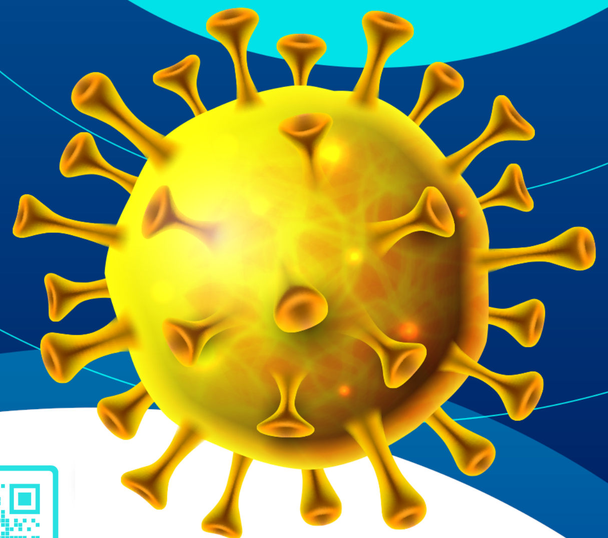
MINISTRY OF HEALTH & WELLNESS

NATIONAL COVID-19 VACCINE DEPLOYMENT AND VACCINATION INTERIM PLAN



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ACRONYMS AND ABBREVIATIONS

AESI	ADVERSE EVENT OF SPECIAL INTEREST
BOS	BOARD OF SUPERVISION
CMO	CHIEF MEDICAL OFFICER
DCS	DEPARTMENT OF CORRECTIONAL SERVICES
DOI	DIFFUSION OF INNOVATION
EPI	EXPANDED PROGRAMME ON IMMUNIZATION
ESAVI	EVENTS SUPPOSEDLY ATTRIBUTABLE TO VACCINATION OR IMMUNIZATION
FHU	FAMILY HEALTH UNIT, MINISTRY OF HEALTH AND WELLNESS
GCT	GENERAL CONSUMPTION TAX
GOJ	GOVERNMENT OF JAMAICA
HSPI	HEALTH SERVICES PLANNING AND INTEGRATION, MINISTRY OF HEALTH AND WELLNESS
IEC	INFORMATION, EDUCATION AND COMMUNICATION
JDF	JAMAICA DEFENCE FORCE
MOEYI	MINISTRY OF EDUCATION YOUTH AND INFORMATION
MOHW	MINISTRY OF HEALTH AND WELLNESS
MLGRD	MINISTRY OF LOCAL GOVERNMENT AND RURAL DEVELOPMENT
NGOS	NON-GOVERNMENTAL ORGANIZATIONS
NHF	NATIONAL HEALTH FUND
NRA	NATIONAL REGULATORY AUTHORITY
PAHO	PAN AMERICAN HEALTH ORGANIZATION
RHA	REGIONAL HEALTH AUTHORITIES
SAGE	STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION
STATIN	STATISTICAL INSTITUTE OF JAMAICA
TAG	TECHNICAL ADVISORY GROUP
TOR	TERMS OF REFERENCE
UHWI	UNIVERSITY HOSPITAL OF THE WEST INDIES
UNICEF	UNITED NATIONS CHILDREN'S FUND
WHO	WORLD HEALTH ORGANIZATION
WVSSM	WEB-BASED VACCINE SUPPLIES AND STOCK MANAGEMENT

EXECUTIVE SUMMARY

“This plan details actions required for the effective and efficient introduction of the COVID-19 vaccine in Jamaica”

The development and swift global deployment of safe and effective vaccines against COVID-19, remains essential to containing the global pandemic. Jamaica is participating in the COVAX Facility which is a mechanism through which demand and resources are pooled to support availability of, and equitable access to, COVID-19 vaccines.

This Plan details the actions required to effectively and efficiently prepare for the introduction of the COVID-19 vaccine into Jamaica. It seeks to provide national guidance for key stakeholders in operationalising the administration of a vaccine that can be stored at -20ºC and between 2 ºC and 8 ºC.

The main objectives are to protect the integrity of the health care system, reduce severe morbidity and mortality and reduce transmission of the virus. A National Coordinating Committee will design, plan and provide leadership to the field and will be supported by four sub committees and focal points at the Regional level.

Key activities will begin in the last quarter 2020 and continue in 2021. These include procuring 935, 676 doses of the vaccine, developing a communication plan, increasing the cold storage capacity, increasing capacity to administer the vaccine, training healthcare workers and sensitizing the stakeholders to facilitate acceptance of the vaccine.

The overall vaccination of the population will be done in phases. In Phase 1, 16% of the population will be vaccinated. The priority groups include: healthcare workers, non-health frontline workers (police, army, correctional services, customs and immigration officers), Parliamentarians, the elderly over 60 years and institutionalized persons. Implementation of Phase 1 is the immediate priority of this plan. Subsequent phases will be developed based on success of Phase 1, demand and availability of vaccines and assessment of threat to the population.

A Social and Behaviour Change Communication approach will be employed to encourage acceptance of the vaccine. *This is the strategic use of communication to facilitate the adoption of a new behaviour. The approach will be guided by two theories – Diffusion of Innovation and the Agenda-Setting Theory.*

The existing mechanism for the movement and tracking of vaccines, maintaining the cold chain from arrival into the country to the end user will be applied to the COVID-19 vaccine. Cold chain capacity will need to be boosted with an additional 24 vaccine freezers. Inventory will be managed using the web-based vaccine management system wVSSM which was introduced in Jamaica in 2016. The system will need to be upgraded and contingencies must be put in place for vaccine disposal.

A comprehensive training plan will be rolled out to build the capacity of healthcare workers in the Expanded Programme on Immunization to appropriately and effectively administer the COVID-19 vaccine. Additionally, sensitization sessions will be conducted with stakeholders and the population in general to increase the knowledge, attitude, practice and belief of key stakeholders with respect to the COVID-19 vaccine.

Jamaica will continue to participate in the regional Surveillance of Events Supposedly Attributable to Vaccination or Immunization surveillance system with case reporting from local to national and regional levels when the COVID-19 vaccines arrives. Adverse Events of Special Interest will also be monitored, investigated and reported locally, regionally and internationally.

The implementation of Phases 1 to 3 of the COVID-19 vaccine plan will cost the Jamaican government approximately JMD25,623,257,052.88.

INTRODUCTION

On 30 January 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus COVID-19 as a Public Health Emergency of International Concern (PHEIC) pursuant to the International Health Regulations. COVID-19 is an infectious disease caused by the coronavirus SARSCov-2. On 11 March 2020, the WHO characterized COVID-19 as a pandemic. On 10 March 2020, Jamaica recorded its first imported case of COVID-19 in Kingston. The COVID-19 pandemic has already caused the loss of hundreds of thousands of lives and disrupted the lives of billions more. *The impact of the COID-19 pandemic on the Country's fragile economy has been and continues to be severe.* The Planning Institute of Jamaica (PIOJ) has reported that there was a contraction in the Country's economy for the July to September quarter of 11.3% owing mostly to the COVID-19 pandemic.

While non-pharmaceutical interventions are crucial in slowing down the spread of the coronavirus, they are not able to control it sustainably. The practical limits of such measures have been demonstrated as citizens are experiencing 'pandemic fatigue' and are tired of taking the necessary precautionary actions, including physical distancing and reduced social interactions. *The development and swift global deployment of safe and effective vaccines against COVID-19 remains essential to containing the COVID-19 global pandemic, restoring normal economic activity and protecting the country's health system. In that regard, Jamaica is participating in the COVAX Facility.* The COVAX Facility is a mechanism through which demand and resources are pooled to support availability of, and equitable access to, COVID-19 vaccines for all economies. COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator which is a global collaboration to accelerate the development, production and equitable access to COVID19 tests, treatments and vaccines. COVAX is co-led by Coalition for Epidemic Preparedness Innovations (CEPI), the Global Alliance for Vaccines and Immunizations (GAVI) Secretariat and the WHO. This facility is supporting the research, development, manufacturing and negotiation of fair pricing for a wide range of COVID-19 vaccine candidates. COVAX aims to ensure that all participating countries, regardless of income levels, will have equal access to these vaccines once they become available.

While progress is being made in the development and production of vaccines against COVID-19, countries must simultaneously advance planning to introduce this new vaccine and identify key components of the existing immunization programme that requires strengthening.

Accordingly, this Plan is the authoritative guide for the Ministry of Health and Wellness (MOHW) on the introduction and distribution of COVID-19 Vaccines in Jamaica. It encompasses the actions, required to effectively and efficiently prepare for the introduction of the COVID-19 vaccine. Currently, it is unknown which potential vaccine, will successfully complete the development and authorisation process and thus meet efficacy and safety criteria to be administered in Jamaica. However, this plan will detail all procedures and actions to be taken within and by the health sector and provide national guidance for key stakeholders in operationalising the administration of a COVID-19 vaccines.

