilities with the objective of adequately covering the different functions and actions that are planned and organized.

   The team should also participate in decision-making. They must identify risks and potential crisis situations and advise on and strengthen the authorities' management of communications.

   It is recommended to designate a technical counterpart to validate messages and materials and to adapt existing materials to the specific population that needs to be informed.

   The communication team will be responsible for applying, adjusting, or changing the communication strategy as needed.

2) **Organization**: Identify the tasks, instruments, and processes that generate information to fulfill the communication strategy, meet the community's information needs, and achieve the proposed objectives. It is important to:
   - Identify internal communication tools. The resources available to implement the strategy (photography or television camera, television channel or program, radio station or program, webpage, social media, etc.) should be identified.
   - Identify existing tools that can be adjusted

to support communications. Review initiatives that are currently producing informational and educational materials.

- Prepare a dossier (protocols, resolutions, etc.) that will document internal procedures related to vaccines and vaccination. Furthermore, this will be an excellent consultation tool for delivering an improved, more timely response.

- Prepare a press archive by monitoring the impacts of actions or statements made in the media to determine whether the message has been transmitted and understood as expected or if it is necessary to adapt the messages and strategy.

- Generate repositories of information (e.g., folders) for dissemination, based on authorities' decision-making or in response to circulating questions. This will permit a timely response and better positioning of issues in the media.

- Carry out an inventory of alternative channels for reaching the population (hotlines, local media, websites, social media messages, among others).

Build or update the mass media database (local, regional, national, and international). Include geographic coverage and levels of reach, among others (telephone, email, website, social media, etc.)

Monitoring and evaluation of the strategy

Monitoring and evaluation is key for learning about, adapting, and guiding communication. Monitor the activities included in the strategy, the team, the process for communicating with the population, and impact.

1) Plan when to evaluate the strategy (in the short, medium, and long term) based on the established objectives.

2) Determine whether the strategy follows the desired approach. Otherwise, adjust it to the scenario.

3) Document good practices that reduce risks and constitute learning for future experiences.

Annex

Matrix for the preparation of a risk communication strategy for COVID-19 vaccines

This matrix can be used to gradually develop the different scenarios described in the PAHO *Guide for the preparation of a risk communication strategy for COVID-19 vaccines*.

Communication with the population, health system users, and other actors is essential to controlling any emergency that has a public health impact.

This phase of the strategy will include the period: _____

_____

General background: Briefly describe the development of your strategy, identifying its key aspects.

Individuals or institutions responsible for communication activities in the vaccination component (involved in and knowledgeable about the process):.

Organization: Identify tasks, instruments, and administrative aspects to generate information to fulfill your communication strategy. For example:

Support material or leading role	Technical documents	Dissemination channels	Indicator
Informational and educational materials	Protocols and resolutions, among others	Website	List with the existing ones
Inventory of alternative channels for reaching the population (telephone hotline, local media, websites, and social media, among others)		Social media	

Press archive			
Media database			
Persons responsible for different tasks (managing social media, handling the media, drafting contents, etc.)			Documents with names and responsibilities
Information flow			Protocol for internal flow of communications

Identification of target audiences in priority order, for example:

Audiences		Objective	Indicator
Groups that need to be vaccinated 1) Clinical and administrative health workers in open, closed, and emergency care, which includes clinical services (including dental), clinical support services (laboratory, radiology, pharmacy, pathology), and administrative, nutrition, transportation, safety, and housekeeping services Students from health clinical practice careers	**Subgroup** Group 1: critical care units (adults) Group 2: emergency units (adults) Group 3: hospitalization (adults) Group 4: pediatric critical care units Group 5: pediatric emergencies Group 6: support services for closed care Group 7: adult and pediatric open care	Ensure the operation of the care network	Audiences and objectives identified

2) Residents in long-term centers, centers for minors (or centers with agreements with centers for minors), mental health care institutions, and systems for people deprived of their liberty			
3) Critical public employees: - Police officers. - Firefighters. - Law enforcement and security forces and armed forces deployed under the coronavirus action plan			
4) People over 65 years	Group 1: 80 years and older Group 2: 75 to 79 years Group 3: 70 to 74 years Group 4: 65 to 69 years		
5) People with comorbidities			
6) General population (other than the priority groups in the first phase of vaccination)			

Identify and define milestones and train spokespeople: Identify each person's competencies and abilities, which will permit better handling of the media. For example:

Spokesperson	Milestone	Abilities	Indicator
President of the Republic	Arrival of vaccines in the country		
Minister of Health	Distribution of vaccines		
Hospital director	Start of vaccination		

Effective communication: Spokespeople should issue messages clearly and directly and in a way that avoids confusion, misunderstandings, or mistaken interpretations. For example:

Key messages	Audiences	Language appropriate to the audience	Indicator
The vaccine will help prevent people from contracting COVID-19	Those who are willing to be vaccinated	Idioms, jargon, and other elements that connect better with the public	Script of key messages for different points on the vaccination timeline, enabling a prompt and effective response from the spokespeople
	The undecided		
The vaccine is safe			
COVID-19 can cause long-term complications and death			

