



## **NATIONAL COMMUNICATION STRATEGY FOR COVID-19 VACCINE INTRODUCTION**

## **ACKNOWLEDGMENT**

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- WORLD BANK
- UNICEF
- WHO
- GCNGOs in Health
- HPD
- EPI
- FDA

# FOREWORD

# LIST OF ACRONYMS AND ABBREVIATIONS

AEFI-Adverse Event Following Immunization

CBOs- Community Based Organizations

CEO- Chief Executive Officer

CFR-Case Fertility Rate

CHV- Community Health Volunteer

DDG-Deputy Director General

DG-Director General

DPH-Director of Public Health

FDA-Food and Drugs Authority

GES-Ghana Education Service

GHS -Ghana Health Service

HPD-Health Promotion Division

KAPB-Knowledge Attitude Practices and Behaviour

KPIs-Key Performance Indicators

MDAs- Ministry Department and Agencies

MoE-Ministry of Education

MoH-Ministry of Health

MoI-Ministry of Information

NGOs-Non-Governmental Organizations

ODK-Open Data Kits

PH-Public Health

PHEIC-Public Health Emergency of International Concern

PPME- Policy Planning Monitoring and Evaluation

PRO- Public Relations Office

RCC-Regional Coordinating Council

RDD- Research and Development Division

TWG- Technical Working Group

UNICEF- United Nations Children's Fund

WHO- World Health Organization

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# Chapter 1

## 1.0 INTRODUCTION

The World Health Organization declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) on 30 January 2020. Globally, partners are working together on the response to mitigate the spread of disease – tracking the spread of disease, developing critical interventions, distributing vital medical supplies and supporting the development of therapeutics and vaccines.

Ghana recorded its first cases of COVID-19 on 12 March, 2020. By the end December 2020, the country has recorded a total of 37,812 cases and 191 deaths (CFR of 0.51%) in all 16 regions. Total discharges and recoveries are 34,313 (90.7%) and 3,308 (9.3%) respectively.

A second wave of the pandemic is imminent. In response to this, the Ministry of Health and the Ghana Health Service have employed several mitigating measures including the introduction of a COVID vaccine.

To ensure a successful introduction of the vaccine a comprehensive and elaborate communication strategy must be planned and executed. This document therefore seeks to address this challenge in four main Sections. Section one discusses the goal, objective and strategic communication approach of COVID-19. Section two discusses the target audiences and approach as well as stakeholder mapping. The third section focuses on IEC materials and strategic media campaign (social, traditional and new media). The final section discusses risk and crisis communication as well as rumor management.

## 1.1 GOAL AND OBJECTIVES

The overall goal of this strategy is to ensure accurate understanding of the benefits of covid-19 vaccination and alleviate apprehension about the vaccine, to ensure its acceptance and encourage uptake across various audiences.

Objectives

## 1.2 Expected Outcomes:

1. Appreciable level of acceptability and accessibility through demand creation activities
2. A clear-cut information on COVID-19 vaccination that will be understood by everyone
3. Efficient and effective management of rumors, myths and misinformation
4. A well-coordinated community engagement mechanism to promote COVID-19 Vaccination
5. Enhanced Partnership

## 1.3 Objectives

1. Create demand, promote acceptability and accessibility of COVID-19 vaccine among at least 90% of the general public.
2. Develop appropriate messages and identify channels to communicate the potential benefits and risks of the vaccine to all concerned parties, including decision-makers at all levels.
3. Provide timely and accurate information to address misinformation, rumors and other crisis situations.
4. Effectively mobilize and empower communities to ensure participation and ownership of the vaccination process
5. Strengthen communication mechanisms and partnerships among key stakeholders to support the national communication effort.

## 1.3 Strategic Approach

The overall approach includes identification and definition of the various audiences, development of appropriate messages for specific audiences and identification of trusted, familiar, and reliable communication channels for delivering these messages at all levels. The following summarizes elements of the strategy:

- **Identify and prioritize audiences and stakeholders:** In Ghana the decision to vaccinate whether as an adult or a child involves directly or indirectly, by key influencers such as parents, and other family members. However, their decision likely would have been informed by what they heard about the vaccine in the community, whether it is endorsed by health staff, community leaders, other trusted



sources, friends and neighbors. Furthermore, provision of vaccine services depends on support from staff of local, district, regional and national units of the Ministry of Health (MOH) and Ghana Health Service (GHS), including vaccinators, logistics staff, and managers. It is important to ensure that all of these people understand key issues related to vaccination with the COVID-19 vaccine and that they support the use of the vaccine.

- **Make effective use of multiple and diverse channels to deliver information:** Factors such as audience’s educational and literacy levels, access to mass media, and current practices with regard to sources that are perceived as trusted and reliable, as well as budget considerations, would influence the mix of channels for reaching each set of audience. While interpersonal communication (e.g., a health worker talking about the vaccine) has consistently been proven to be the single most important communication channel for adoption of medical services, other channels must be deployed to support or expand messages delivered face to face. Examples of appropriate supportive channels are printed flyers, posters, flipcharts, billboards, radio or TV spots, town criers, Social/new media platforms, SMS messaging, and community theater.
- **Focus on clear, evidence-based messages tailored to audience needs:** Messages tailored for all persons and community members generally would avoid medical jargon, technical terms, and complex concepts. Ideally, these messages would be based on audience research and would focus on what the vaccine does, why it is necessary, who should be vaccinated, where and when you may be vaccinated, how many doses are required etc. In addition, people with low literacy and those living with disabilities may need pictorial materials to help them make informed choices about the vaccination. Even though health workers would require more in-depth information, especially regarding how to handle and administer the vaccine, they would also need clear and uncomplicated messaging on, among other things, what the vaccine does, how it works and its side effects if any.
- **Pretest COVID-19 vaccine Educational materials among target audiences:** The communication team will ensure that concepts and materials on COVID-19

vaccination are seen as culturally relevant and well understood by the target audiences. Key messages would therefore be carefully tested and evaluated. Pretesting would best be done before the large-scale production of all educational materials.

- Collaborate with relevant MDAs, NGOs, CBOs and other civil society groups to roll out the national communication campaign to all levels.

#### **1.4 Key challenges in vaccine confidence that this Strategy will address**

Recent vaccination campaigns in Ghana (Polio and Yellow Fever) recorded some rumors, misinformation which led to refusals and vaccine hesitancy. Some of the reasons for the rumours and misinformation are due to:

- Low level of knowledge about vaccination and low risk perception associated with vaccine-preventable diseases
- Low public confidence in vaccines' safety, effectiveness and quality
- Lack of proactive and positive communication on vaccination from the health workers
- Widely spread disinformation in public and social media
- Past negative experience or adverse reactions with vaccinations including side effects

#### **1.5 Other potential challenges**

- Low capacity of social mobilizers to address hesitancy
- Attitudes of health workers towards the vaccine roll-out
- Logistical constraints (storage, distribution, accessibility including if vaccination will require two rounds). Additionally, there could be logistics constraints in terms of reaching those in remote locations and addressing gendered norms/ barriers where women may need permission from a husband or male member of the household to access clinic for vaccination/ or be constrained from doing so for economic reasons

## Chapter 2

### 2.0 Target Audience Analysis

The target audiences are on three main levels:

**2.1 Primary level (Most at Risk Groups)** – Aged or elderly (60 years above), Health workers, Persons with underlying conditions, travelers, security services including military, police, prisons, BNI, fire service, Immigration.

**2.2 Secondary Level** – Those who will implement the activities, i.e., decentralized administrative authority, decentralized health/education, NGOs, community radio, community theater, etc.

**2.3 Tertiary Level** - Politicians, Ministries, Departments and Agencies international organizations, Media, Organized groups and institutions that will endorse policies/ strategies, accept and promote the vaccine and allocate resources.

### 2.3 AUDIENCE ANALYSIS

Audience analysis and research is essential in order to understand knowledge and media habits on COVID-19 disease and vaccine in order to develop appropriate communication tools and channels for desirable behavior towards the COVID-19 Vaccine. The table below is a situation analysis of current behavior of key audiences and appropriate channels to use to communicate with them.

Audiences	Current Behavior	Expected Behavior/Action	Channels
Health Care Workers (Public & Private)	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine and may not have all the information and guidance on the vaccine.</li> <li>- Fear of the unknown.</li> <li>- Have the desire to care for their client.</li> <li>- high percentage of frontline health workers are female and may already bear the double burden of work and household duties.</li> </ul>	<ul style="list-style-type: none"> <li>- Will be fully informed about COVID-19 vaccine- .</li> <li>- Be knowledgeable about protocols which need to be followed on the vaccine</li> <li>- Disseminate messages on covid-19 vaccine to clients</li> <li>- Practice Infection prevention and control before and during the vaccination.</li> <li>- Address myths and misinformation on the vaccine</li> </ul>	<p>Training Job aids – leaflets, posters SOPs Guidelines IECs Audio Visual Clips Educational materials</p> <p>Education on observation of COVID-19 prevention protocols</p> <p>Education on risk communication</p>
Persons aged 60 years and above	<ul style="list-style-type: none"> <li>- Inadequate knowledge and awareness about the vaccine</li> <li>- Easily influenced by mis information / myths.</li> <li>- Very difficult to convince</li> <li>- Want to avoid health workers because of their attitude towards them</li> <li>- Tendency of self-medication</li> <li>- Fear of side effects</li> <li>- Certain groups are very difficult to reach due to religious and cultural barriers</li> <li>- Preference for herbal/traditional</li> </ul>	<p>Will be educated on the potential benefits and risks of the vaccine and reassurance of the safety of the vaccine</p> <p>Health workers will be oriented on communication skills and customer care.</p> <p>Engagement of religious bodies on importance of vaccination</p>	<ul style="list-style-type: none"> <li>● Educational materials</li> <li>● Radio/TV discussion programmes</li> <li>● Press release</li> <li>● Community Information centers</li> <li>● Social media</li> <li>❖ Training on customer care</li> <li>❖ Engagement and dialogue with religious leaders</li> </ul>
Security Services (Police, Military, Fire Service)	<ul style="list-style-type: none"> <li>- Lack knowledge about the vaccine</li> <li>- Fear of side effects of vaccine</li> </ul>	<p>Will be educated on the potential benefits and risks of</p>	<ul style="list-style-type: none"> <li>● Educational materials</li> <li>● Radio/TV discussion programmes</li> </ul>

<p>Immigration, BNI Customs, Prisons</p>	<ul style="list-style-type: none"> <li>- Some do not consider COVID-19 as a threat</li> </ul>	<p>the vaccine and reassurance of the safety of the vaccine</p>	<ul style="list-style-type: none"> <li>● Press release</li> <li>● Social media</li> <li>● Engagement and dialoguing with them</li> </ul>
<p>Persons with underlying conditions-Diabetes, Hypertension, Asthma/COPD, Sick cell disease etc</p>	<ul style="list-style-type: none"> <li>- Lack knowledge about the new vaccine</li> <li>- Reactions to other drugs, side effects</li> <li>- Fear of potential side effect</li> <li>- Preference for herbal/traditional medicine</li> <li>- Tendency for self-medication</li> </ul>	<p>Will be educated on the potential benefits and risks of the vaccine and reassurance of the safety of the vaccine</p>	<ul style="list-style-type: none"> <li>● Educational materials</li> <li>● Radio/TV discussion programmes</li> <li>● Community Information centers</li> <li>● Social media</li> </ul>
<p><b>KEY INFLUENCERS</b></p>			

Policy makers at National, Regional & Municipal and Districts level (Parliamentarians & Government Officials, Judiciary RCC, MMDA,)	<ul style="list-style-type: none"> <li>- Inadequate knowledge on the vaccine</li> <li>- Competing priorities</li> <li>- Fear of side effects</li> <li>- Allocation of resources</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassurance of the safety of the vaccine</p> <p>Advocacy and engagement</p> <p>Provide the necessary resources for the vaccination exercise.</p>	<p>Brief presentations</p> <p>Educational materials</p> <p>Advocacy meetings/briefing</p> <p>Social Media</p> <p>mass media - can amplify voices that policymakers cannot ignore them.</p>
Students (secondary and Tertiary)	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine</li> <li>- Easily influenced by mis-information and peers.</li> <li>- Competing priorities</li> <li>- Fear of side effects</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassurance of the safety of the vaccine</p>	<p>Educational materials</p> <p>Peer to peer education</p> <p>Radio/TV programmes</p> <p>Social media</p>
Media	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine</li> <li>- Easily influenced by mis-information / myths.</li> <li>- Competing priorities</li> <li>- Fear of side effects</li> <li>- Good influencers on the general public</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassurance of the safety of the vaccine</p> <p>Provide accurate information the vaccine</p>	<p>Media briefings</p> <p>Press Release</p>
Religious bodies	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine</li> <li>- Easily influenced by mis-information / myths.</li> <li>- Competing priorities</li> <li>- Fear of side effects</li> <li>- Moral influencers</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassurance of the safety of the vaccine</p> <p>Provide accurate information on the vaccine to congregants</p> <p>Keep your members informed and updated about the vaccine</p>	<p>Educational materials</p> <p>Engagement and briefings</p> <p>Through their medium – religious meetings</p>
Travelers (Land, Sea & Air)	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine</li> <li>- Easily influenced by mis-information / myths.</li> <li>- Fear of side effects</li> <li>- Willingness to vaccinate</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassurance of the safety of the vaccine</p> <p>Advocate for requirement for travelers</p>	<p>Provision of Educational materials</p> <p>Mass media activities</p> <p>Social Media</p>

Professional bodies, Associations and Workers Unions	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine</li> <li>- Competing priorities</li> <li>- Fear of side effects</li> <li>- Good influencers on the general public</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassure of the safety of the vaccine</p> <p>Provide accurate information on the vaccine to association members</p>	<p>Educational materials Engagement and briefings Mass media Through their association meetings</p>
Chiefs, Family Heads, Unit Committee Members, Queen Mothers Assemblymen	<ul style="list-style-type: none"> <li>- Inadequate knowledge about the vaccine</li> <li>- Easily influenced by mis-information / myths.</li> <li>- Competing priorities</li> <li>- Fear of side effects</li> <li>- Good influencers on the general public</li> </ul>	<p>Will be educated on the potential benefits, risks of the vaccine and reassure of the safety of the vaccine</p> <p>Provide accurate information on the vaccine to community members</p>	<p>Educational materials Engagement and briefings Mass /traditional media Social media Through their association meetings</p>

Within these broad groups, several sub-target groups will be identified as stakeholders whose acceptance would be crucial to the successful introduction of the vaccine.

## Gender considerations for equitable, safe, and effective COVID-19 vaccination

COVID-19 vaccination will be the world’s first massively deployed public health intervention<sup>1</sup>. In this, gender is a variable that will play out in different ways – biologically, behaviorally, and through influence and authority. Given the understanding that health seeking behaviors are shaped largely by gender consideration, the deployment and introduction of COVID-19 vaccines therefore needs to be focused on gender perspectives and responses into all activities in an “end-to-end” fashion to assure maximum success<sup>2</sup>. The needs of men, women, children and young people should be central in all communication and public education towards the roll-out of COVID-19 vaccine.

### 2.2 Channels

A multi-level integrated approach that combines with a variety of mutually reinforcing communication channels will build greater synergy among various activities and strengthen the overall outcomes, in collaboration with other programs and partners. Major channels and targets audiences are based on the priorities of the Programme and the current situation regarding the status of key COVID-19 prevention and control interventions and behavioral determinants.

A summary of audiences and channels proposed to meet them are in the table below:

**Table ...** Audiences and channels to reach them

Audiences	Channels
Health Care Workers (Public & Private)	Job aids including SOPs, guidelines and flip chart for client interaction; Training; Personal communication; Posters; Audiovisual clips
Persons aged 60 years and above	Radio & TV discussion programmes; Press release Community Information Centers; Social media; Education in places of worship
Security Services (Police, Military, Immigration, Fire Service, Customs, Prisons, BNI)	Personal dialog; Leaflets; Press release; Social media; Radio & TV discussion programmes
Persons with underlying conditions - diabetes,	Leaflets; Radio & TV discussion programmes; Community Information Centers; Social media messages

<sup>1</sup> WHO Guiding Principles for COVAX Roll-Out, November, 2020

<sup>2</sup> WHO Guiding Principles for COVAX Roll-Out, November, 2020



Hypertension, Asthma, COPD, sickle cell disease, etc	
Policy makers at National, Regional & Municipal and Districts level (Parliamentarians, Government Officials, Judiciary, RCCs, MMDAs)	Presentations; Technical briefs; Advocacy briefs; Advocacy meetings
Students (higher primary, secondary and tertiary)	Posters; Peer education; Radio & TV programs; Social media; Animation; Drama(Agoo), VIEMO
Pupils (lower primary, KG & nursery)	Animation; poems; songs and dance
Media	Media briefing; Press release; Technical brief
Religious bodies	Advocacy brief; Personal engagement and briefings
Travelers (land, sea & air)	Audiovisuals on vehicles (buses, planes, boats, ships); Audiovisuals at ports; Social Media
Professional bodies, Associations and Workers Unions	Advocacy briefs; Personal engagement and briefings; Mass media; Association meetings & AGMs
Chiefs, Family Heads, Unit Committee Members, Assemblymen	Leaflets; Personal engagement and briefings; TV and radio programs; Social media; Unit Committee / Assembly meetings
General public	Jingles, broadcast on radio, TV and social media; Community information centers; places of worship; posters; newspaper messages

## Chapter 3

### 3.0 MESSAGE AND MATERIAL DEVELOPMENT

Lessons from the introduction of the malaria vaccine which is the latest new vaccine to be introduced in Ghana reveal the power of the social media and use of the local languages, especially Twi which is widely spoken in Ghana. Secondly, messages should emphasize all preventive methods which include frequent handwashing, frequent rubbing of hands with alcohol-based hand sanitizer, face mask-wearing, social distancing, avoidance of crowded places, and vaccination. Thirdly, messages must remind the audiences of the symptoms of COVID-19, first-aid options, guidelines and hotlines for reporting suspected cases, and avoidance of stigmatization.

Based on evidence, research among the most effective approaches in promoting vaccine confidence include the following:

- Reconfigure risk estimations and perceived severity.
- Narrative and personal stories strengthen factual messages.
- Reminders and messages targeting intention-behavior gap including announcing, priming, reminding, prompting.
- Barrier reduction through healthy defaults and well-thought logistics.
- Social norms or an example of new emerging norms.
- Advice from a healthcare provider and other trusted, authority and relevant messengers.
- Using different appeals to communication including emotional appeals

In the light of this, the materials to be developed at national level will be the following:

#### 1. Job aids.

Standards of Procedure (SOPs), guidelines for vaccine storage, administration and disposal, and information briefs will be developed for health workers at all levels. A PowerPoint presentation and handout will be developed specifically for health workers. A TOT will be organized for a team of regional trainers, who will be well educated on the vaccine as well as communicating about the vaccine (applying lessons learned from the malaria vaccine). They will be taken through all the job aids to ensure they understand them very well. They will also be taken through the flip chart, and how health workers are expected to communicate the COVID-19 vaccination to clients and community members.

Simulation exercises and role plays will be used. The trainers will be supported to organize trainings in their regions and districts, and also empowered to monitor how health workers educate and communicate with their clients and community members about the vaccine.

Close observation and monitoring will be done, and health workers who make mistakes or discourage clients from accepting the vaccine will be counseled.

### 3.1 Audiovisual materials

- a. **Testimonials** will be recorded from survivors of COVID-19, showing the pain of the disease, and admonishing everyone to prevent it using all the approved methods, including vaccination. These will be done in English and other local languages; Ewe, Ga, Hausa, Nzema and Twi. The regions will be supported to make similar recordings in their local dialects with people from their localities.
- b. **Jingles** will be recorded to tell the public about the COVID-19 vaccine, who can receive the vaccine, possible adverse reactions, and where the vaccines are generally available (i.e. regional and district hospitals). These will be the standard one-minute productions for television and radio, and compressed to be shared via social media.
- c. **Longer jingles** will be made for ports (airports, bus stations, taxi stations) and vehicles (planes, buses, taxis, *trotros* and boats) that elaborately explain which parts of the world experienced the most COVID-19 cases, measures taken around the world to combat the disease, how COVID-19 is generally contracted, treatment options, testing requirements when traveling, vaccination requirements, and other preventive measures to be taken when traveling. A reporting hotline will be made available on these longer jingles. These jingles will include survivors of COVID-19, medical personnel, government officials and famous actors and musicians. The long jingles will be done in both human and animated versions and distributed to all airlines and buses that travel from Ghana to other countries or across regions and towns within Ghana.

### 3.2 Print materials

- d. **Posters** will be developed, printed and distributed to all regions and districts for posting in public places. Since there are already many COVID-19 posters, these

will be specifically for the vaccine. They will be made in distinct shapes and colors to attract and distract persons who pass by them and encourage them to read the posters. Distribution via social media will be strongly promoted.

- e. **Informative leaflets** will be made to give information about the vaccine, i.e. where it was developed, by which company, where it was tested, who can receive it, the number of doses, potential adverse reactions and how they are managed, and a hotline for seeking more information. Distribution of the leaflets via social media will be strongly promoted.
- f. **Vaccine Safety Updates** there will be publication of regular updates on the safety of Covid-19 vaccines in a daily print media

### **3.3 Technical brief**

- g. The technical brief will give ample technical information about the vaccine. The technical brief will be targeted at Government level decision makers including the Presidency, Cabinet, Parliamentarians and Ministers, donor partner organizations, national level NGOs, RCCs, MMDAs and MDAs.
- h. A compressed 2-3 page version of the technical brief which is more visual (charts, graphs and photos) will also be developed for the same audience.

### **3.4 Advocacy brief**

This will be a brief document which spells out the problem wrought by COVID-19, the vaccine development process, how the vaccine works and benefits of the vaccine. The advocacy brief will seek to encourage people to accept and promote the vaccine. It will also pre-empt and dispel potential harmful anti-vaccine messages.

### **3.5 Radio and TV discussion programs**

- i. Talking points on symptoms of COVID-19, how it is contracted, and those who are most vulnerable, safety and efficacy of the vaccine, health and socioeconomic effects of the disease, its prevention, emerging issues concerning COVID-19, the vaccine development process, how the vaccine works, who is eligible to receive the vaccine, who is contraindicated for the vaccine, possible adverse effects of the vaccine and other information about the vaccine.

- j. As per the institutionalized structures, designated COVID-19 spokespersons will be briefed on the vaccine and taken through a communication session. This will include using the talking points, rumors and lies that should be dispelled, dealing with difficult questions and inspiring acceptance of the vaccine.
- k. Radio and TV stations that broadcast to wide audiences and which allow free or less expensive airtime will be selected for interviews. They will be contacted and a schedule developed for the radio and TV sessions. These will be done consistently for at least one year to ensure momentum is sustained.

### **3.6 Personal information and interactions**

- l. A generic PowerPoint presentation will be prepared that will be used during personal interactions and presentations. The PowerPoint will contain all the needed information, pictorial images, and will be tweaked to meet the specific needs of each audience. The aim will be to give all the needed information and inspire acceptance of the vaccine.
- m. For audiences where the PowerPoint cannot be used, e.g. in churches and mosques where there is no projector or during peer education, the talking points will be adapted and used.

### **3.7 Other materials**

- n. Special materials targeting little children will be developed. These will be mostly short animated audiovisuals, leaflets and posters which seek to dispel the fear of vaccination and promote the use of prevention measures including face masking, social distancing, safe playing, handwashing and sanitizing.
- o. Songs with easy-to-follow lyrics will be developed to promote COVID-prevention measures including the vaccine. These will be played on TV and radio, and also shared via social media.
- p. Drama, poetry and folkloric music will be encouraged in various communities and districts. They will be encouraged to be used on community information centers also.

### **3.8 Media briefing and press conferences**

The media's role in the COVID-19 vaccine introduction is critical in ensuring that the public is well informed about the vaccine. Media briefings will be organized at the beginning of COVID-19 immunization to explain to media personnel the state of Ghana and the rest of the world with respect to COVID-19 infections, emerging treatment options, the vaccine development process, vaccine options for Ghana including efficacy, storage conditions and cost, details about the selected vaccine for Ghana, eligibility for receiving the vaccine, adverse reactions and expectations of how the vaccine will benefit the nation and its people. Media briefings will be addressed by the Minister of Health, the Director General of the Ghana Health Service, the Director Public Health, the EPI Manager, WHO Country Representative and the CEO of FDA. Only designated persons will be mandated to address media briefings. This will be done regularly to build public confidence.

The Ministry will mobilize key spokespersons from national to the regional level on the vaccine and ensure that they are well trained and have access to key message guide and answers. They will do all interviews concerning the COVID-19 vaccine.

Media briefings will be organized monthly to inform the public on the number of COVID-19 cases, the number of persons immunized and other emerging issues concerning the disease and other health issues in Ghana.

Compelling testimonials about the COVID-19 vaccine, especially from COVID-19 survivors, Ghanaian medical leaders and the FDA will be prepared in English, Ewe, Ga, Hausa, Nzema and Twi, and reserved for release in the week of vaccine launch. It will be broadcast on television and distributed widely via social media. Designated spokespersons will be expected to respond to and quell any questions and emerging negative press immediately they arise.

### **3.9 Social Media**

2. The context in which people consume health information has changed dramatically with the internet. Lessons learnt in the introduction of Malaria Vaccine in Ghana has indicated that social media is very key in influencing behaviour change among the general public. Internet and social media have undoubtedly become important sources of information. It is true that internet and social networking have allowed anti-vaccination advocacy groups to have a broader reach than ever before. However, regardless of how accurate or not the information is found, the internet provides convenience, as opposed to complex medical literature. The benefits of social media are numerous. In a way, it allows health organizations to listen to the

audience instead of simply sending messages, and it enables them to engage in a dialogue with the general public by being able to reply and possibly correct any misconceptions.

Against this background, the COVID-19 vaccine related messages will be push down through social media to educate the general public in a very interactive way. Feedback will be given almost instantly in order to maintain trust.

### **3.10 Key Messages to various target audience**

(should be edited and tested following **findings from KAPB and other studies**)

**Key Messages for Vulnerable Population: COVID-19 is especially dangerous for elderly people and people with underlying health conditions. Protect yourself before it's too late.**

- COVID-19 can cause severe complications, may require hospitalization or even be deadly.
- Vaccination can protect you from the lethal consequences of COVID-19.
- COVID-19 vaccines are safe and effective. **Go for it!**
- The safety of vaccines is subject of extensive testing and quality reviews. Only when the rigorous international quality standards are met, the vaccines can get licensed for the introduction at the global market. The standards are international, so that quality of manufacturing but not perception of the country of production is the only relevant guarantor of the quality of the vaccine.
- It is normal that in some cases vaccine injections may cause minor reactions. Some people may develop mild and temporary reactions such as soreness at the injection site or mild fever. These mild side reactions go away within a few days and don't cause any complications. If you are concerned about any side effects following vaccination, consult your doctor.

**Key Message for Health Workers: Empower parents with knowledge and motivate their responsibility.**

- You are the most trusted source of information on health issues for your patients; therefore, you play the most important role in supporting decision about vaccination.
- Give trustworthy advice with simple words, respond to patients' fears and concerns and help build trust in vaccination with facts and your expertise.
- It is important to highlight a patient health as a joint value for you.
- The messages should be prescriptive, easy and using personal and positive examples.
- You can empower parents to share responsibility – highlight that the vaccination brings benefits to the person but also protects vulnerable members of family and community.
- Make sure, that you tell them when to come back for the next vaccination, take each opportunity to remind and prompt.

**Key Message to Media: Reporting about health – is reporting about evidence.**

- Make sure that you verify any questionable information related to vaccines. Your reporting should be based purely on facts, and not on rumors.
- Even one story with non-verifiable information, misinformation reported by media, is damaging trust to the all vaccination programme.
- Only high level of COVID-19 immunization coverage can guarantee that people in Ghana are protected against a dangerous virus.

**Key message to Influencers: Your influence can save lives**

- Use your influence to encourage people to vaccinate.
- As a community/religious/opinion leader, I recommend vaccination and other COVID-19 preventive measures. My family and I follow these protocols.



## Chapter 4

### 4.0 RISK COMMUNICATION

A number of real or perceived issues or events could pose risks for the COVID-19 vaccine or the immunization program as a whole if they are not addressed promptly and appropriately. Such occurrences could include the following:

- Adverse events following immunization (AEFIs)—medical incidents that may or may not be related to the vaccine or its administration. AEFIs may be caused by reactions to the vaccine or by a human error in administration. However, they may also just be coincidental and have nothing to do with the vaccine administered.
- Rumors or press reports
- Disease outbreak
- New studies related to vaccines or immunization
- Suspension of vaccination

In order to mitigate the risks, strategic communication tools and responses must be put in place for use at the appropriate time. With proper planning, communication responses can help to minimize the negative impact of such occurrences, prevent communication crises from developing, and maintain or increase public trust and confidence in the vaccine program.

It is important for the communications team to develop plans to address any reports of adverse events associated with the new vaccine, to deal with community concerns, and to respond promptly to rumors and other negative publicity. An “early alert” system should be in place to advise program managers when there is a need for a crisis communication intervention. A crisis communication plan is available as an integral part of this communication document

#### **Crisis communication plan**

### 4.1 Purpose and goal

The purpose of this strategy is to prevent issues from degenerating into communication crisis that have the potential to negatively affect immunization and to manage communications around a crisis should one occur. The goal is to prevent the crisis from derailing the COVID-19 vaccine introduction. If crisis communications are well planned and executed correctly, the potential damage to the program from a crisis situation can be avoided.

## 4.2 Objectives

The objectives of this crisis communication plan are to:

1. Minimize the impact of a potential crisis on the COVID-19 vaccine.
2. Build a crisis communication team to respond to potential and imminent crisis situations.

Key activities to be undertaken to meet the objectives are the following:

- Identify key audiences to be informed in case of crisis situations
- Develop appropriate responses to potential crisis situations as quickly as possible.
- Update information for key audiences regularly as circumstances change.
- Identify the appropriate spokespersons and methods/media by which to respond to crises;
- Manage the distribution of critical and sensitive information to the media and the public during a crisis;

## 4.3 Operating principles in crisis communication

All decisions on how to respond to a crisis, regardless of cause, will be driven by two principles:

- a. The health and safety of the target groups is placed first.
- b. Crisis communication should be more proactive and less reactive.

## 4.4 Training

A holistic crisis communication training which involves community leaders, CHVs, health workers, NGOs, media personnel and all stakeholders should be adopted as part of the introduction of COVID-19 vaccine. Training of media personnel and spokespersons on handling rumors and other crisis is very important; it is important for the media to view their role in crisis communication management as collaborative and not antagonistic.

### Steps to addressing crisis issues

At the budding stage of a potential crisis, the following steps will be taken by the crisis communication management team:

- ❖ Gather information from the technical working group for COVID-19 vaccine.

- ❖ Determine the level of the response needed for the situation (national, regional, district, facility or community).
- ❖ Identify the stakeholders in the situation, i.e. who are affected and how they are affected
- ❖ Identify relevant spokesperson(s)
- ❖ Prepare the spokespersons, making ample information available to them to communicate
  - ❖ Prepare a holding statement and determine when it will be used, i.e. whether in a proactive or reactive manner.

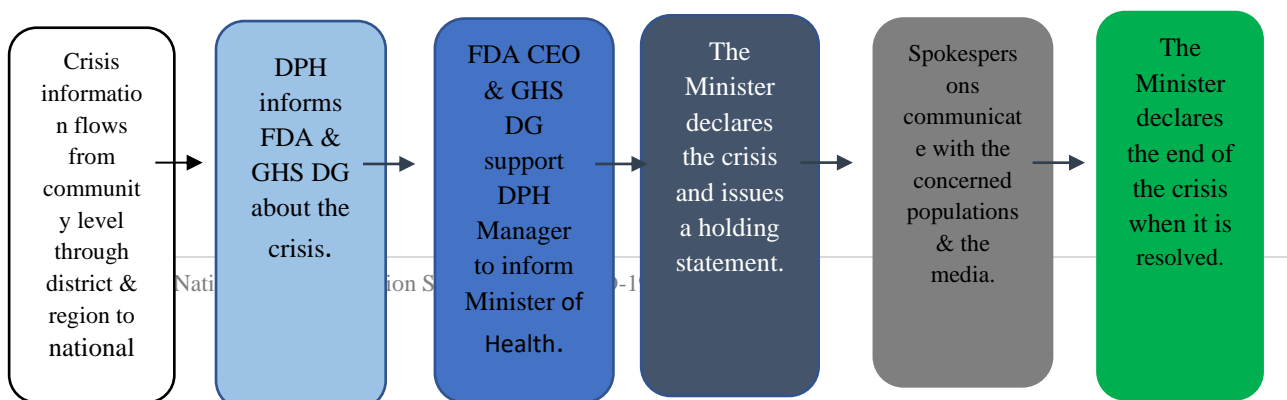
When a crisis occurs, the following steps will be followed:

- ❖ Information about the crisis reaches the Director of Public Health who informs the crisis communication management team
- ❖ The crisis communication management team convenes to learn about the situation from the Director of Public Health
- ❖ The team agrees on a holding statement which the Minister will use first, followed by all designated spokespersons.
- ❖ A time frame will be agreed for assessing the crisis.
- ❖ A press release will be issued to inform the public about the crisis, seek their support and request them to remain calm.
- ❖ It will be decided if a press conference is relevant. If it is, one will be called.

## 4.6 The crisis communication protocol

In case of a crisis, the established crisis communication protocol of the Ministry of Health and the Ghana Health Service should be activated. The protocol for a national crisis is as follows:

*Fig. 1: Crisis communication protocol*



It must be noted that this protocol is a guide; it may not be possible for it to be followed exactly as it is because of the urgency of a situation.

One of the key stages of communication management of a crisis is the preparation of a **holding statement**. This statement is prepared while information is being gathered and decisions made. The holding statement should be used by designated spokespersons until further information becomes available. When further information is cleared for communication by the Minister of Health, CEO of the FDA and the Director General of the Ghana Health Service, the designated spokespersons may then communicate this information.

A holding statement has the following key components:

- Recognition of the issue
- Basic details that have been confirmed
- Location of the occurrence or the geographical area(s) affected by the situation
- An expression of compassion (if appropriate)
- Assurances that everything is being done to investigate and address the situation within the shortest possible time.

A basic holding statement may include the following:

“A (condition) \_\_\_ at (place) \_\_\_ involving (subjects) \_\_\_\_\_ occurred on (date) \_\_\_\_\_ at (time) \_\_\_\_\_. The Ministry is doing everything we can to address the situation. The incident is under investigation and more information will be provided when it becomes available.”

## **4.7 Potential crisis situations and communication**

### **a. AEFIs**

Adverse events following immunization (AEFIs) are of immense concern. As with all vaccines, COVID-19 vaccine will have possible AEFIs such as fever, rash, vomiting, swelling at injection site and general body weakness.

**AEFI communication will be led by the FDA, and supported by GHS Public Health Division.**

Communication will include the following specifics:

- Description of the event;
- Geographical areas where the condition has been reported;
- Background rate of the event, if available;
- Available treatment for the condition;
- Any association with the COVID-19 vaccine;

**b. Poor cold chain maintenance**

Serious power outages over a prolonged period and lack of enough ice packs for vaccine carriers can all result in breaking of the cold chain. Poor cold chain maintenance should be communicated by the GHS/EPI. The message should include:

- The extent of the power outage, i.e. how many regions and project districts are affected;  
OR
- How long the situation has persisted; OR
- The effect of the situation on the COVID-19 vaccine and other vaccines;
- Remedial actions being taken;
- Anticipated date by which the situation will be normalized.

**c. Human resource problems**

Health workers could go on strike or refuse to provide any health service including immunization. Health worker problems should be communicated by the Ministry of Health, i.e. Minister of Health, Chief Director or Director of Human Resource, supported by the PROs of the Ministry of Health and the Ghana Health Service. The message should specify:

- The reason(s) for the strike action or demands;
- Whether immunization officials are involved in the strike action; OR
- The action(s) being taken to resolve the strike action;

**d. Unapproved COVID-19 vaccines**

An unapproved vaccine could be imported or manufactured, and its use promoted using traditional or social media channels. Unapproved COVID-19 vaccines must be communicated by the FDA,

supported by the PRO's of the Ghana Health Service and the Ministry of Health. The communication must include:

- Full description of how the unproved vaccine is presented;
- Where the unapproved COVID-19 vaccines were found or reported;
- Number of people, if any, who may have been immunized with this unapproved vaccine;
- Observed effects of this unapproved vaccine if any;
- Possible reactions that could occur with this vaccine;
- The importer and/or manufacturer of this vaccine together with their address;
- Actions the community and health workers should take if anyone introduces the unapproved vaccines to them.

#### **e. Outbreak of a disease unrelated to the vaccine**

An outbreak of disease during the implementation of COVID-19 vaccine could be misconstrued as an effect of COVID-19 vaccine application. Other diseases could also break out that could be wrongly tagged along with COVID-19 vaccination without any proof of association. Outbreak of any disease in the country during the COVID-19 vaccination exercise should be communicated by the GHS Public Health Division, with strong support of FDA. The message should include the following key points:

- The details of the outbreak.
- Possible number of persons affected, their age categories, where they live and gender;
- Any deaths or complications reported;
- Association of the disease with the COVID-19 vaccine, if any has been proved;
- Measures in place to prevent further spread of the disease;

#### **f. Cultural and religious barriers to reception of the new vaccine**

There is already a wide perception among many Ghanaians that vaccines are created to enrich pharmaceutical companies and to reduce the African population. For this reason, some members of the general public resist any attempt to vaccinate. Some people may as well attach spiritism to vaccination, claiming God or the gods are against this vaccine, leading to a low turnout of immunization. Association of the COVID-19 vaccine with negative effects in future requires careful community-based education and information, and should be led by the GHS Health Promotion Division, with the support of the Public Health Division. Support needs to be sought from the Christian Council of Ghana, Muslim Council, Ministry of Health, National House of

Chiefs, Association of African Queen-mothers and Female Traditional Rulers, and immunization champions. It calls for extensive and consistent community sensitization.

g. Rumors

Rumors occur due to inadequate information, negative experience and sometimes ulterior motives. Rumors should be dispelled by Health Workers, District Health Management Teams and community leadership. At national level, GHS Public Health Division should lead dispelling rumors. The Minister of Health may have to issue a statement or hold a press conference if the rumor or misinformation spreads widely on the media. The message should be developed after carefully listening to the rumor and understanding how the rumor affects the immunization process and community acceptance of the vaccine.

**h. Other crisis situations**

Should any other crisis occur outside those anticipated, the crisis communication team will be convened to discuss and develop clear communication aimed at maintaining a sound rollout of the pilot project. The team will determine the persons to lead the crisis communication, the messages and methods to be used for communication.

**4.8 Crisis Communication Management Team**

The Crisis Communication Management Team will be composed of the following key members, with the possibility of co-opting others not mentioned here should the need arise:

*Table 1: Crisis Communication Management Team membership*

Name	Title	Roles
FDA	Chief Executive	Spokesperson
WHO	Country Representative	Technical and advisory
Ghana Health Service	Public Relations Officer	Spokesperson
	EPI Manager	Spokesperson
	Director, HPD	Spokesperson
	Director of Public Health	Spokesperson
	Director of Research & Development	Advisory
	Deputy Director General	Technical

	Director General	Spokesperson
	Regional Directors of Health Services	Spokespersons
Ministry of Health	PRO	Spokesperson
	Chief Director	Advisory
	Minister of Health	Declaration of crisis
	Director, PPME	Spokesperson
The media	Media in Health	Advisory

The team will convene by phone or live as soon as a crisis is identified, discuss the crisis, develop some quick communication points besides those listed in this document, and detail members to speak to the crisis as identified in this document.

In the event of a crisis, the agencies assigned to the situations will communicate to the following audiences using the following means:

*Table 2: Audiences and how to reach them*

<b>Audience</b>	<b>Way to communicate</b>
Community members (the crisis locality)	Local FM stations & Community information centers
	Personal interaction with Community Health Workers
	Community-based religious and traditional leaders
Ghanaian media	Phone calls
	Press release (holding statement)
	Press conference
Foreign media	WHO/UNICEF/
General public	Press release broadcast by target radio and TV stations
	Social media
Decision makers (Ministry, GHS, FDA, Parliament, WHO)	Formal letter delivered to the registry/clerk of the agency concerned
Academia and professional associations	Formal cover letter and relevant data

## 4.9 Media protocols



In case of a crisis, the first person to be alerted should be the Director of Public Health, GHS. The crisis communication management team will then designate the appropriate spokesperson for the situation at hand. Specific protocols to be observed include the use of a press release and the format for media interviews.

A list of questions must be sought from the interviewer ahead of the interview. The interviewee should prepare the planned responses in writing to guide the interview process. An expression of concern and assurance of safety must be stressed at the beginning of the interview and re-echoed at the end of the interview. The interviewee must be careful to listen attentively to the questions, resilient in answering them politely, and desist from concurring – even remotely – with any allegations that cannot be substantiated. The interviewee should not at any point blame another person or institution for anything that has gone wrong, but stick with the available facts only.

### **Press release format**

The following format should be used in preparing a press release, which should be sent in hard copy to the press houses and also by email to selected media persons and partners:

#### *Sample press release*


Attention:      News Editor
Date:            XXXXXXXXXX
<b>FOR IMMEDIATE RELEASE: OUTBREAK OF YELLOW PATCH SKIN DISEASE</b>
An outbreak of green patch skin disease has been reported in the Yellow Region of Ghana. The disease was first reported on <b>March,2021</b> . To date, 30 cases have been reported with no deaths. All the cases are being managed in the district hospitals in the Yellow Region.
Green patch skin disease presents first as a painless zit on the back of the hand, on the neck or on the foot. Within three days, it grows into a small mass around where the zit was first observed, and

gradually turns green. If left untreated for a week or more, the patch spreads wider and can cover the entire skin within a month. All the cases of green patch skin disease reported have occurred in children three years of age. The public have all responded positively to treatment with paracetamol and shea butter cream. Investigations so far prove that green patch skin disease has occurred only in a cluster of 20 communities in the Blue Region, and not the entire region or country. No case of this disease has been reported in any other region in the country. Investigations are currently being carried out to determine whether green patch skin disease is associated with any food, drug or vaccine.

For the safety and well-being of the general public are advised to observe their families' bodies very well and report to the hospital or the Community Health Nurse immediately a zit at the back of the hand, neck or foot is observed, especially if it begins to spread into a thin mass or develops any coloration. The general public are advised to not try any medications at home, but to report to the nearest health center where treatment will begin free of charge.

(Signed)

Dr. Patrick Kuma-Aboagye

Director General, GHS

*For further information, contact Dr. Franklin Asiedu Bekoe, Director, Public Health Division, Ghana Health Service.*

*Telephone number .....*

A crisis may be reported on social media in a manner that dispels rumor, misinformation, fear and panic, and restores public confidence. A short message may be crafted and sent from the approved source to the crisis communication team, members of which will then forward same message to various networks. A sample social media message is crafted below:

*Sample social media release*

**FDA alert – fake COVID-19 vaccine**

A vaccine called “**Model**” has been imported into Ghana purportedly to protect against COVID-19 disease. **This vaccine is not approved by FDA!** Please, report anyone who attempts to vaccinate with this vaccine to FDA or the police or call 1808 on any network.

## **Follow up to crisis communication**

At the end of a crisis situation, similar communication should be sent out to the same channels that were used for communicating the crisis. Follow-up communication should go out within ten days of the initial crisis communication, and should aim at reassuring the concerned population of their safety, whether the crisis is resolved or not. The message should bear a title referring to the initial crisis communication title, e.g. Re: FDA Alert – fake COVID-19 vaccine. The message should spell out the action taken so far, the current state, further action to be taken, reassurance of safety, and include a call on the public or the concerned population to take specific action. If the crisis persists over a long period of time, or if the crisis takes a different turn (e.g. if further complications occur), communication must continue with further information using data.

When the crisis is over, there must be a crisis resolution message. As with follow-up communication, the message should refer to the initial crisis communication and briefly state:

- That the crisis is over and safety is preserved;
- Measures taken to resolve the crisis;
- How to avoid this crisis in future;
- That the COVID-19 vaccine is still safe and effective for protecting the public against COVID-19 death.

The end-of-crisis communication, as with all crisis communication messages, must be signed off by the Minister of Health and communicated by himself as well as the designated spokespersons.

## **4.10 Process and experience documentation**

It will be relevant to tell the story of the COVID-19 vaccine midway through the program and at the end of the program. Successes, challenges, and lessons learned need to be documented in every step of the implementation process. These experiences can be shared in newspaper publications, as part of radio interviews and community dialog sessions, briefing documents and academic publications.

## 5.1 Monitoring and Evaluation

Monitoring of communication activities will be done at all levels. At the national level, members of the Communication sub-committee will constitute regional parents who will link up with regional teams and support regions to communicate effectively on the COVID-19 Vaccine introduction. These parents will report back to the sub-committee on regular basis.

All preparatory, implementation and post implementation activities will be monitored with a standardized checklist using the ODK platform. This provides real-time information on communication activities and allow for prompt response on issues. Other monitoring activities include trainings (health workers, spokespersons), Media (traditional and Social Media), rumours as well as printing and distribution of educational materials will be conducted.

<i>What we will measure?</i>	<i>Specific KPIs</i>
<b>Behavior change</b>	<ul style="list-style-type: none"> <li>● Number of people vaccinated.</li> <li>● Number of people who have awareness and positive attitudes towards COVID-19 vaccination (<i>comparison with baseline</i>).</li> </ul>
<b>Reach and Exposure</b>	<ul style="list-style-type: none"> <li>● Number of people reached through community engagement.</li> <li>● Number of people reached through traditional media.</li> <li>● Number of people reached via social media networks.</li> <li>● Number of health workers reached with capacity development activities.</li> <li>● Number of health workers reported to improve their communication skills.</li> <li>● Number of people reporting the satisfaction with health workers communication skills.</li> <li>● Number of people who recall campaign's key messages on vaccination.</li> <li>● Number of people who found the campaign useful in making decision about vaccination.</li> <li>● Availability of communication materials.</li> </ul>

## ANNEXE 1:

COVID-19 VACCINE INTRODUCTION (STAKEHOLDERS' MAPPING)			
Stakeholder	Who can reach them?	How can they be reached?	Contact
<b>National level</b>			
<b>Ministry of Health</b>			
Minister of Health	GHS DG/DDG	Advocacy brief	MoH Secretariat
	CEO FDA	Letter	302665323
		Personal visit	<a href="mailto:minister@moh.org">minister@moh.org</a>
Chief Director, MOH	GHS DG/DDG	Letter	Office of the Chief Director
	GHS Director PH	Report	
	EPI Program Manager	Advocacy brief	
	TWG Chairperson	advocacy brief	
		Personal visit	
Parliamentary Select Committee on Health	Minister of Health	Advocacy brief	c/o Clerk of Select Committee on Health
	Chief Director, MOH		
	EPI Manager	Engagement	
	CEO FDA		
Ghana Health Service Council	The GHS Director General	Letter	GHS Director General
		Report	
		Advocacy brief	
		Meeting	
<b>Ghana Health Service</b>			
Director General	GHS Director PH	Letter	Director General's office
	EPI Program Manager	Personal visit	302662014
	TWG Chairperson	Advocacy brief	<a href="mailto:dg@ghsmail.org">dg@ghsmail.org</a>
	Director HPD	Report	
Director of Public Health	EPI Program Manager	Personal visit	Dr. Franklin Asiedu-Bekoe (Director)
	TWG Chairperson	Letter	<a href="mailto:kofi2711@gmail.com">kofi2711@gmail.com</a>
Director PPME	Director Public Health	Personal visit	Dr. Alberta Biritwum-Nyarko
		Letter	
		Advocacy brief	<a href="mailto:abnyarko@gmail.com">abnyarko@gmail.com</a>
Director FHD	Director Public Health	Personal visit	Dr. Kofi Issah
		Letter	<a href="mailto:kofi.issah@ghsmail.org">kofi.issah@ghsmail.org</a>
		Technical report advocacy brief	
Director RDD	Director Public Health	Personal visit	Dr. Oduro
		Letter	
		Technical report advocacy brief	
Deputy Director Disease Control	Director Public Health	Letter	
	EPI Program Manager	Personal visit	
	EPI staffs	Report advocacy brief	

<b>Christian Health Association of Ghana (CHAG)</b>			
The Executive Director	GHS DG EPI Manager Director PHD	Letter; E-mail; Phone Personal visit advocacy brief Report	
<b>Academia &amp; Regulatory Agencies</b>			
Ghana Academy of Arts and Science	GHS DG/DDG  TWG Chairperson	Letter; Report; advocacy brief; policy brief; meeting if invited	Executive Secretary
FDA	Joint Technical Advisory Committee Chairperson EPI Manager	Letter; Email; Report; Personal meeting; phone call	The Chief Executive Officer  <a href="mailto:fda@fdaghana.gov.gh">fda@fdaghana.gov.gh</a> 0302-229794
<b>Professional Bodies</b>			
Health Service Workers Union	GHS DG/DDG TWG Chairperson	Letter; Report; Email; phone call	
Ghana Medical Association	GHS DG/DDG EPI Manager Regional Directors of Health		
National Union of Ghana Students	Director Public Health TWG Chairperson EPI Manager	Letter; Meeting; Email; phone call	The President, NUGS
Ghana National Association of Teachers	Director Public Health TWG Chairperson EPI Manager	Letter; Meeting; Email; phone call	
National Association of Graduate Teachers	Director Public Health TWG Chairperson EPI Manager	Letter; Meeting; Email; phone call	
Ghana Registered Nurses Association	Director Public Health TWG Chairperson EPI Manager	Letter; Meeting; Email; phone call	
Ghana Medical Association	Director Public Health TWG Chairperson EPI Manager Director General	Letter; Meeting; Email; phone call	
Allied Health Professional Association	Director Public Health TWG Chairperson EPI Manager Director General	Letter; Meeting; Email; phone call	
Pharmaceutical Society of Ghana	Director Public Health TWG Chairperson EPI Manager Director General	Letter; Meeting; Email; phone call	

Civil Society Organizations			
Coalition of NGOs in Health	GHS DG/DDG	Letter; Email; Report	The Executive Secretary
	TWG Chairperson		541180325
	EPI Manager		<a href="mailto:healthcommunication2000@yahoo.co.uk">healthcommunication2000@yahoo.co.uk</a>
Christian Council of Ghana	EPI Program Manager	Letter; Email; Report	The Secretariat
	TWG Chairperson		
Pentecostal and Charismatic Council	EPI Program Manager	Letter; Email; Report	The Secretariat
	TWG Chairperson		
Conference of Catholic Bishops	EPI Program Manager	Letter; Email; Report	The Secretariat
	TWG Chairperson		
National Chief Imam's office	EPI Program Manager	Letter; Email; Report	The Secretariat
	TWG Chairperson		
Ahmadiyya Muslim Mission	EPI Program Manager	Letter; Email; Report	The Secretariat
	TWG Chairperson		
Ministries, Departments and Agencies (MDAs)			
Ministry of Finance	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Health		
	Chief Director, MOH		
Ministry of Education	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Health		
	Chief Director, MOH		
Director General, Ghana Education Service	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Health		
	Chief Director, MOH		
Ministry of Gender, Children and Social Protection	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Health		
	Chief Director, MOH		
Director, Department of Children	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Gender		
	Minister of Health Chief Director, MOH		
Ministry Of Information	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Gender		
	Minister of Health Chief Director, MOH		
Ministry of Local Government and Rural Development	DG/DDG	Letter; Summary report; advocacy brief	The Chief Director
	Minister of Health		
	Chief Director, MOH		

<b>The media</b>			
Ghana Journalists Association	DG/DDG TWG Chairperson Chief Director, MOH ACSM Committee	Letter; Report; Phone call; advocacy brief	The President
Senior Editors	FDA Communication Officer; MVIP Coordinator; EPI team; ACSM team lead	Letter; Report summary; report; personal visit	The Chairman
Ghana Independent Broadcasters Association (GIBA)	EPI Program Manager/Director HPD PRO	Email; phone call; report; advocacy brief; personal meeting	
<b>Donor Partners</b>			
WHO	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal meeting; partners' meeting	The WHO Representative
UNICEF	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal meeting; partners' meeting	The UNICEF Representative
USAID (Breakthrough Action)	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal meeting; partners'	The Health Director Chief of Party
Catholic Relief Organization	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal	The Country Director,
CDC	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal meeting; partners' meeting	The Country Director,
World Bank	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal meeting; partners' meeting	The Country Director
PATH	GHS DG EPI Program Manager	Email; policy and advocacy brief; personal meeting; partners' meeting	The Chief of Party/ The Secretariat 302766153
<b>Regional level</b>			
Regional Directors of Health Services	GHS DG	Letter; Email; advocacy brief	The Regional Director
RHMTs	Regional Directors of Health	Letter; advocacy brief	The Regional Director
Teaching Hospitals	Chief Director, Ministry of Health	Letter; report; technical document	The Chief Executive
All health facilities in the regions	Regional Directors of Health	Letter; advocacy brief	The Regional Director
Regional House of Chiefs	GHS DG TWG Chairperson Regional Director Health	Letter; advocacy brief; report summary;	The President
<b>Security services</b>			
Ghana Police Service	Spokespersons/ Regional Security Council (REGSEC)	Letter; Email; advocacy brief	Regional Director
Ghana Immigration Service	Spokespersons/ Regional Security Council (REGSEC)	Letter; Email; advocacy brief	Regional Director
Customs, Excise and Preventive Services	Spokespersons/ Regional Security Council (REGSEC)	Letter; Email; advocacy brief	Regional Director
Fire Service	Spokespersons/ Regional Security Council (REGSEC)	Letter; Email; advocacy brief	Regional Chief Fire Officer
Regional Coordination Council (RCC)	Regional Minister/Regional Director of Health Services	Letter; Email; advocacy brief	





## TIMELINE OF ACTIVITIES FOR NATIONAL COVID-19 VACCINE INTRODUCTION COMMUNICATION STRATEGY

Objectives	Activities	Lead	Collaborating	Timelines						
		Agency	Agency	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Objective 1:</b> Create demand, promote acceptability and accessibility of COVID-19 vaccine among at least 90% of the general public	<b>Conduct research on KAPB of Ghanaians on COVID-19 Disease and vaccination</b>	RDD, GHS		X	X					
	<b>Develop Communication plan/strategy</b>									
	Organize meeting to develop Communication Strategy	HPD, GHS		X	X					
	<b>Airing of Jingles</b>	GHS, MoI, GES	Media Houses							
	feature articles (Print and Social Media)	GHS			X	X				
	<b>Media engagement and sensitization</b>									
	Press briefing	GHS					X			
	Meeting with Senior Editors & frontline broadcasters	GHS					X			
	Media discussions and feature articles	GHS	MoI					X	X	X
	Airing radio commercials and Jingles	GHS	MoI					X	X	X
	Monitoring of media (Social and Traditional) activities	GHS			X	X	X	X	X	X
	<b>National launch</b>									X
	Selection of venue/Chairperson/keynote address/dignitaries	GHS							X	
	Prepare speeches	GHS							X	
Event coverage and reporting in newspapers/other media	GHS	MoI							X	
<b>Material Development</b>					X	X				

<b>Objective 2:</b> Develop appropriate messages and identify channels to communicate the potential benefits and risks of the vaccine to all concerned parties, including decision-makers at all levels	Develop, Print, pretest and Distribute IEC materials (FAQs, Posters, Fliers, advocacy briefs)	EPI, HPD	UNICEF, WHO		X	X				
	Production of jingles/ Commercials (Social and Traditional)	GHS			X	X				
<b>Objective 3:</b> Provide timely and accurate information to address misinformation, rumors and other crisis situations	<b>Media Engagement Activities</b>									
	Mapping of journalists					X				
	Orientation of journalists (on national and regional basis) on COVID-19 Vaccine and crisis communication	GHS						X		
	Press briefing (follow up)	GHS					X			
	Media monitoring (acceptability +rumor)	GHS			X	X	X	X	X	
	Press Briefings	GHS							X	X
<b>Objective 4:</b> Effectively mobilize and empower communities to ensure participation and ownership of the vaccination process	<b>Social mobilization</b>									
	Community durbars	GHS	MoI			X		X		X
	Public fora	GHS	MoI				X	X	X	X
	Engagement of community information centers	GHS	MoI			X	X	X	X	X
	Send out SMS and social media messages	GHS	MoI					X	X	X

<p><b>Objective 5:</b> Strengthen communication mechanisms and partnerships among key stakeholders to support the national communication effort</p>	<b>STAKEHOLDER ENGAGEMENT</b>										
	Health Services Workers Union	GHS			X						
	Parliamentary Select Committee on Health	GHS/ MOH	UNICEF, WHO			X					
	Ghana Academy of Arts and Sciences	GHS/ MOH				X					
	National House of Chiefs	GHS	MLG, MoI			X					
	Queen Mothers	GHS	MLG, MoI			X					
	Market Women Associations	GHS	MLG, MoI			X					
	Ghana National Association of Teachers (GNAT)	GHS	GES/MoE			X					
	National Union of Ghana Students (NUGS)	GHS	GES/MoE			X					
	Christian Council, Pentecostal Council, Catholic Bishops Conference, Office of the Chief Imam, Ahmadiyya Mission	GHS	MoH			X					
	Coalition of NGOs in Health and Red Cross	GHS				X					
	Ghana Medical and Dental Association	GHS				X					
	Association of Private Medical Practitioners	GHS					X				
	Security Services (Military, Police, Fire, Immigration, Customs, Prisons, National Security, BNI)	GHS					X				
	Pharmaceutical Society of Ghana	GHS					X				
	Ghana Registered Nurses and Midwives Association (GRNMA)	GHS					X				
	Ministry of Gender Children and Social Protection (MGCSP)	GHS					X				
	Ghana Independent Broadcasters Association (GIBA)	GHS	MoI				X				

	Ghana Journalist Association (GJA)	GHS	MoI			X				
Monitoring and Evaluation	<b>Monitoring of Communication Activities</b>					X	X	X	X	
	regional level communication activities (Pre, intra and Post introduction)	GHS			X	X	X	X	X	X
	Media Activities (Traditional and Social)	GHS			X	X	X	X	X	X
	Rumors and response activities	GHS			X	X	X	X	X	X
	pretesting, printing and distribution of educational materials	GHS				X	X	X		
	Trainings	GHS				X	X			