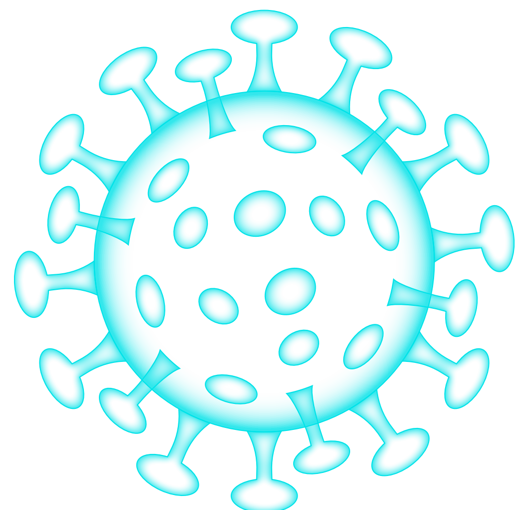
Table 1 below outlines the components of the National COVID-19 Vaccine Deployment and Vaccination Interim Plan.

Technical Components	Operational Components
Vaccine Objectives	Organization and Coordination
Technical Recommendations	Planning and Micro-Planning
Legal Framework	Vaccine Supply, Cold Chain and Logistics
National Regulatory Authorities	Demand Generation and Communication
	Training
	Vaccine Safety and Surveillance
	Process Monitoring
	Human Resources
	Research
	Waste Management
	Budget and Timeline

OBJECTIVES OF COVID-19 VACCINATION

The objectives to vaccinate against COVID-19 are:

- protecting the integrity of the health care system and infrastructure for the continuity of essential services
- reducing severe morbidity and mortality associated with COVID-19 by protecting populations at greatest risk
- reducing transmission of infection in the community and generating population immunity



COVID-19 VACCINE DEVELOPMENT PROCESS

In order to ensure that the new vaccines being developed to combat the COVID-19 Virus are safe and effective, the following vaccine development process is prescribed by the WHO :

A. **PRECLINICAL TESTING**: Each vaccine under development must first undergo screenings and evaluations to determine which antigen should be used to invoke an immune response. This preclinical phase is done without testing on humans. Scientists test a new vaccine on cells and then give it to animals such as mice or monkeys to see if it produces an immune response. If the vaccine triggers an immune response, it is then tested in human clinical trials in three phases.

B. **PHASE 1 SAFETY TRIALS**: Scientists give the vaccine to a small number of people to test safety and dosage, as well as to confirm that it stimulates an immune response.

C. **PHASE 2 EXPANDED TRIALS**: Scientists give the vaccine to hundreds of people split into groups, such as children and the elderly, to see if the vaccine acts differently in them. These trials further test the vaccine's safety and ability to generate an immune response.

D. **PHASE 3 EFFICACY TRIALS**: Scientists give the vaccine to thousands of people and wait to see how many become infected, compared with volunteers who received a placebo. These trials can determine if the vaccine protects against the coronavirus, measuring what's known as the efficacy rate. Phase 3 trials are also large enough to reveal evidence of relatively rare side effects.

E. **EARLY OR LIMITED APPROVAL**: Britain and other countries have begun giving emergency authorization to vaccines based on preliminary evidence that they are safe and effective. China and Russia, on the other hand, have authorized vaccines without waiting for the results of Phase 3 trials, which experts say has serious risks.

F. **APPROVAL:** Regulators review the complete trial results and plans for a vaccine's manufacturing, and decide whether to give it full approval. *A vaccine must be proven to be safe and effective across a broad population before it will be approved and introduced into a national immunization programme.* The bar for vaccine safety and efficacy is extremely high, recognizing that vaccines are given to people who are otherwise healthy and specifically free from the illness.

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"SEVEN COVID-19 VACCINES HAVE EMERGENCY USE APPROVAL IN AT LEAST ONE COUNTRY"

At the time of writing this Plan, there are seventy-seven COVID-19 vaccines under development with only seven having received the requisite emergency use approvals by at least one country. The vaccines which have received emergency use approval by at least one country are:

i. **Moderna (34 countries)**

ii. **Gamaleva (4 countries)**

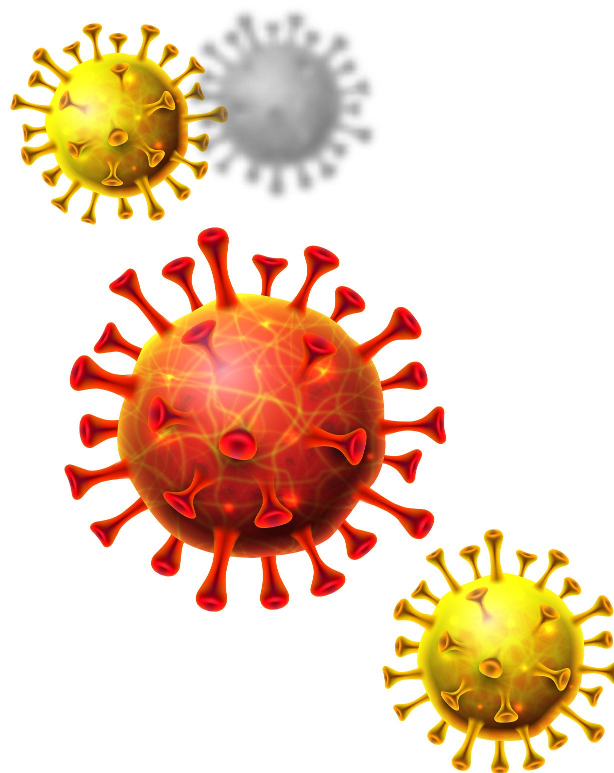
iii. **Oxford/ AstraZeneca (5 countries)**

iv. **Serum Institute of India, Covishield (1 country)**

v. **Bharat Biotech, Covaxin (1 country)**

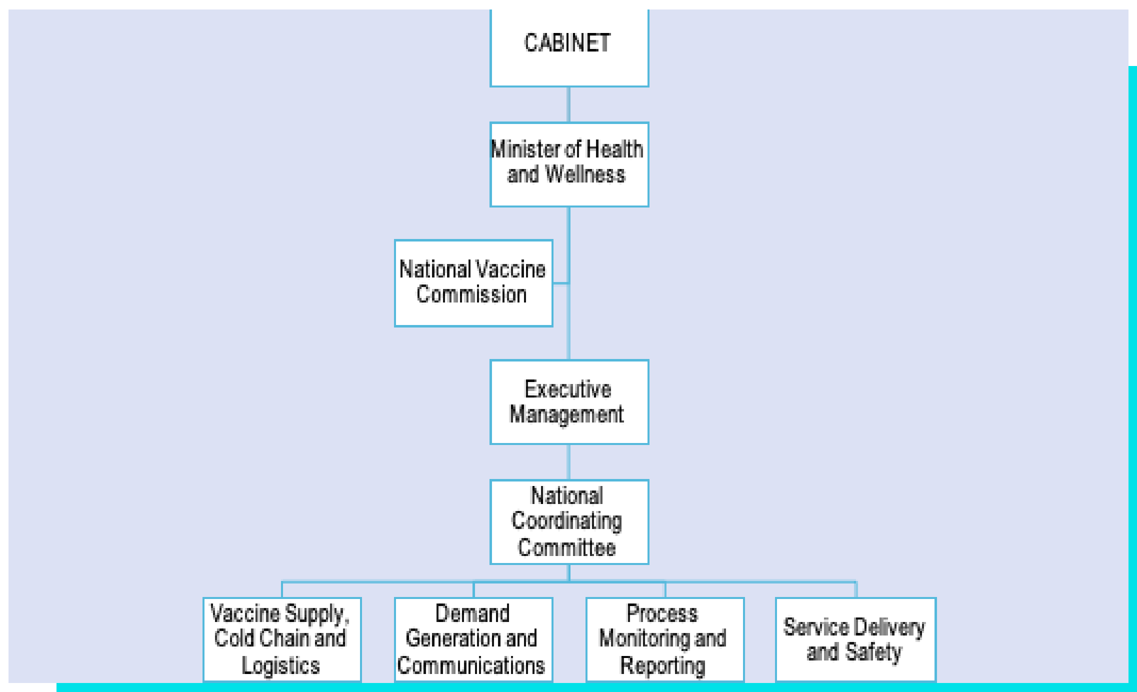
vi. **Sinopharm, BBIBP-CorV (5 countries)**

Of note there are seventeen vaccines which are now in Phase 3 clinical trials.



The importance of the introduction of COVID-19 vaccines requires a whole of government, multi-sectoral and multi-stakeholder approach to ensure robust, accountable and transparent decision-making. This approach is essential to protecting the national interest and assuring the public that the introduction of the COVID-19 Vaccine in Jamaica respects population safety and is based on epidemiological need and rigorous scientific testing. In that regard, a multi-sectoral and multi-stakeholder governance structure has been established to lead the coordination and deployment of the COVID-19 Vaccine which is depicted in Figure 1 below.

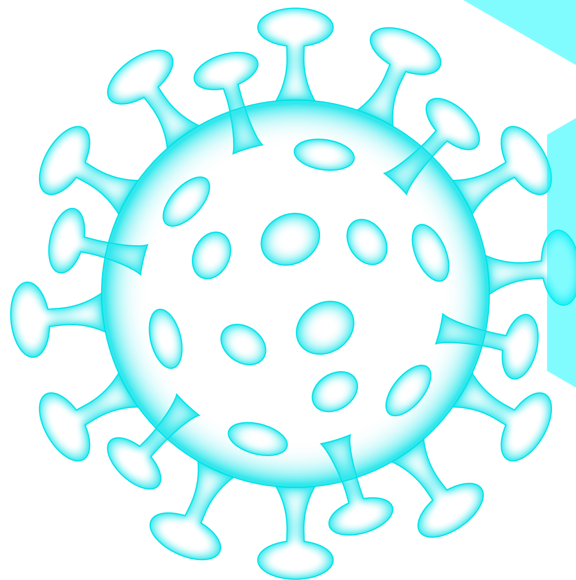
Figure 1: The COVID-19 Vaccine Introduction Management Structure



National Vaccine Commission: A National Vaccine Commission has been established is to provide strategic and technical oversight to development and implementation of a National Deployment and Vaccination Plan for the introduction of COVID-19 Vaccines in Jamaica. Key responsibilities of the Commission include: provide guidance and oversight in the development of a National COVID-19 Deployment and Vaccination Plan (NDVP) for the introduction of COVID-19 vaccines; provide oversight in the designing of strategies for the deployment, implementation and monitoring of a COVID-19 vaccine(s) in Jamaica; guide the establishment of an operations process for coordination, information and communication; and provide guidance in the design and implementation of a public education campaign.

National Coordinating Committee: A National Coordinating Committee (NCC) has been formed to design, plan and provide leadership to the field on all activities related to the vaccine introduction. The NCC will guide the priority actions and engage in on-going risk assessment so as to ensure that the plan remains relevant. This committee will be supported by four sub committees, the Medical Officers of Health and the parish Expanded Programme on Immunization (EPI) Coordinators.Focal points (Regional Technical Directors and Regional Nursing Supervisors) have been identified for all national and regional committees and their contact information (names, telephone numbers, email addresses) will be circulated to members. The office of the National EPI Manager will act as the secretariat of this committee as well as the Operations Centre for this national activity. The NCC will have responsibility for providing updates on the on-going assessment of the safety, immunogenicity, efficacy and duration of protection of candidate vaccine(s). This will be done through reviews presented by: The Global Strategic Advisory Group of Experts (SAGE) on immunization, the Global Advisory Committee on Vaccine Safety (GACVS), and the Regional Technical Advisory Group (TAG) on Vaccine-preventable Diseases.

International and Regional Technical Support: Jamaica does not have an inter-agency coordination committee or task force for immunization. Technical guidance on matters related to immunization and vaccines are through The Strategic Advisory Group of Experts on Immunization (SAGE), the Pan American Health Organizations' (PAHO) Technical Advisory Group (TAG) and the annual PAHO Caribbean EPI Managers' meeting.



LEGAL AND REGULATORY FRAMEWORK

National Regulatory Authority

The Standards and Regulation Division of the Ministry of Health and Wellness is the National Regulatory Authority (NRA) which oversees licensing and regulates the use of all drugs including vaccines in Jamaica pursuant to the Food and Drugs Act, 1975. The Standards and Regulation Division mandate includes:

i. Ensuring the safety, efficacy and quality of products imported into or manufactured in Jamaica through the issuance of permits to manufacture/ permits to import
ii. Maintaining an efficient system for the registration for drugs/pharmaceuticals and other designated products and their promotional material.
iii. Monitoring drugs/pharmaceuticals and other products already on the market through post market surveillance, i.e. investigating reports of adverse product reactions, product failure, unapproved or misleading product advertisements and taking the necessary actions to protect public health.
iv. Maintaining an effective mechanism for collaboration with the Customs Department and other relevant government agencies for the proper monitoring and control of the designat ed products imported for use by the Jamaican public.

Legal Framework

The Laws and Regulations that primarily govern the regulation of health products by the Ministry are:

- The Food & Drugs Act, 1964
- The Food & Drugs Regulation, 1975
- The Precursor Chemicals Act, 1999
- The Precursor Chemicals Regulations, 2013

New Regulations are required to regulate the emergency use of COVID-19 Vaccine in Jamaica. Approval is being sought from the Cabinet of Jamaica for drafting instructions to be issued from the development of such legislation.

Emergency Regulatory Approval Pathway

The Standards and Regulation Division of the MOHW has established an Emergency Regulatory Pathway for the emergency approval of COVID-19 Vaccines for use in Jamaica, which is detailed in this section. Given the novelty of the COVID-19 vaccine, the urgency for use, and the absence of adequate technical capacity in-country to fully evaluate and assess the immunogenicity, safety and quality, the MOHW through the Standards and Regulation Division will:

i. grant 'Emergency use' authorisation for a period of 1 year; and
ii. adopt the approach taken by the Caribbean Regulatory System (CRS) of CARPHA in its reliance on the WHO, PAHO and some Stringent Regulatory Authorities (SRAs) for the purposes of evaluating COVID-19 Vaccines. The CRS is a regional regulatory mechanism established with the support of the Ministers of Health of the region for the registration of medicines in CARICOM Countries. CRS utilizes a reliance mechanism and is fully operational. The Stringent Regulatory Authorities of reference used by the CRS include the United States Food and Drugs Administration (FDA), Health Canada and the European Medicines Agency (EMA).

a. ***Requirements for Emergency Use Authorization***

Any person seeking to import, distribute and or sell COVID-19 Vaccine in Jamaica shall apply to the MOHW Standards and Regulation Division for an Emergency Use Authorisation. In order for Emergency Use Authorization to be granted the vaccine must satisfy the following:

i. The vaccine must meet one of the following criteria:

a. Be included in the World Health Organization's Emergency Use Listing (EUL) for prevention of SARS-CoV-2 infection (COVID-19); or

b. ***Be granted authorization for emergency use for prevention of COVID-19 by one of the following stringent national regulatory authorities (SNRA) of reference:***

i. US Food and Drug Administration

ii. Health Canada

iii. European Medicines Agency

ii. The vaccine can only be used for the period of authorization

iii. The vaccine must be imported when the manufacturer's conditions for storage and use can be satisfied;

iv. Where the vaccine is being distributed by the Ministry of Health and Wellness, it is under the authority of the Medical Officer of Health. In private settings, the vaccine must be prescribed by authorized physicians only;

v. The market authorization holder is responsible for adherence to any additional post-market safety reporting required by the MOHW.

Appendix 1 outlines the documentation will have to submit in support of an application for emergency use authorisation.

Post-authorization Changes

In order to maintain the recommendation for Emergency Use by the MOHW, market authorization holders/sponsors are required to notify the MOHW of any post-authorization changes approved by the SNRA within 7 calendar days of such approval. These may be submitted via email with a cover note, revised product information and labelling (where applicable), and the reference authority's letter or notice of approval of post-authorization changes.

Policy Considerations

The following policies need to be developed for the successful implementation of the COVID-19 Vaccination Plan:

- Adult Vaccination Policy
- The development of an Adult Vaccination Policy is in alignment with strategic priority 4 of the Immunization Agenda 2030 (IA 2030) which prioritizes the implementation of proven approaches to reduce the number of missed opportunities of immunization through integration of immunization into primary health care planning to strengthen service delivery based on the life course approach. A robust Adult Vaccination Policy will therefore strengthen Jamaica's Expanded Programme on Immunization and provide a supportive policy environment for greater vaccination rates among adults to reduce incidents of illnesses and deaths that can be attributed to vaccine-preventable diseases.

Research

The Ministry of Health and Wellness supports research as a valuable tool for improvement in the health system. Jamaica will endeavour to contribute to the vast amount of publications on vaccine implementation. The Family Health Unit and the National Epidemiological Unit will monitor and compile information that will provide the basis for review of the process and for policy development.

"The Values Framework allows for an integration of explicit values with evolving scientific and economic evidence to guide allocation and prioritization of COVID-19 Vaccines in Jamaica"

The MOHW adopts the WHO SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination in light of the limited supply of vaccines which will be available initially. Accordingly, the allocation and prioritization of groups of the population to receive vaccination will be guided by the following five (5) core principles as outlined in Table 2 below.

Table 2: Guiding Principles

Goal Statement	The equitable distribution of COVID-19 vaccine within the Jamaican society to promote protection against the coronavirus
Principles	**Objectives**
Human well-being *Protect and promote human well-0being including health, social and economic security, human rights and civil liberties and child development*	Reduce the deaths and disease burden in Jamaica caused by the COVID-19 pandemic; Reduce the socio-economic disruption by containing transmission, reducing severe disease and death; and secure the continuing functioning of essential services such as health services.
Equal Respect *Recognise and treat all Jamaicans as having equal moral status and their interest as deserving of equal moral consideration.*	Ensure that non-discriminatory practices are incorporated in vaccination allocation and deployment by allowing equitable vaccination distribution to various groups within the society despite their socio-economic status, ethnic background and religious groups once they fulfil prioritization criteria phased vaccination introduction
National Equity *Ensure equity in vaccine access and benefit within Jamaica for groups experiencing greater burdens from the COVID-19 pandemic*	To develop an appropriate immunization deployment strategy and distribution infrastructure to ensure COVID-19 vaccines are accessible to priority population and a proactive approach is adopted that provides all members of the target population with equal access to the vaccine in all phases of vaccine deployment
Legitimacy *National decisions relating to vaccine prioritisation are made through a transparent process that are based on shared values, best available scientific evidence, and consultation.*	Employ best available scientific evidence, expertise, and significant engagement with relevant stakeholders for vaccine prioritization between various groups within using transparent, accountable, unbiased processes, to engender deserved trust in prioritization decisions.

GUIDING PRINCIPLES FOR THE ALLOCATION AND PRIORITIZATION OF GROUPS FOR COVID-19 VACCINES IN JAMAICA

Decisions made in the allocation and prioritization of limited supplies of COVID-19 is not only based on public health consideration or economics alone but are also based on other competing demands such as other morally important uses or claims to vaccination. The Values Framework will therefore allow for an integration of explicit values with evolving scientific and economic evidence to guide allocation and prioritization of COVID-19 vaccines in Jamaica.

"The phased approach is aimed at decreasing the risk of severe illness and death in the most vulnerable groups"

Through the COVAX Facility, Jamaica will be receiving vaccines to cover approximately 16% of the population. Given the process and rate of development of COVID-19 Vaccines and the global demand for such vaccines, there will be limited supplies of COVID-19 vaccines available to countries within the short to medium term. In that regard, there will be a phased deployment of vaccines within Jamaica. Accordingly, the MOHW is planning for four (4) phases of vaccine distribution. The phased approach is aimed at decreasing the risk of severe illness and death in the most vulnerable groups first, stabilize the health workforce to restore full health services to the population, and then to facilitate a return of economic, educational and social activities. The first phase will cater to the vaccination of vulnerable and priority groups in the population. The second phase will see the introduction of vaccine to the general public and in each subsequent phase more of the general population will have access. A recent survey suggests that 35% of Jamaicans will take the vaccine . With a robust communication plan this figure should increase. Micro planning is required at each phase to ensure that that figure is pushed closer to 100%.

Phase 1

Jamaica has committed to vaccinating 16% of the population in phase 1 and will receive 935,676 doses of the approved COVID-19 vaccine through the COVAX Facility. Table 2 below shows the delivery schedule for vaccines through the COVAX facility.

Table 2: COVAX Vaccine Delivery schedule

Delivery Date	% of Population	Vaccine Doses
Apr-21	5%	292,399
Jul-21	5%	292,399
Dec-21	6%	350,879
Total	***16%***	***935,677***

In accordance with the guiding principles for the allocation and prioritization of COVID-19 Vaccine enunciated herein and given the fact that Jamaica is in the community transmission phase, the focus of vaccination in Phase 1 is to reduce morbidity and mortality by preventing or minimizing the spread of the virus, maintain critical essential services such as health services, protecting those groups of persons who have had to bear significant additional risks and burdens of the national COVID-19 response such as health workers and protecting the most at risk members of society from infection and/or serious illness.

These factors have been used to determine the following priority groups for vaccination in Phase 1 (not listed in any priority order):

i. Healthcare workers

ii. Non-health frontline workers such as the:

- Police

- Army

- Correctional services

- Customs and immigration officers

iii. Parliamentarians

iv. Persons in infirmaries

v. The elderly over 60years

vi. Nursing home residents and their staff

vii. Institutionalized persons

Data that has been used in determining the population that will be vaccinated in this phase include the: a) national censuses, b) national plans for seasonal influenza vaccination (that include different high-risk groups), lists of public and private sector health and other personnel, and c) prevalence surveys, studies of disease burden of chronic diseases and comorbidities.

Table 3 below outlines the targeted numbers of persons to be vaccinated in the priority groups and the expected dose uptake.

Category	Target Number	# of doses needed	Total # of doses	Expected dose uptake (+10% wastage)
Healthcare personnel	16,000	2	32,000	21,120 (60%)
Parliamentarians, Senators and senior staff	250	2	500	495 (90%)
Elderly $\geq$ 60 years	379,355	2	758710	584,206 (70%)
Jamaica Defense Force	5,000	2	10,000	6,600 (60%)
Jamaica Constabulary Force	15,000	2	30,000	19,800 (60%)
Jamaica Fire Brigade	4000	2	8000	8,800 (60%)
Department of Correctional Services	2,600	2	5,200	3,432 (60%)
Passport Immigration and Citizenship Agency	1,000	2	2,000	1,320 (60%)
Infirmaries	1,377	2	2,754	2,726 (90%)
Residents and staff of Nursing Homes	3,242	2	6,484	4,279 (60%)
Institutionalized (persons in the penal institutions)	12,250	2	24,500	24,255 (90%)
TOTAL	**440,074**		**880,148**	**677,033**

Table 3: Target number of persons in priority groups to be vaccinated and expected dose uptake

Letters will be sent to the Ministry of National Security, Ministry of Local Government and Rural Development, Ministry of Education Youth and Information, as well as the Board of Supervision requesting confirmation of the total number of individuals estimated in the respective target groups. To further define the population the human resource departments of the various entities will be asked to advise on the numbers of persons with underlying health conditions. These individuals will be prioritized in the tiered structure based on how Jamaica receives the vaccine. In April 2021, priority will be given to Health workers in clinical areas with COVID-19 patients such a staff in the Intensive care units, hospital wards and emergency rooms. The figures will be detailed in the microplan. The sub classification of priority groups from all the entities involved will also be detailed. Appendix 2 provides a summary implementation schedule of the key activities to be executed in Phase 1.

Phase 2

At the end of phase 1 Jamaica will acquire additional doses of the vaccines based on locally relevant risk factors, vulnerabilities and the COVID-19 threat. The projection for the second Phase is a further 16 % of the population. A list of priority groups will be identified for the second Phase. It is projected that in the second phase, vaccination will be offered to the general population. Fifty percent of doses will be earmarked for priority groups and fifty percent for the general population. The procurement of second phase vaccines is expected to start in the last quarter of 2021. It is expected that second phase vaccine distribution will begin in the second quarter of 2022.

Phase 3

At the end of distribution of Phase 2 vaccines, thirty two percent of the population will be vaccinated. Based on whether there is a continued threat, demand, cost and availability of vaccine Jamaica will endeavor to enter into a third phase of vaccine procurement. A further 16 to 32 percent of vaccines will be procured. Twenty five percent of this quantity will be reserved for priority groups and special populations that have not been previously vaccinated. The balance will then be made available to the general population.

Phase 4

Based on whether there is a continued threat of COVID-19, Jamaica will enter into this phase which may be ongoing and will be determined by the need for revaccination and/or the level of immunity achieved or needed by the population. This phase may see the vaccine becoming a part of routine immunization schedules and procurements will be absorbed into the regular budget for immunizations. This will have to be expanded based on demand and availability of funds.

Demand for the approved COVID-19 vaccine in Jamaica is critical to slowing the spread of the infection, reducing morbidity and mortality as well as rebuilding the economy. Based on the uptake of the Influenza vaccine over the years which averages approximately 50% and a recent study conducted by PAHO showing that only 35% of Jamaicans were willing to take the COVID vaccine a comprehensive social behaviour change communication plan (see Appendix 3) will be rolled out.

The NCC will strategically use communication to facilitate adoption of new behaviours based on proven behaviour change models/theories as well as research to ensure information about targeted audiences' attitude, knowledge and perceptions about the desired behaviour are evidence based. A communication consultant will be engaged for nine months (February to October 2021).

The most successful adoption of a public health programme results from understanding the target population and the factors influencing their rate of adoption. Therefore, the Diffusion of Innovation (DOI) Theory looking at the five established adopter categories will be used to develop targeted messages. The Agenda Setting Theory will also be used to engage the media with the hope of encouraging acceptance of the vaccine.

Surveys and focus group discussions will be conducted in February 2021 and key messages and materials developed for public communications and advocacy. The COVID-19 introduction communication activities will emphasise:

- *fostering trust in the wider community especially the primary and secondary target populations*
- *highlighting the importance of high immunization coverage*
- *dispelling rumours and misinformation*
- *stakeholder consultations: as soon as possible, the communications sub-committee of the NSCC will organize meetings and consultations to inform health staff, partners, private sector and other groups. Consultations will be conducted with key decision-makers and professional associations beginning in January to obtain buy-in*
- *materials: the sub-committee will be adapting and creating contextually appropriate messages and materials to support meetings and consultations. Existing tools including global and regional materials will be utilized, such as frequently asked questions (FAQs), fact sheets, training materials, videos, and posters*
- *health worker training: focussing on procedures and messages about the rationale for the adminis tration of the vaccine to priority groups.*

Strategies to Vaccinate Adults

Jamaica will be securing access to safe, efficient and high quality COVID-19 vaccine(s) for the target population. However, it is imperative that there is sufficient uptake of such vaccines. The NCC will:

- *provide citizens with objective, accurate, factual and targeted information to include the importance, benefits and risks of the COVID-19 vaccine, thus promoting public trust*
- *identify and fill evidence gaps specific to the COVID-19 pandemic*
- *ensure easy access to vaccines for the target populations*
- *identify and utilize champions*
- *ensure clear communication focussing on preserving functional capability and independence in addition to prevention of severe illness, hospitalization and death among this most vulnerable group*

The above strategies will be embedded in the demand generation and communications plan and will be on-going over the next year.

"Health centres will be designated in each parish as vaccination sites."

Potential Vaccination delivery Sites

Each parish will cater for different groups for vaccination and there will be a need to establish and deploy vaccination teams to different locations to ensure timely delivery to as much persons as quickly and efficiently as possible.

Hospitals

The vaccination of health care workers is a priority. Sites will be established at the following hospitals for the roll out of vaccines to front line staff:

- **University Hospital of the West Indies**
- **Bustamante Children's Hospital**
- **National Chest Hospital**
- **Spanish Town Hospital**
- **Mandeville Regional Hospital**
- **Cornwall Regional Hospital**
- **St. Ann's Bay Regional Hospital**

Health Centres

Health centres will be designated in each parish as vaccination sites. The number will be determined by the population and demographic characteristics of the parish.

Vaccination Outposts

Outposts will be established in each parish depending on the needs of the parish and presence of priority groups. These outposts may operate for hours in one location e.g. Nursing homes, infirmaries, or days in another based on the numbers to be vaccinated.

There will be FIXED and MOBILE teams.

1. FIXED teams

Healthcare workers will be one of the first priority groups. Special vaccination sites will be set up to cater for this group. One or more vaccination sites (health centres) will be established in each parish to cater for the general public included in the first phase, the over 60 age group. The parishes will provide a roster to the NCC (for approval) of vaccine sessions which may include extended opening hours and Saturday clinics.

2. MOBILE teams

The mobile teams will be deployed to prioritized facilities to set up temporary outposts to reach the priority groups. Primary care staff will liaise with the nursing homes, infirmaries and penal institutions in their parish to establish dates for on-site vaccination sessions. The mobile teams will also provide vaccinations to high profile groups such as Parliamentarians. In the second phases, there will be other priority groups established that may be best reached by the setting up of outpost vaccination sites in areas such as the national arena.

At least three vaccination teams will be required in each parish: Fixed Team for the Health Care worker, Fixed team for the Health Centre, Mobile team. The composition and size of the team will be dependent on training and redeployment of staff and the population of each group within the parish. These teams will be deployed as appropriate depending on the Phase of vaccination.

Over time, based on demand and need for increased efficiency in vaccine delivery, it may become necessary to recruit other health care provider groups to provide vaccinations. The training programme will be geared towards building capacity so that this can be accomplished with minimal disruption to services.

The engagement of the various stakeholder groups will begin early to facilitate this.

Training and Sensitization

A comprehensive training plan will be rolled out to build the capacity of healthcare workers in the Expanded Programme on Immunization (EPI) to appropriately and effectively administer the COVID-19 vaccine. Additionally, sensitization sessions will be conducted to increase the knowledge, attitude, practice and belief of key stakeholders with respect to the COVID-19 vaccine for all the phases of introduction.

The main objectives of the training will be to:

1. *educate participants about the COVID-19 vaccine*
2. *discuss immunization schedule and safe practices*
3. *discuss the complexity of handling and storing the vaccine*
4. *Discuss strategies, activities and key messages for vaccine introduction relating to target population*
5. *provide healthcare workers with key risk communication strategies*
6. *outline the framework for inter-sectoral collaboration for the implementation of the programme*
7. *discuss infection prevention and control (IPC) measures*
8. *ensure that 60% of HCWs have been exposed to the training*

The target audience will include parish and regional healthcare providers working in the EPI programme as well as staff in the non-communicable disease and injuries (NCD&I) programmes:

- *Clinicians (nurses, midwives, doctors)*
- *Programme managers, coordinators and supervisors*
- *Health Education Officers*
- *Community Health Aides*

The facilitators will be drawn from the NCC along with co-opted experts as is necessary and training sessions will run from January through to April 2021. The virtual platform will be used to have didactic lectures, discussions and case studies. The curriculum will include but is not limited to:

- *COVID-19 vaccination*
    - o *vaccine formulations, safety and efficacy*
    - o *attributes and storage requirements of the vaccine*
    - o *administration of vaccine*
    - o *monitoring of the vaccine administration*
    - o *monitoring of events supposedly attributable to vaccination or immunization (ESAVIs)*
- *COVID-19 introduction: key strategies, activities and messages*
- *risk communication*

The participants will be given a pre- and post-test at the beginning and end of each session respectively. An information package will be provided electronically for health workers to reinforce training. Basic materials to be included in the package:

- Powerpoint presentations
- FAQs

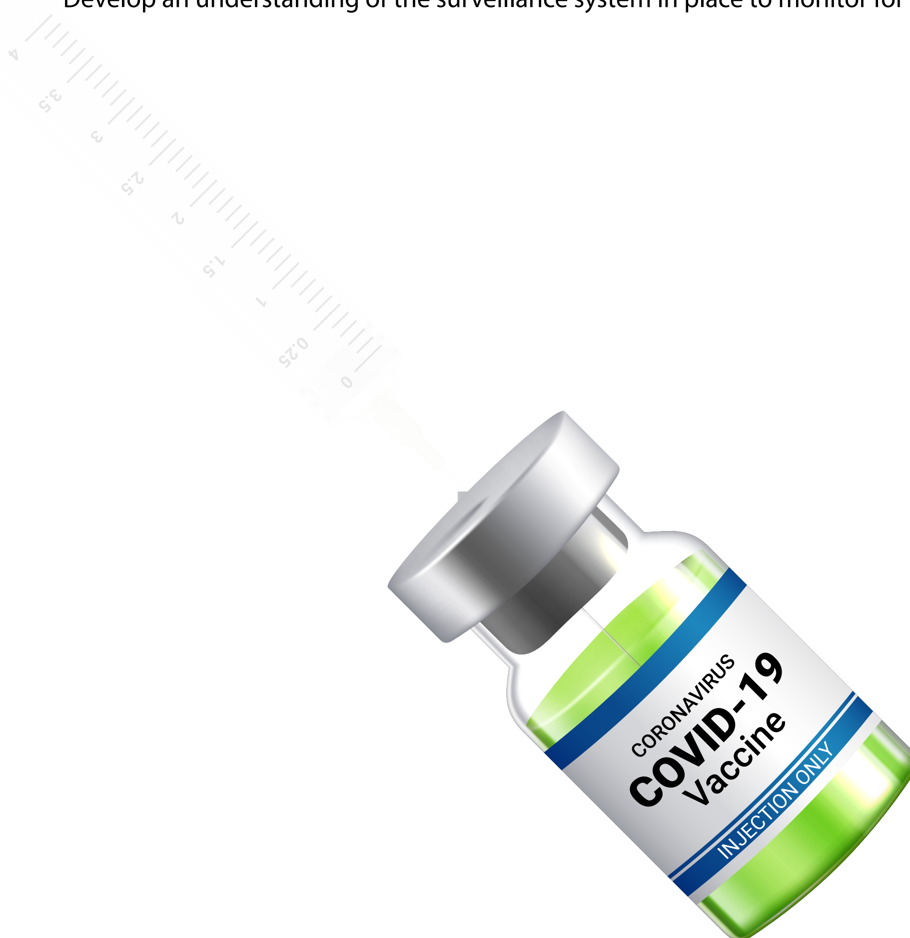
Sensitization sessions will be conducted by the NCC beginning in January with persons from the:

- SDC
- Ministry of Local Government and Rural Development (MLGRD)
- Ministry of Education Youth and Information (MOEYI)
- Jamaica Defence Force (JDF) / Jamaica Constabulary Force (JCF), Correctional Serviced (DCC) and PICA
- Nursing Homes
- Infirmaries
- Parish Councils

EXPECTED OUTCOME

At the end of the sensitization sessions participants are expected to:

- have a better understanding of the COVID-19 vaccine and how vaccines work
- know the importance of taking the vaccine
- understand the system of prioritization for vaccine allocation
- have fears allayed regarding the administration of the vaccine
- Develop an understanding of the surveillance system in place to monitor for adverse events



SUPPLY CHAIN MANAGEMENT

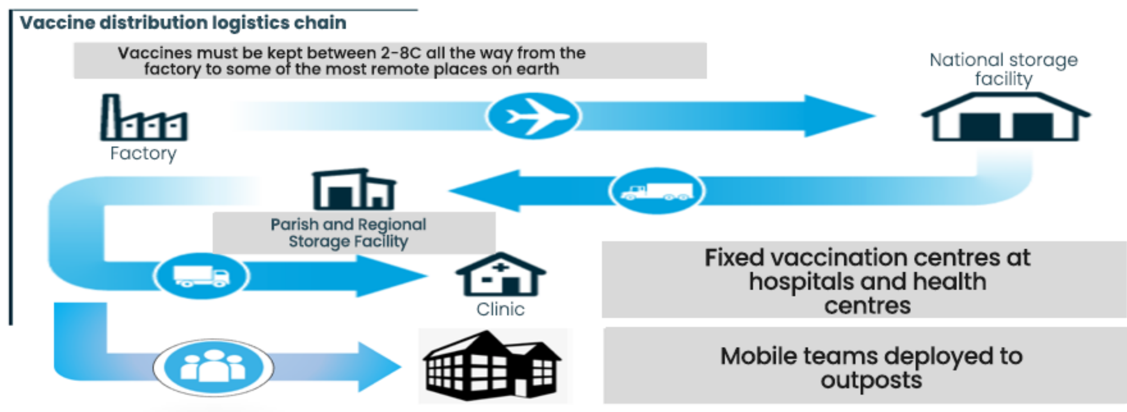


Figure 2: Vaccine Logistics

Figures 2 and 3 illustrates the process of the COVID-19 vaccine form arrival in Jamaica to the central storage facility. The COVID-19 vaccine will arrive in Jamaica via air utilizing the transport system in place from the manufacturer to countries participating in the COVAX / PAHO Revolving Fund Facility. Once in Jamaica, vaccines due to their fragility (temperature sensitivity), are given special status by both the MOHWs customs personnel and the customs officers at the airport. This allows for timely clearance and transport to the central stores where they are checked by the Programme Officer and National Health Fund warehouse staff to ascertain their condition (see figure 3).

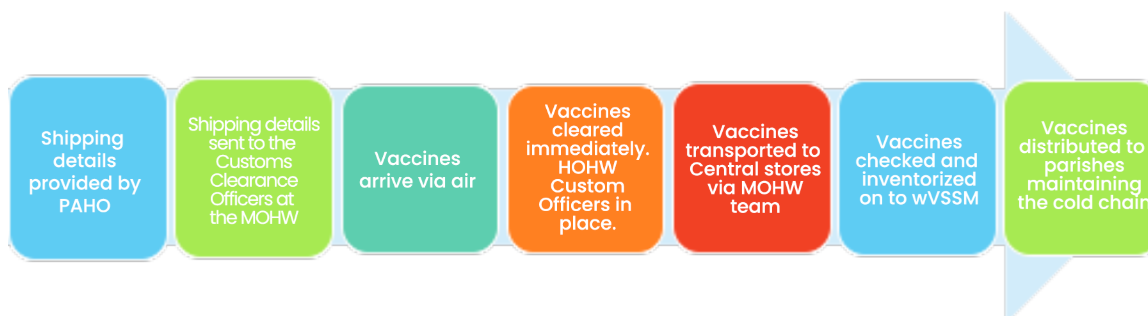


Figure 3: Vaccine Transport Process from Airport to Central Stores

Current cold chain capacity at the central and peripheral (parish) levels is limited. Given the anticipated overall increase in the number of vaccines (approximately 1,000,000) additional storage capacity will be required. Each parish will need at least one additional vaccine fridge to accommodate the COVID-19 vaccine. At the central stores an additional ten -20 freezers are needed. Figure 4: highlights the gaps along the distribution chain.

SUPPLY CHAIN MANAGEMENT AND HEALTH CARE WASTE MANAGEMENT

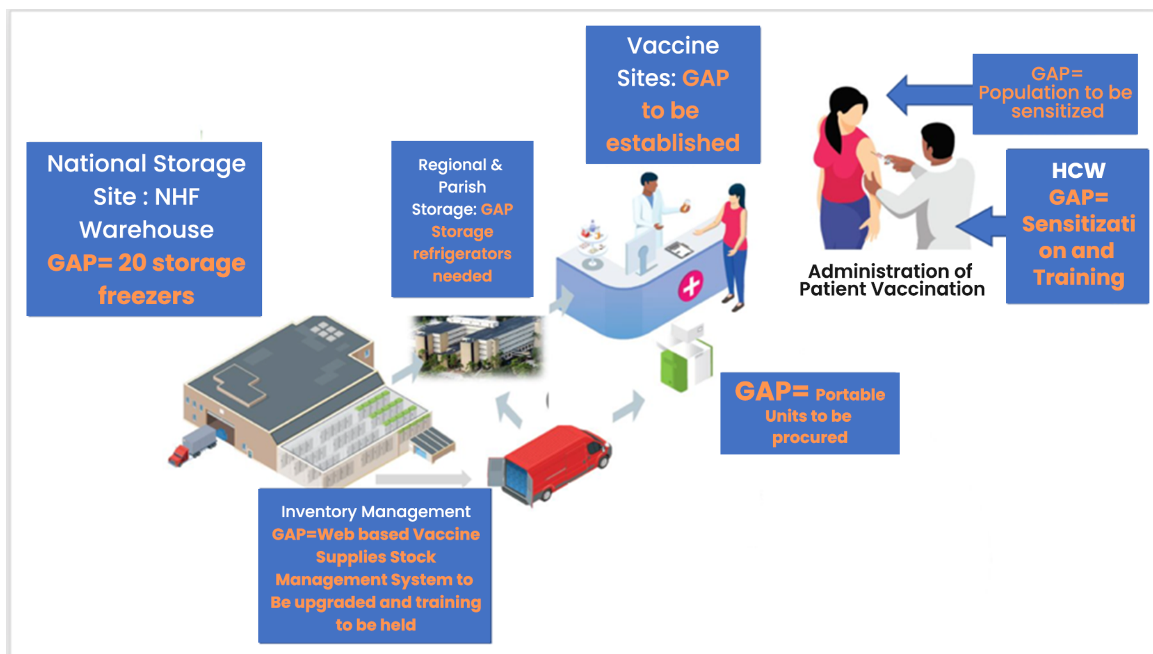


Figure 4: Along the Distribution Chain

A distribution list will be prepared by the Family Health Unit (FHU) based on the parish profile of persons to be vaccinated and the vaccine characteristics, this will be shared with central stores as well as the parish. The primary care team headed by the Medical Officer of Health will be responsible for vaccinating persons within his/her parish.

HEALTH CARE WASTE MANAGEMENT

The disposal of COVID-19 vaccines will utilize existing mechanisms (unless otherwise stated by the manufacturer) to ensure appropriate documentation, collection, storage and disposal at all levels.

Collection and documentation of all remaining COVID-19 vaccines will be done by the parish EPI Coordinators according to schedule. This will be supervised and monitored by the Senior Public Health Nurses. Once all vaccines have been accounted for, it will be taken to the National Waste Management Unit, MOHW for incineration. There is currently zero capacity for incineration at this time at the central level. Other avenues to safely dispose of these vaccines must be explored as a matter of urgency and a contingency plan put in place by March 2021.

STOCK MANAGEMENT

The web-based Vaccination Supplies Stock Management System (wVSSM) that was commissioned in 2016, will be used to track dispatches, coverage and adverse events. The system requires an upgrade and SITU will be asked to facilitate the upgrade by February 2021, in collaboration with PAHO. A refresher training will be conducted in March 2021, with stakeholders

VSSM is an inventory management tool whose over arching goal is to improve management of the supply chain in order that vaccines and diluents and other related commodities neither suffer from being over stocked and avoid that any item is out of stock. It provides 40 different reports to help program managers to plan ahead and have up-to-date information about all stock levels for all items in the stores. It also provides the managers with a remaining net capacity for different storage areas.

VSSM is a computer tool to assist vaccination program managers and storekeepers to organize and manage the stock of vaccines and other related supplies. VSSM's focus is on vaccines and diluents; however, it also caters for all other supplies.

VSSM uses open source software based on Microsoft Access and all codes are provided to users. Anyone familiar with MS Access can modify VSSM, add new fields, and manipulate reports to suit their specific situation.

VSSM is a fully customizable tool and all coding is left to users, as they can select the language of their choice for coding. VSSM structure is mainly based on WHO/ UNICEF training on vaccine management in developing countries and with consideration for common field practices.

PROCESS MONITORING

PROCESS MONITORING

"All sub-national monitoring efforts will report to the NCC."

Process monitoring will be done at all levels. The NCC is responsible for selecting, monitoring, and reporting on indicators and milestones. All sub-national monitoring efforts will report to the NCC. This committee will report to the MOHWs Vaccine Commission and PAHO country office on the agreed upon indicators (the Vaccine Introduction Readiness Assessment Tool (VIRAT will be used as a guide).

PROCESS MONITORING

Key milestones that will be tracked:

- *engagement of the COVAX Facility*
- *establishment of a NCC and four subcommittees*
- *consultations with key ministries, stakeholders and partners about COVID-19 vaccine introduction and their expected roles. Inform regularly and disseminate global and regional guidance*
- *regulatory procedures for the importation of the COVID-19 vaccine are in place*
- *identification of the target populations that will be prioritized for access to the vaccines*
- *identification of potential COVID-19 vaccine delivery strategies and outreach strategies leveraging both existing vaccination platforms and non-vaccination delivery approaches to best reach the target groups*
- *preparation of a master list of service providers, points of delivery, including fixed and outreach*
- *documented procedures and tools for planning and conducting vaccine pharmacovigilance activities (i.e., AEFI reporting, investigation, causality assessment, risk communication and response), have been developed and disseminated to surveillance facilities/sites*
- *development of key messages and materials for public communications and advocacy, in alignment with demand plan*
- *monitoring for second dose of vaccine*

VACCINATION PROVIDER REQUIREMENTS

COVID-19 vaccination providers are required to adhere to strict protocols outlined in a COVID-19 Vaccination Program Provider Agreement that will be drafted by the National Vaccination Commission. The agreement will outline all requirements that COVID-19 vaccine providers must strictly adhere to.
The pre-determined requirements in the agreement will include but not limited to:

1. *Vaccination provider must administer COVID-19 Vaccine in accordance will all requirements and recommendations outlined in the COVID-19 National Vaccination Plan and by the National COVID-19 Vaccination Commission*
2. *Within 24 hours of administering a dose of COVID-19 Vaccine the provider must report required information to the public health authority pertaining to vaccine administration*
3. *Vaccination Provider's COVID-19 Vaccination services must be in conducted in compliance will stipulated COVID-19 Public Health Protocols as outlined by the Ministry of Health and Wellness to contain the spread of the coronavirus*
4. *Vaccination provider must comply with requirements for COVID-19 Vaccine Management. These requirements include the following:*
    a. *Appropriate storage and handling of COVID-19 vaccine under specified storage condi tions including maintenance of cold chain and ensure integrity of cold chain manage ment*
    b. *Monitor vaccine storage unit temperatures at regular intervals to ensure compliance with vaccine storage and handling requirements as outlined in this plan*
    c. *Records must report the number of doses of COVID-19 vaccine that are unused, spoiled, expired or wasted*

Risks	Mitigation
Financial: Inability to fund. Vaccines are being procured through the COVAX Facility. Down payment required to secure vaccines for 16% of the population in the first tranche	Funding support through GOJ and CARPHA
Community acceptability: Misinformation, rumours and anti vax messages are causing unwillingness of the priority groups to show intent to accept the vaccine when it becomes available	A strong communications and advocacy strategy will be needed with clear, succinct, and convincing messages Engaging champions Timely development and dissemination of IEC material
Safety of the COVID-19 vaccine: Safety concerns by the public could derail the programme ESAVIs and AESI may occur	Focused efforts to strengthen the national ESAVI surveillance system. The programme will also ensure that the system is capable of timely investigation and management of cases and will conduct refresher training in ESAVI management and reporting for staff at the district and health centre levels to encourage robust reporting of ESAVIs through the system A crisis communication plan will be developed as part of the communication strategy for COVID-19 introduction, should the unlikely event of an ESAVI A system to quickly identify, manage and report on AESIs will be established
Although Jamaica is not sure of the vaccine that will be procured. The vaccines in Phase 3 trials are heat sensitive and must be stored and transported at low temperatures	Training and supervision to ensure appropriate vaccine cold chain management Evaluations and intervention strategies to ensure improvement based on the existing gaps identified and proper maintenance of cold chain

VACCINE PROGRAMME COMMUNICATION

Demand for the approved COVID-19 vaccine in Jamaica is critical to slowing the spread of the infection, reducing morbidity and mortality as well as rebuilding the economy. Based on the uptake of the Influenza vaccine over the years which averages approximately 50% and a recent study conducted by PAHO showing that only 35% of Jamaicans were willing to take the COVID vaccine a comprehensive social behaviour change communication plan (see Appendix 2) will be rolled out.

"The most successful adoption of a public health programme results from understanding the target population and the factors influencing their rate of adoption"

The NCC will strategically use communication to facilitate adoption of new behaviours based on proven behaviour change models/theories as well as research to ensure information about targeted audiences' attitude, knowledge and perceptions about the desired behaviour are evidence based. A communication consultant will be engaged for nine months (February to October 2021) See Appendix 3 for the TOR).

The most successful adoption of a public health programme results from understanding the target population and the factors influencing their rate of adoption. Therefore, the Diffusion of Innovation (DOI) Theory looking at the five established adopter categories will be used to develop targeted messages. The Agenda Setting Theory will also be used to engage the media with the hope of encouraging acceptance of the vaccine.

Surveys and focus group discussions will be conducted in February 2021 and key messages and materials developed for public communications and advocacy. The COVID-19 introduction communication activities will also place emphasis on:

- *fostering trust in the wider community especially the primary and secondary target populations*
- *highlighting the importance of high immunization coverage*
- *dispelling rumours and misinformation*
- *stakeholder consultations: as soon as possible, the communications sub-committee of the NSCC will organize meetings and consultations to inform health staff, partners, private sector and other groups. Consultations will be conducted with key decision-makers and professional associations beginning in January to obtain buy-in*
- *materials: the sub-committee will be adapting and creating contextually appropriate messages and materials to support meetings and consultations. Existing tools including global and regional materials will be utilized, such as frequently asked questions (FAQs), fact sheets, training materials, videos, and posters*
- *health worker training: focussing on procedures and messages about the rationale for the administra tion of the vaccine to priority groups*

PATIENT MONITORING- SECOND DOSE REQUIREMENT FOR COVID-19 VACCINE

Majority of COVID-19 vaccine products, require two doses of the vaccine separated by either 21 or 28 days to increase vaccine efficacy therefore, mechanisms are required to remind patients about second doses.

The National Vaccine Commission will provide oversight on the development and implementation of reminder/recall mechanisms and will ensure these are adopted as best practices by vaccination providers. In addition, all vaccination sites will be required to provide vaccinated individuals with documentation at the time of vaccination pertaining to the manufacturer name, lot number, dose, site and date of vaccination for the patient's records and the date when the second dose is due.

For mobile vaccination sites, the establishment of dates for on-site vaccination sessions will increase patient's adherence to second dose requirement.

VACCINE SAFETY MONITORING

Surveillance of Events Supposedly Attributable to Vaccination or Immunization (ESAVIs) is a set of symptoms that occur after a vaccine has been given, which causes concern and is supposedly attributable to vaccination or immunization. Reported adverse events can either be true or coincidental adverse events that are not due to the vaccination process but are temporally associated with immunization.

In Jamaica, ESAVIs are classified into five categories:

1. *True vaccine reaction: event caused or precipitated by the vaccine when given correctly, caused by the inherent properties of the vaccine*
2. *Programmatic error: event caused by an error in vaccine preparation, handling or administration*
3. *Reaction to injection: event from anxiety about, or pain from, the injection itself rather than the vaccine*
4. *Coincidental: event that happens after immunization but not caused by the vaccine (a chance associa tion)*
5. *Unknown/Inconclusive: events cause cannot be determined*

VACCINE SAFETY MONITORING

Severe and serious reactions occurring within set timeframes are reportable as a Class I Notifiable Health Event (i.e., a disease/event that is reported upon suspicion within 24 hours of notification). A standard epidemiologic investigation and laboratory testing by working hypothesis follows the report. In the event of severe ESAVIs including ESAVI deaths, a communication protocol exists and the designated spokesperson will communicate the findings of the investigation. This structure will be used to report and investigate events associated with the COVID-19 vaccine. Jamaica will continue to participate in the regional ESAVI surveillance system with case reporting from local to national and regional levels.

An adverse event of special interest (AESI) (serious or non-serious) is one of scientific and medical concern specific to the sponsor's product or programme, for which ongoing monitoring and rapid communication by the investigator to the sponsor could be appropriate. Such an event might require further investigation in order to characterise and understand it. These events will be monitored by PAHO and training is on-going with the EPI managers. Once completed the information will be shared and the tools developed will be modified to suit the local situation and shared with the field for use.

A surveillance monitoring plan will be prepared in collaboration with the PAHO to include possible AESIs with incidence rates, prior to introduction of the COVID-19 vaccine. The risk communication and crisis plan will be included in the overall communication strategy.

A surveillance system for needle stick injuries is in place with a standard protocol for managing cases. Reports are submitted to the central MOHW through the parishes and analysed accordingly.

COVID-19 VACCINE PROGRAMME MONITORING AND EVALUATION

The National Vaccine Commission will develop a monitoring and evaluation framework to undertake post-introduction evaluations on key areas outlined in this plan. Multi-sector stakeholder consultations will be held and lessons learnt from the vaccination exercise will be documented to strengthen efforts under the National Expanded Programme on Immunization.

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Overview of COVID-19 vaccination strategies and vaccine deployment plans in the EU/EEA and the UK, Overview of deployment plans and strategies for COVID-19 vaccines (europa.eu), 30 November 2020

The COVID-19 vaccines rush: participatory community engagement matters more than ever, Retrieved From: file:///C:/Users/sheff/Downloads/immunization%20roll%20out.pdf, 13 December 2020

APPENDIX 1 COVID 19 EMERGENCY USE AUTHORISATION SUPPORTING DOCUMENTS REQUIREMENTS

Basic Documentation Required:

- **A cover letter** formally declaring that:
  - The product / presentation in all respects is the same as that provided emergency approval by the reference SNRA (i.e. qualitative/quantitative formula, manufacturing facilities, stability, summary product characteristics and labelling, etc.) or WHO Prequalification program;
  - Evidence of marketing authorization from the SNRA in the country of origin;
  - A summary of the SNRA's product assessment, or quality overall summary.
- **Product Description and Information**
  - Product description and information including the Product Monograph if available or the Summary of Product Characteristics (SMPC) approved by the stringent national regulatory authority
    - The information must include the approved product name, overview, purpose of use, the shelf life and storage conditions.
  - Finished product release specifications.
  - Batch release certification or equivalent accepted by the stringent national regulato ry authority.
  - Certificate of Analysis for the finished product
- **Manufacturing information**
  - Name, address, responsibilities and activities of all sites involved in the manufactur ing process accepted by the stringent national regulatory authority; and
  - Copy of Good Manufacturing Practices certification or equivalent of all manufactur ing sites accepted by the national regulatory authority.
  - Full description of the procedure for cold chain maintenance from the time the vaccine leaves the manufacturer until administered.

- **Product labelling**
  - Three sets of every product label in the English Language.
    - Labels must include the product name, manufacturer's name, address and contact information, method and route of administration, dosage form, statement of active ingredient, list of excipients, instruction for use, number of dose per vial, expiry date, any special storage and/or handling conditions, warning and precautions, lot/batch number.
    - The vial label must comply with the universal vial label components identi fied by the WHO.

- **Post Market Surveillance**
  - The market authorization holder or sponsor must provide, or commit to provide, a copy of the Risk Management Plan/Vigilance Report when it becomes available (e.g. Periodic Safety Update Report/Periodic Benefit Risk Evaluation Report).
  - Report immediately any serious safety issues associated with use of the product to the MOHW; provide a copy of any safety report submitted to the SNRA's vigilance and/or post-market surveillance system.

The MOHW reserves the right to request additional information to guide decision-making.