Identify your strategic partners: They will make it possible to attain synergies by combining the best of each person or organization, faster operations, technology transfer, access to new scenarios, new communication channels, and more direct contact with the general public or target audience. For example:

Partners	Objective	Action	Indicator
Local governments	Foster adherence to the vaccine at the local level	Meet with the Minister	Dissemination of the meetings and agreements in the media
Medical organizations	Generate a multiplier effect for the messages about the vaccine's benefits Increase dissemination of the information	Disseminate up-to-date and constant official information about the vaccine	Impact of aligned messages across the medical organizations' partners

Media	Improve their professional capacity and scientific knowledge	Hold ongoing workshops or meetings to update content. Help them understand the process	Schedule for informational meetings. Registry of participants
Nongovernmental organizations			
International organizations such as PAHO or WHO			
Personality or influencer			

Determine latent threats: for a better understanding of potential communication fronts, optimization of efforts, and reduction of the risk of a crisis in the midst of the vaccination process. The manual *Crisis communication related to vaccine safety: technical guidance* [2] can be used as a foundation. The manual addresses *adverse events following immunization (AEFI)*, which are defined as any adverse medical event that occurs after immunization but that is not necessarily causally related to the use of the vaccine. In addition, consider:

Threat	Information about the threat	Severity	Action
Population-wide doubts about the vaccine, provoked by adverse reactions in several people	Three people presented serious adverse effects after vaccination. The community questions the vaccine's safety	Very serious	Define the measures that should be taken. Key messages. Monitor the continuity of vaccination
Protests by medical teams	Due to non-payment of salaries	Very serious	
Delays in the arrival of vaccines to a region	Delayed arrival of the vaccines due to logistical difficulties	Very serious	

2. Pan American Health Organization. Crisis communication related to vaccine safety: technical guidance. Washington, D.C.: PAHO; 2021. Available at: https://iris.paho.org/handle/10665.2/53221.

Mudslide	One hundred people isolated and 50 dead. Roads closed	Intermediate	

Messages: should focus on increasing trust and demand––in other words, reducing mistrust around vaccines (contents, origin, and safety), the vaccination process, the need for vaccines, and continued adherence to the public health recommendations in effect. During this process it is important to address public needs or questions so that these messages are pertinent to the audience. For example:

Type of message	Target audience	Contents	Indicator
Educational	People over 65 years	It has been demonstrated for many years that people age 65 and older run a high risk of presenting severe complications from influenza when compared to healthy young adults. The former are a risk group	Publications where these messages are present: • Press • Graphic material • GIFs on social media (with metrics on number of views)
Informational	General population	What are the benefits of getting vaccinated? The clinical trials for vaccine x demonstrate that vaccination reduces the probability of contracting the new coronavirus or becoming critically ill	

Territorial deployment: Form teams that are distributed territorially, especially in the most complex areas. Organize educational activities with citizens, respond to their doubts, disseminate information that is pertinent to their specific locality, and have them get involved in the process. Ensure that the materials distributed have local or cultural relevance. For example:

Initiative	Objective	Action	Indicator
Groups of students who help disseminate information about health	Increase the reach of information dissemination	They will be present in the local area	Schedule, number of media appearances, number of students and neighborhoods or houses visited, quantity of material delivered
Neighborhood council	Raise local awareness of the importance of getting vaccinated and of health measures	Dissemination of information at the neighborhood fair	Photographic registry that can be used on institutional dissemination channels and for communication supports

Carry out behavior analysis: Use surveys (telephone, social media, online, or other modalities) or focus groups to obtain information to understand public attitudes, behaviors, and perceptions regarding vaccines and vaccination. Describe the method used and the main results to inform communication.

Evidence-based communication: The key to credibility and trust is the dissemination of accurate information in a transparent manner. Tackle the overabundance of information (the "infodemic"). Identify key sources.

Surveillance or monitoring of information: This is key during the entire emergency process and implementation of the strategy. Monitoring makes it possible to identify rumors, design messages adapted to different audiences' needs, detect unexpected events early, and identify false or inaccurate information, among other advantages. Identify which tools (telephone hotlines, social media, etc.) are available, what information will be requested for each tool (reports), and the actions that need to be taken.

Date when the rumor is identified	Location	Facts and perceptions of the rumor	Source and channel	Detrimental to whom and risk level	Actions

Monitoring and evaluation: Monitor the activities included in the strategy, the team, and the process of communicating with the population. Identify on your timeline when you will evaluate your strategy and create a Gantt chart (a graphic diagram for organizing tasks over time). Make corrections when necessary, as implementation of the strategy advances.

COVID-19

GUIDE FOR THE PREPARATION OF A RISK COMMUNICATION STRATEGY FOR COVID-19 VACCINES

A resource for the countries of the Americas

PAHO
Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas