



March 2022

Using Scientific Evidence to Strengthen Intersectoral Collaborations: Involving Religious Leaders in COVID-19 Vaccination Communication Efforts

Victoria Peláez¹, Mónica Berger², Antonio Paredes³, Lourdes Álvarez⁴, Margherita Ghiselli⁵, Claudia Jarquin⁴, Marc Rondy⁴

COVID-19 vaccination was launched in Guatemala in February 2021. As vaccine implementation advanced, differences in coverage between urban and rural areas were observed. Misinformation at national and local levels has been one of the main factors contributing to vaccine hesitancy. In-country ethnoanthropological studies highlighted the key role of local religious and community leaders in individuals' decision to vaccinate.



Photo caption: A church in San Raymundo used as a local vaccination center. Photo credit: PAHO Guatemala.

To support the Ministry of Health (MoH) in advancing COVID-19 vaccination in Guatemala, PAHO partnered with the Guatemalan Inter-Religious Dialogue for Development and Religions for Peace (DIRGD/RfP) to engage faith leaders in vaccine advocacy. The goal was to integrate faith leaders in MoH's vaccination communication efforts. This partnership benefits from an ongoing multifaith collaboration at the national level (DIRGD/RfP) to demonstrate the trust that religious communities place in the vaccine and transfer this trust and science-based information to local levels.

A webinar was hosted by DIRGD/RfP in March 2022 for national and local religious leaders to obtain first-hand scientific information about COVID-19 vaccines and their role in controlling the ongoing pandemic. The webinar included presentations on the regional and national context of the COVID-19 pandemic, vaccine efficacy and impact, results from a nation-wide ethnoanthropological evaluation identifying vaccination barriers, and a discussion on collaboration opportunities for religious leaders to support COVID-19 vaccination. Presenters included representatives from the MOH, PAHO, Universidad del Valle de Guatemala, and leaders from the Evangelical congregation, Maya spirituality, Church of Jesus Christ of Latter-Day Saints, and Catholic community. We expect these approaches to help local religious leaders promote vaccination and advocate for the health of their communities.

Bridging knowledge gaps related to COVID-19 vaccines is key in advocating for and advancing vaccination campaigns throughout the country and paving the way for improving vaccine uptake throughout 2022.





¹Guatemalan Inter-Religious Dialogue/Religions for Peace

²Universidad del Valle de Guatemala

³Guatemalan Ministry of Public Health and Social Welfare

⁴Pan American Health Organization, Guatemala

⁵Pan American Health Organization, Washington DC





Strengthening Immunization Cold Chain and Supply Chain Capacities in Guatemala: Training of Trainers

Maria Olga Bautista¹, Evelyn Balsells², Ingrid Contreras³, Nora Lucía Rodríguez⁴, Alejandro Ortega^{4,5}, José Trinidad Martinez^{4,6}, Alfredo Rivera², Cecilia de Bustos³, Sharon Reyes^{2,} Marc Rondy²

Location	Guatemala City, Guatemala
Dates	14-18 March 2022
Participants	173 epidemiologists, medical chiefs, and statisticians from 28 health areas and 41 national hospitals in Guatemala; MoH Department of Epidemiology (DE) staff, and PAHO consultants
Purpose	Following a training of trainers model, the workshop aimed to provide technical training to national immunization program, Guatemalan Institute of Social Security professionals, and health workers to increase their competencies and knowledge about tools and technologies related to cold and supply chain management and vaccine handling. The workshop focused on topics related to equipment used to support routine and COVID-19 immunization, including solar equipment, and temperature monitoring, among others. Participants were trained in planning storage capacity, CCE inventories, transportation, supply, and distribution. Participants will act as facilitators at the national level, and train health personnel at all levels in the future.

Cold chain and supply chain needs for national immunization schedules have increased constantly in recent years. The introduction of COVID-19 vaccines has further increased the need for proper, albeit more complex, storage and transport capacities. PAHO and UNICEF have worked together to strengthen health personnel's technical competencies on vaccine management, storage and distribution of vaccines, an essential component for appropriate vaccine delivery at the national and local levels.



Participants during the cold chain workshop on immunization cold chain and supply chain capacities in Guatemala.

The Guatemalan MoH, with additional support from UNICEF and PAHO, held a Training of Trainers workshop from 14-18 March in Guatemala City to train 27 participants on cold chain and supply chain operations and vaccine management. The objectives of this workshop were to strengthen technical knowledge among national immunization program officers, cold chain technicians, and health professionals to ensure proper vaccine handling, storage and distribution.



Participants in a hands-on practice session at the National Biologics Center (CNB) at the Ministry of Health.





The workshop was also an opportunity for participants to learn about the use of new tools and equipment in the country, including handson activities at the National Center for Biologics. The workshop allowed participants to discuss planning storage capacity, CCE inventory managemnet, transportation, and vaccine and supply distribution processes.

During 2022, participants will replicate the workshops locally to continue strengthening adequate vaccine management and delivery mechanisms.



International experts participated face-to-face and virtually to train staff in Guatemala on immunization cold chain management.

Photo credits: UNICEF and PAHO Guatemala.

¹Guatemalan Ministry of Public Health and Social Welfare

- ²Pan American Health Organization, Guatemala
- ³UNICEF, Guatemala

⁴Pan American Health Organization, Washington DC

⁵Pan American Health Organization, Nicaragua

⁶Pan American Health Organization, Honduras





CDC's STOP Program Recruits Global Public Health Professionals to Support Polio Eradication and Other Emerging Disease Threats

A.J. Williams, Public Health Advisor at U.S. Centers for Disease Control and Prevention (CDC); Margherita Ghiselli, Public Health Advisor at PAHO-Washington, DC

The STOP Program (STOP), previously known as the Stop Transmission of Polio Program, was founded by the U.S. Centers for Disease Control and Prevention (CDC) in 1998. STOP supports global polio eradication efforts as part of the Global Polio Eradication Initiative (GPEI), in partnership with the World Health Organization (WHO), UNICEF, Rotary International, Gavi, the Vaccine Alliance, and the Bill and Melinda Gates Foundation. STOP has been recruiting consultants from around the world since 1999 and provides opportunities for public health professionals to develop specific skills, gain field experience, and contribute to the global polio eradication effort.

To date, STOP has recruited, trained, and deployed over 2,200 participants serving on over 4,800 assignments in 80 countries across all six WHO regions. As CDC's largest global workforce program, STOP team members have supported governments to enhance surveillance for vaccine-preventable diseases (VPDs), strengthen routine immunization systems, support supplemental immunization activities, use data for action, utilize communication and advocacy for immunization, and respond to disease outbreaks. STOP's contributions to the success of the GPEI have not only helped advance polio eradication efforts, but also supported regional and national responses to emerging infectious diseases, including the COVID-19 pandemic.

STOP continues to support work in the PAHO region and started programs in Haiti in 2006. In 2013, during the implementation of the Haiti Task Force project to strengthen VPD surveillance, STOP incountry consultants played a key role in training, supervising, and evaluating National Assistant Epidemiologists. STOP consultants were critical to the improvement of acute flaccid paralysis (AFP) and measles/rubella surveillance performance through active case search efforts to identify unreported cases. As a direct result of this work, Haiti was certified free of measles, rubella, and congenital rubella syndrome by the PAHO Regional Certification Committee in 2016.

Today and following Haiti's first reported case of COVID-19 in March 2020, STOP consultants in the country have been instrumental to the implementation and monitoring of local COVID-19 response plans in the Ouest, Sud-Est, Nord-Ouest, and Grand'Anse departments.





For many STOP alumni, work on deployments and international experience has helped boost future career opportunities. Dr. Edmond Gue is a perfect example. Dr. Gue was a STOP team member from Burkina Faso who was selected to support Haiti from 2013-2014.

Following his two deployments with STOP, he was hired by the WHO-Haiti country office as an immunization advisor and



Dr. Edmond Gue with Dr. Ana Elena Chevez. Credit: A.J. Williams.

played a vital role in support of the STOP Team at CDC Headquarters in Atlanta.

STOP is expanding recruitment in the PAHO region and plans to start accepting applications in May 2022. For more information on the STOP Program and how to apply, visit <u>CDC's STOP Program</u> webpage.





Global Affairs Canada and PAHO Provide the Dominican Republic with 20 Refrigerators for COVID-19 Vaccines

Communications team and Yenny Neira, PAHO-Dominican Republic; Nora Lucía Rodriguez, PAHO-Washington, DC

The introduction of the COVID-19 vaccine in the Dominican Republic has implicated the expansion of the storage and transport capacities of vaccines at all levels, as well as the adaptation of processes aimed at strengthening the cold chain. In this sense, as part of the planning process to introduce the vaccine in 2020, the Expanded Program on Immunization (EPI) updated the inventory of cold chain equipment, identifying storage gaps, both at vaccination sites and collection centers at the provincial level for the introduction of COVID-19 vaccines.



Presentation of delivery of 20 vaccine refrigerators in the Dominican Republic. Credit: PAHO/WHO.

Given the situation in the Dominican Republic, Global Affairs Canada (GAC) in collaboration with PAHO supported the first shipment of 20 refrigerators for the EPI. This shipment was part of the requested refrigeration equipment to support the cold chain, expand the storage capacity for vaccines in province-level collection centers prioritized by the country, with an emphasis on those located in border areas. Additionally, it is expected that two cold rooms for the national warehouse will arrive in April. This donation will contribute not only to the fight against COVID-19, but also to improve access to the other vaccines that are part of the country's immunization program.

During the delivery ceremony¹, PAHO/WHO Representative in the Dominican Republic, Dr. Olivier Ronveaux, highlighted the importance of said donation in strengthening the collective health of the country. While the General Consul of Canada, Collin Holditch, on behalf of his government, expressed the satisfaction of supporting the Dominican Republic in this regard. Likewise, the Deputy Minister of Collective Health of the Dominican Republic's Ministry of Public Health, Dr. Eladio Hernández, indicated that the contribution comes at the right time to fight for the public health of the country. "I know this is something that will not only contribute to the fight against COVID, but also contribute to our work with other vaccines, the 17 that are part of the immunization program in the country. Above all, in border areas where we have the greatest need," Hernández added.

¹ To see PAHO's press release on this event, please visit: <u>https://www.paho.org/en/news/3-3-2022-government-canada-through-paho-donates-vaccine-refrigerators-dominican-republic</u>





The Government of Canada, through PAHO, has provided more than US\$400,000 to strengthen the storage and distribution capacity for vaccines in the country, in addition to strengthening other components of the EPI, such as epidemiological surveillance, training, and supervision, among others.