APPENDIX 2– KEY ACTIVITIES TO BE UNDERTAKEN IN PHASE 1 OF COVID-19 VACCINE INTRODUCTION

Activity	Jul-Oct 2020	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-Mar 2022	Apr-Jun 2022
Engage the COVAX Facility and commit to procuring through this medium	X																
Develop the management structure and convene meetings		X	X														
Complete the COVID-19 Vaccine Deployment and Vaccination Interim Plan			X														
Prepare the budget		X	X														
Define the population to be vaccinated			X	X													
Conduct sensitization sessions			X	X	X	X	X	X	X	X	X	X	X	X	X		
Engage Communications Consultant				X	X	X	X	X	X								
Engage a Consultant to develop the adult vaccination policy for Jamaica					X	X											
Conduct survey and focus group discussions					X												
Develop key messages and materials for public communications and advocacy				X	X	X											
Implement Public Awareness Campaign						X	X	X	X	X	X	X	X	X	X	X	
Map cold storage capacity across the island			X														
Procure cold storage items				X	X	X											
Develop a training plan			X														
Train healthcare workers				X	X	X	X										
Sensitize the wider community				X	X	X	X	X	X	X	X	X	X	X	X	X	
Delivery of first tranche of vaccines							X	X									
Delivery of second tranche of vaccines											X	X					
Delivery of third tranche of vaccines															X	X	
Commence administering the first dose								X	X	X							
Commence administering the second dose									X	X	X						
Commence active surveillance of specific COVID-19 vaccine related adverse events								X	X	X	X	X	X	X	X	X	X
Upgrade wVSSM					X												
Conduct wVSSM training (refresher)						X											
Evaluation																X	X

APPENDIX 3– PRELIMINARY COMMUNICATION PLAN

INTRODUCTION OF THE COVID-19 VACCINATION COMMUNICATION PLAN
FEBRUARY - OCTOBER, 2021

INTRODUCTION

PAHO/WHO has projected only a thirty five percent (35%) uptake of the COVID-19 Vaccine in Jamaica, the lowest of the countries for which projections were done in the Americas. This is linked to the following reasons: Infodemic; Misinformation/Rumours; Vaccination Hesitancy and Anti-Vax Movement.

The Ministry of Health and Wellness' Health Promotion and Communication team will therefore employ a Social and Behaviour Change Communication approach which is the strategic use of communication to facilitate the adoption of a new behavior. The approach will be guided by two theories – Diffusion of Innovation and Agenda-Setting Theory

Diffusion of Innovation

The acceptance of the vaccine will not happen all at once even with education and therefore the appreciation of this model will provide considerations of this factor. It is based on the following adopter categories

- Innovators - These are people who want to be the first to try the innovation. Very little, if anything, needs to be done to appeal to this population.
- Early Adopters - These are people who represent opinion leaders. Strategies to appeal to this population include how-to manuals and information sheets on implementation. They do not need information to convince them to change.
- Early Majority - These people are rarely leaders, but they do adopt new ideas before the average person. Strategies to appeal to this population include success stories and evidence of the innovation's effectiveness.
- Late Majority - These people are skeptical of change, and will only adopt an innovation after it has been tried by the majority. Strategies to appeal to this population include information on how many other people have tried the innovation and have adopted it successfully.
- Laggards - These people are bound by tradition and very conservative. They are very skeptical of change and are the hardest group to bring on board. Strategies to appeal to this popula tion include statistics, fear appeals, and pressure from people in the other adopter groups.

Agenda Setting Theory

Agenda Setting Theory According to Alvernia University's "The Agenda Setting Theory in Mass Communication", the agenda-setting theory rests on two basic assumptions:

- The first is that the media filters and shapes what we see rather than just reflecting stories to the audience
- The second assumption is that the more attention the media gives to an issue, the more likely the public will consider that issue to be important

  There is psychological and scientific merit to the agenda-setting theory. The more a story is publicized in the mass media, the more it becomes prominently stored in individuals' memo ries when they are e asked to recall it, even if it does not specifically affect them or register as a prominent issue in their minds.

OVERALL GOAL: To achieve COVID-19 vaccine uptake by at least 80% of the target groups

COMMUNICATION GOAL:

- To build public confidence in the approval or authorization process, safety and efficacy of COVID-19 vaccines

COMMUNICATION OBJECTIVES:

- To utilize an evidence-based approach to identify the prevailing attitudes toward and percep tions of taking the COVID-19 vaccine(s)
- To develop a public education campaign on the COVID-19 vaccine that factors the prevailing attitudes and perceptions
- To empower influencers of Healthcare Workers and the Elderly to be spokespersons on taking the COVID-19 vaccine
- To garner support from the media as an integral partner in promoting key messages on the introduction process of the COVID-19 vaccine
- To keep the public informed about the pre-introduction and introduction phase of the COVID-19 vaccine(s)
- Track and monitor public receptiveness to COVID-19 vaccination messaging

APPENDIX 3– PRELIMINARY COMMUNICATION PLAN

TARGET AUDIENCE:

- Frontline Workers (Internal and External to Health)
- The Elderly and their Caregivers
- Influencers of the above-mentioned groups
- General Public
- Media

METHODOLOGY:

To hire a Communication Consultant to develop and execute a detailed implementation plan which meets the communication goals and objectives for a nine-month period.

APPENDIX 3– PRELIMINARY COMMUNICATION PLAN

PHASE	OBJECTIVE	TARGET GROUPS	STRATEGY	TIMELINES	COST
PREPAREDNESS	To implement the communication plan in an effective and timely manner	Communication Consultant	Hire a communication consultant for a nine-month period	February – October, 2021	$20,000,000
January - March					
			Develop a TOR for Consultant		
				15-Dec-20	
	To utilize an evidence-based approach to identify the prevailing attitudes and perceptions toward taking the COVID-19 vaccine(s)	- Healthcare Workers who are on the frontline	Focus Groups	February	To be included in the cost of a Communication Consultant
		- Frontline Workers (external to Health) e.g. JCF, JDF, Correctional Officers	Surveys		
		- Family/Influencers of Frontline workers			
		- The Elderly and their Caregivers			
	To develop a risk communication plan	- Healthcare Workers			
				March-April	
	To develop a public education campaign on the COVID-19 vaccine that factors the prevailing attitudes and perceptions	- Frontline Workers	Key Messages developed about:	March - May	Media Placement: $35,000,000
		- The Elderly and their Caregivers	- Safety		
		- General Public	- Efficacy		Production of Promotional Items:
			- Benefits		$5,000,000
			- Phased Approach for Distribution		
			- Accessibility		Printing/Production of IEC Materials:
			Key messages packaged for:		$20,000,000
			TV, Radio and Social Media Platforms, Print		
			Community Sensitization Sessions through Town Hall Meetings		Other costs ot be included in the Communication Consultant
			Utilization of influencers as spokespersons		
	To empower influencers of Healthcare Workers and the Elderly to be spokesperson on taking the COVID-19 vaccine	- Politicians, especially Prime minister, Minister of Health and Wellness, Minister of Labour and Social Security, Minister of National Security	Sensitization Fora with each of the groups	February	To be included in the cost of the Communication Consultant
		- Presidents of Associations e.g. MAJ, JMDA, NAJ			
		- National Council of Senior Citizens			
		- Caribbean Community of Retired Persons			
	To garner support from the media as an integral partner in promoting key messages on the introduction process of the COVID-19 vaccine	Media	Monthly Media Debriefing/Sensitization Sessions	Ongoing	
			Editors Fora		
	To keep the public informed about the pre-introduction phase of the COVID-19 vaccine	General Public	COVID-19 Conversations	January - March	
			Parliamentary Statements		
			Press Releases		
			Media Interviews by HMHW, PS, CMO &/or their delegates		
			Postings on Social Media Platforms		
	Track and monitor public receptiveness to COVID-19 vaccination messaging.	General Public	Follow up Surveys		
			Focus Groups		
INTRODUCTION OF VACCINE	To continue implementation of Public Education Campaign	- Frontline Workers	Key Messages developed about:	March - June	
		- The Elderly and their Caregivers	- Safety		
		- General Public	- Efficacy		
		- Media	- Benefits		
			- Phased Approach for Distribution		
			- Accessibility		
			Key messages packaged for:		
			TV, Radio and Social Media Platforms		
			Community Sensitization Sessions through Town Hall Meetings		
			Utilization of influencers as spokespersons		
	To utilize influencers of Healthcare Workers and the Elderly to take the lead in taking the vaccine	- Politicians, especially Prime minister, Minister of Health and Wellness, Minister of Labour and Social Security, Minister of National Security	Facilitate publicity around influencers taking the vaccine	April - May	
		- Presidents of Associations e.g. MAJ, JMDA, NAJ			
		- Executive Director, National Council of Senior Citizens			
		- President, Caribbean Community of Retired Persons			
	To garner support from the media as an integral partner in promoting key messages around the COVID-19 vaccine	Media	Monthly Media Debriefing/Sensitization Sessions		
			Editor Fora		
	To keep the public informed about the introduction phase of the COVID-19 vaccine	General Public	COVID-19 Conversations	Ongoing	
			Parliamentary Statements		
			Press Releases		
			Media Interviews by HMHW, PS, CMO &/or their delegates		
			Postings on Social Media Platforms		
	Track and monitor public receptiveness to COVID-19 vaccination messaging.	General Public	Follow up Surveys	May and October	
			Focus Groups		
TOTAL					$80, 000, 000