



LHSS JAMAICA COMMUNICATIONS STRATEGY

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

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

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CONTENTS

- List of Tables ii
- Acronyms iii**
- 1. Introduction 1**
 - 1.1 Background 1
 - 1.2 Covid-19 Landscape in Jamaica 1
 - 1.3 Current Communication Strategies 2
 - 1.4 Methodology 3
 - 1.5 Summary of Desk Review Findings 3
- 2. LHSS Jamaica Communications Strategy 5**
 - 2.1 Objectives 5
 - 2.2 Private Sector Communications Plans 5
 - 2.3 Implementation 6
 - 2.3.1 Identify Capacity Needs and Training 6
 - 2.3.2 Gender Equality and Social Inclusion 6
 - 2.3.3 Development of Key Messages 6
 - 2.3.4 Promotional partnerships 7
 - 2.3.5 Marketing Material 7
 - 2.3.6 Branding 7
 - 2.4 Monitoring and Documentation 7
- Annex I. Quick Reference Sheet: GESI considerations to address vaccine hesitancy in Jamaica 8**

List of Tables

Table 1. Vaccine Doses Administered (as of April 11, 2022)2
Table 2. Private Sector Communications Approches.....5

ACRONYMS

CSO	Civil Society Organization
DRMA	Disaster Risk Management Act
GESI	Gender and Social Inclusion
GOJ	Government of Jamaica
HCJ	Health Connect Jamaica
IDIQ	Indefinite Delivery Indefinite Quantity
JASL	Jamaica AIDS Support for Life
LHSS	Local Health System Sustainability Project
MoHW	Ministry of Health and Wellness
NCU	Northern Caribbean University
PSOJ	Private Sector Organization of Jamaica
PSVI	Private Sector Vaccine Initiative
USAID	United States Agency for International Development

I. INTRODUCTION

I.1 BACKGROUND

The United States Agency for International Development (USAID)-funded Local Health System Sustainability Project (LHSS) activity in Jamaica is working with the Government of Jamaica (GOJ) and private sector stakeholders to establish and support a private sector model to strengthen the country's COVID-19 response and reduce strain on the public sector. This work aims to increase equitable access to and uptake of COVID-19 vaccines, reduce morbidity and mortality from COVID-19, and strengthen private health sector resilience to effectively respond to the pandemic while maintaining essential health services. LHSS will strengthen the capacity of the Ministry of Health and Wellness (MoHW) and local organizations, including Health Connect Jamaica (HCJ), to effectively coordinate, manage, and expand the role of the private sector to achieve these objectives. Activities are aligned to contribute to the MoHW's Outsourcing of Vaccine Administration Plan, which seeks to administer 75,000 doses of COVID-19 vaccine through the private sector. Specifically, the project has two objectives:

1. Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations.
2. Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats.

Under objective 1, LHSS is supporting 8 private provider grantees¹ to implement a communications strategy that will generate demand for vaccines, specifically targeting topics that can help reduce vaccine hesitancy. In addition, LHSS will work with the MoHW and additional private sector partners to support the design and delivery of training and resource materials to improve implementation of communications approaches to reduce vaccine hesitancy. Outputs from this intervention include:

- A final LHSS private sector communications strategy designed and implemented
- Training and resource materials designed and delivered to build private sector communications capacity
- Grantee-specific communications plans.

Against this background, this document represents the first deliverable: a final LHSS private sector communications strategy. The strategy outlines how LHSS intends to support the private providers' capacity to effectively communicate the availability, importance, and safety of COVID 19 vaccines at their locations.

I.2 COVID-19 LANDSCAPE IN JAMAICA

Jamaica reported its first case of COVID-19 on March 10, 2020 and has recorded more than 129,000 cases and 2,900 deaths as of April 11, 2022, with most cases being recorded in the Kingston, St. Andrew, and St. Catherine parishes.² On March 13, 2020, the GOJ's Office of Disaster Preparedness and Emergency Management issued the first in a series of restrictions to curb the spread of the virus. Restrictions included island-wide curfews, a social distancing and mask mandate, stay-at-home orders for people over 60, limits on public gatherings, and confinement of tourists to designated "Resilience

¹ LHSS grantees include Bethel Baptist, Erudite Medical, Fairco Medical, Windsor Wellness, Vein Centers of Jamaica, HealthPlus Pharmacy, Online Medical, and Fontana Pharmacy.

² <https://jamcovid19.moh.gov.jm/index.html>

Corridors”.³ Jamaica has gone through three waves of COVID-19 infections, with the positivity rate peaking at 68.6 percent. The country’s positivity rate is now consistently less than 10 percent. On March 18, 2022, the GOJ withdrew all measures under the Disaster Risk Management Act (DRMA).⁴

One year after identifying its first COVID-19 case, Jamaica was the first Caribbean country to receive a shipment of COVAX-procured vaccines. While COVID-19 vaccines are widely available, the country’s vaccination efforts are stymied by a low uptake of vaccines caused mostly by vaccine hesitancy. To date, just over 1.4 million doses have been administered, covering 23 percent of the population.⁵ See Table 1.

Table 1. Vaccine Doses Administered (as of April 11, 2022)

Vaccine Administered	Doses Administered
First dose	690,649
Second dose	584,764
Johnson and Johnson (single dose)	93,989
Booster	31,030
Immunocompromised dose	3,758
Total doses	1,404,100

The private sector, inclusive of civil society and private health providers, has been actively involved in the COVID-19 response by providing funding, public education, testing, and vaccination. The Private Sector Vaccine Initiative (PSVI) is a coalition of private sector corporate actors, led by the Private Sector Organization of Jamaica (PSOJ), the Jamaica Manufacturers and Exporters Association, and the Jamaican Chamber of Commerce, which was formed specifically to address the COVID-19 pandemic.⁶

The GOJ approved the MoHW’s National COVID-19 Vaccination Implementation Plan (VIP) in January 2021, intending to set up 893 “blitz sites” across the country, with each site having 34 vaccinators (public health nurses and registered nurses) administering a total of 1,000 vaccines per day to rapidly cover a large percentage of the population. The MoHW currently has over 250 permanent vaccination sites listed on their website.⁷

Private sector health workers and civil society organizations (CSOs) are specifically referenced as contributors to vaccination blitz exercises and to inform MoHW communications strategies. In September 2021, the MoHW announced a multi-phased Outsourcing of Vaccine Administration Plan, which saw 11 private health sector partners administer vaccines. These partners included pharmacy chains, private laboratories, and health facilities, and private physicians. Currently, 16 private health sector facilities are administering COVID-19 vaccines, 8 funded by grants from LHSS.

1.3 CURRENT COMMUNICATION STRATEGIES

The GOJ has been leading communications on COVID-19 vaccines through a national plan encouraging Jamaicans to get vaccinated at one of the many vaccination sites. The communications tools currently used in the government-led campaign include social media, newspapers, television, radio, and billboards posted throughout the island. Additionally, nongovernmental and private sector actors have developed their own vaccine communications strategies supporting the wider goal of increasing COVID-19 vaccination uptake among Jamaicans.

3 <https://www.visitjamaica.com/travelauthorization/>

4 <https://jis.gov.jm/drma-orders-withdrawn/>

5 <https://vaccination.moh.gov.jm/>

6 <https://www.unicef.org/jamaica/stories/managing-jamaicas-covid-19-vaccine-rollout-digitally>

7 <https://vaccination.moh.gov.jm/vaccination-sites/>

During the early days of the pandemic, messaging was focused on raising awareness of measures to prevent the spread of the virus, including social distancing, hand washing, and mask wearing. As the pandemic progressed, messaging adapted to match updated guidance. Currently, COVID-19 messaging is focused on encouraging vaccination.

Other strategies include community outreach: for example, the MoHW has a mobile vaccination bus that goes to communities across the island. “Vaccination Blitz” organized events to vaccinate many people at select non-facility administration sites, are also popular. Some private sector organizations set up vaccination sites at their establishments. Both government and other stakeholders offer incentives, such as meal vouchers, grants, and store discounts to encourage vaccinations.

1.4 METHODOLOGY

LHSS conducted a desk review to understand the COVID-19 landscape in Jamaica. This process included reviewing newspaper articles and reports on vaccine hesitancy in Jamaica. Additionally, LHSS conducted interviews with private provider grantees, the officials from the MoHW, and civil society partners to gather their insights on current communications approaches and gaps. LHSS used these interviews to also assess the marketing capabilities of private provider grantees to better understand their capacity to develop and support their own communications strategies.

Using the information gathered, LHSS developed an approach that considered available information on the population’s current sentiments about the COVID-19 vaccines, the private provider grantees’ capacity, previous experience in Jamaica and other countries, the three-month time frame for grant implementation, and LHSS’s in-house communications experts’ recommendations.

1.5 SUMMARY OF DESK REVIEW FINDINGS

The communications strategy takes into account the following key findings from the desk review:

- A study conducted by the Northern Caribbean University (NCU) shows that 52 percent of Jamaicans are vaccine hesitant; 56 percent of young people between the ages 18 and 26 years are vaccine-hesitant compared to 53.5 percent Jamaicans between 27 and 37 years. Similarly, more than half of study participants from a religious community are vaccine hesitant.⁸
- In an independent poll conducted by the Nationwide Bluedot Polls, as of September 2021, 72 percent of Jamaicans were unsure or would not take the COVID-19 vaccines. Further, 65 percent were unsure or believed the vaccines are unsafe.⁹
- Negative sentiments toward communications strategies may also contribute to the hesitancy problem. The NCU survey found that just over half (51.5 percent) of participants understood the strategies to be “educating and encouraging,” however, the study found that 61.4 percent found the messaging to be too forceful, rather than persuasive.¹⁰
- The same study found that two-thirds of respondents believed current communication strategies did not address the concerns of the citizens regarding vaccination¹¹. This tracks with perspectives from private sector stakeholders who shared their opinion that current vaccination messaging does not instill trust among the population.

8 Bourne, Paul Andrew, et al. "COVID-19 Vaccination Status among University Students in Jamaica" (2021).

9 <https://nationwideradiojm.com/new-polling-finds-most-jamaicans-are-either-uncertain-or-will-not-take-covid-19-vaccine/>

10 Bourne, Paul A., et al. "Jamaicans' Views on Trust, COVID-19 Vaccination, COVID-19 Campaign, Matters on the Vaccines, and the role of distrust in vaccine hesitancy." (2022).

11 <https://jamaica-gleaner.com/article/lead-stories/20211228/ncu-survey-shows-public-distrust-govt-covid-19-vax-campaign>

- Social media has been shown to play an important role in changing people’s perception of vaccines. Another NCU report highlighted that respondents who spent less time on social media were more likely to be unvaccinated. While those high social media usage were more likely to be vaccinated.¹² Concerns about infertility among men and women continue to be raised by Jamaicans as a reason for vaccine hesitancy.¹³

12 Stephenson, Shawna Kaye, et al. "Is the Degree of Social Media usage Influencing COVID-19 Vaccinations in Jamaica?" (2022).

13 <https://jamaica-gleaner.com/article/lead-stories/20211016/fertility-fear>

2. LHSS JAMAICA COMMUNICATIONS STRATEGY

2.1 OBJECTIVES

As a part of their grant programs, private sector stakeholders engaged with LHSS Jamaica will develop and execute grantee-specific communication plans for marketing and promotional campaigns. Their campaigns will aim to increase awareness of their establishment as an approved vaccination site and to promote themselves as safe, trustworthy sources of COVID-19 vaccines. This communications strategy outlines how the LHSS team will support the private sector providers in implementing their specific communication plans. The objectives of this strategy are to:

- Work collaboratively with private sector partners to explore opportunities to amplify their communications efforts.
- Provide technical support on communications efforts, including advising on communications approaches and channels.
- Identify and provide capacity building support through communications training.

2.2 PRIVATE SECTOR COMMUNICATIONS PLANS

The primary audiences for the LHSS Jamaica Communications Strategy are LHSS Jamaica's private provider grantees: Fontana Pharmacy, Fairco Medical and Dermatology Centre, Erudite Medical Centre, HealthPlus Pharmacy Limited, Bethel Baptist Church, Windsor Wellness Centre, Online Medics, and Vein Centers of Jamaica. Each of these grantees will design and implement their own communications plan and have indicated their approaches to maximize reach in their grant proposal (see Table 2). As originally designed by the grantees, all these strategies focused on general promotion of the facility's vaccination offerings. None were targeted to speak to the needs or concerns of a specific target population. LHSS will work with each grantee to strengthen their communications plan and support their capacity for implementation.

Table 2. Private Sector Communications Approches

Private Provider	Communication/Marketing Approach
Bethel Baptist	Church bulletin and website, fliers, town criers, social media, posters, media ads
Erudite Medical	WhatsApp, Facebook, Instagram, vaccination talks, email
Fairco Medical	Social media, print media
Fontana Pharmacy	Will recruit a marketing lead
Online Medics	Facebook, Twitter, Instagram
The Vein Centers of Jamaica	Social media, print ads
Windsor Wellness	Social media, traditional media
Healthplus Pharmacy	Social media

In addition, all the private provider grantees have partnered with the MoHW to participate in their online vaccine registration portal. This partnership is raising awareness of the private sector vaccination sites and reinforces that private sector vaccination efforts are being implemented in partnership with the GOJ.

2.3 IMPLEMENTATION

The LHSS Jamaica Communications Strategy aims to work collaboratively with private sector partners to support the coordination, development, and execution of their communications efforts to increase public awareness of private sector vaccination sites and to encourage Jamaicans to get vaccinated. This approach will ensure that LHSS is supporting the private sector based on existing capacities and priority needs, and will increase the likelihood of successful communications strategies and sustained improvements in communications capabilities.

2.3.1 IDENTIFY CAPACITY NEEDS AND TRAINING

Through routine check-ins, LHSS Jamaica will work with representatives from private provider grantees to identify communications capacity needs and provide support to strengthen these. Most of the private provider grantees either lack marketing experience and/or a dedicated marketing team to support their promotional activities, limiting their ability to develop quality marketing products. These sessions identified gaps in the communications plans those providers proposed in their original grant agreements. These topics include:

- How to identify relevant target audiences using data.
- How to develop key messages for your target audience.
- How to represent diverse groups.

Bi-weekly lunchtime virtual sessions will provide information on communication methodologies that can support their marketing activities.

2.3.2 GENDER EQUALITY AND SOCIAL INCLUSION

Private providers engaged in the vaccination administration efforts have indicated that one-on-one conversations have been a successful strategy to convince hesitant individuals to get vaccinated. Desk review findings reveal that current COVID-19 vaccination messaging does not adequately combat misinformation about the COVID-19 vaccine and hesitancy remains high. A rapid desk review of gender and social inclusion (GESI) considerations identified how factors, such as gender and age, affect health-seeking behaviors in Jamaica and could affect willingness to get vaccinated. The desk review highlighted gender-specific risk factors, vaccine-related concerns, and power imbalances that could contribute to vaccine hesitancy and identified possible messaging strategies to address these factors (Annex I).

To address these, LHSS will also provide technical guidance on how to recognize and respond to social and gender-sensitive concerns about vaccines with correct and relevant information when interacting directly with members of the population. To do this, LHSS Jamaica team will develop a GESI reference guide. The guide will help providers:

- Identify and recognize the role age, gender, and other identities play in health-seeking behaviors.
- Understand how to address gender-specific vaccine myths and concerns.
- Mainstream gender and social inclusion in vaccination promotion communication.

2.3.3 DEVELOPMENT OF KEY MESSAGES

LHSS will work closely with the grantees to develop relevant messages for their target audience. Using the findings from the desk review, as well as conversations with private sector providers, this strategy will develop messages related to the themes of accessibility, safety, reliability, which have been identified

as significant contributors to vaccine hesitancy. These messages will serve an educational purpose to increase public awareness of the importance of vaccines and address popular misconceptions.

- **Accessible:** COVID-19 vaccines are even more accessible. Jamaicans can be vaccinated for free, at eight additional private sector providers all over the island.
- **Safe and Reliable:** COVID-19 vaccines are safe and the private sector providers are properly vetted and supervised by the MoHW to ensure that they administer vaccines following national guidelines and standard operating procedures.
- **Education:** Increased public awareness of the importance of vaccines and address popular misconceptions.

2.3.4 PROMOTIONAL PARTNERSHIPS

Several stakeholders in civil society and the private sector are engaged in the COVID-19 response. LHSS will explore opportunities for collaboration in areas of common interest and help to facilitate linkages with grantees, where possible. This will be particularly beneficial for grantees that have limited capacity to execute wide scale communication initiatives.

Jamaica AIDS Support for Life (JASL), for example, is a USAID-funding recipient that is also leading a nationwide campaign to get Jamaicans vaccinated. LHSS will work with JASL to provide communication support to LHSS grantees using town criers, flyers, and digital board messaging.

The PSOJ has also been identified as an avenue to increase awareness of the availability of COVID-19 vaccines through LHSS grantees. The PSOJ has a wide membership of private sector organizations and their employees, with whom information is frequently shared through various channels, including social media. The PSOJ has been active in supporting the GOJ's vaccination efforts by encouraging private sector workers to get vaccinated. LHSS will work to connect grantees with PSOJ for additional awareness-raising.

2.3.5 MARKETING MATERIAL

LHSS Jamaica will develop high-quality social media templates that the grantees can use in their marketing efforts. The templates will feature the name of grantee, availability of vaccines (including days and times), USAID funding, and any of the key themes identified above.

LHSS will also develop co-branded pull up banners for use at the vaccination sites. The banners can be used for photo-ops as well as to highlight the partnership with USAID.

With support from the LHSS communication team, LHSS will feature stories of the grantees' work on the LHSS website and social media platforms. These stories will focus on the work of the grantees in the country's national COVID-19 response. LHSS will work closely with the communications team at the MoHW and USAID Jamaica to further promote these stories on their social media pages.

2.3.6 BRANDING

LHSS Jamaica will ensure compliance with the LHSS Branding Implementation and Marketing Plan, and provide additional support to grantees on branding and the use of USAID logos.

2.4 MONITORING AND DOCUMENTATION


To monitor implementation of this strategy, LHSS will work with private sector partners to track the number of persons reached each month via their communications efforts, including through social media and traditional media. The information will be disaggregated by age and gender.

ANNEX I. QUICK REFERENCE SHEET: GESI CONSIDERATIONS TO ADDRESS VACCINE HESITANCY IN JAMAICA

This is a summary of key GESI information related to vaccine hesitancy and communication strategies to address vaccine hesitancy from a January 2022 desk review.

Inequities of access to information, prevention, care and financial and social protection are likely to affect the poor disproportionately, as well as other populations facing social exclusion, thus potentially exacerbating existing inequities.

- WHO, 2020



Segmenting: Defining forms of exclusion and vulnerable groups is important to tailor solutions. These are important populations in addressing vaccine hesitancy in Jamaica:

- **Women:** frequently high-risk due to occupational or caregiving responsibilities; more likely to cite the vaccine as too new and they are afraid of side effects
- **Men:** greater number of COVID-19 deaths among men; harmful masculinities can limit health seeking behavior
- **Youth:** not always the primary decision-makers in health
- **LBGTQI+:** frequently ignored or excluded by the health system
- **Rastafari:** distrust of certain medical interventions from a history of racial injustice

Cross-Cutting GESI Considerations: integrating GESI into planning and communication will strengthen vaccine uptake and health outcomes. Several operational considerations to include are:

- ✓ *Balance decision making at all levels to incorporate diverse perspectives in planning and implementation*
- ✓ *Use transformative messaging to mitigate harmful gender norms*
- ✓ *Incorporate messaging about gender-based violence, which has increased during COVID-19*

Men: 3%
Women: 2%
 Proportion of confirmed cases in Jamaica who have died of COVID-19

54.9
 Percent of vaccinated Jamaicans who are female

Select Guiding Principles in Jamaica’s National COVID-19 Vaccine Deployment and Vaccination Interim Plan

Equal Respect: *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*

National Equity: *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*

GESI and Vaccine Hesitancy Considerations

Men reportedly experienced more income reductions with COVID-19 measures and do not want to miss work

Harmful norms of masculinity often contribute to men having less involvement with the health system and taking more health risks

Women are less likely to believe vaccination is the only solution

Gender-specific myths including fertility challenges

Women are more likely to delay or reject the vaccine and cite the vaccine as too new

Jamaica's Rastafari tend to distrust modern medicine and institutions, partly due to a long history of racial injustice

The person receiving the vaccine may not be the main decision-maker about when and if to receive the vaccine

Cost and feasibility of accessing vaccine sites is influenced by certain vulnerabilities

Potential GESI Strategies to Address Vaccine Hesitancy

Engage women- and/or community-focused organizations in planning and implementation

Small sensitization sessions to address hesitancy

Acknowledge and provide thorough information to dispel myths

Use diverse imagery in communications to reach more people

Emphasize the advantages of vaccine beyond disease protection (ex: potentially less time away from work)

Utilize existing gender focal points

Identify community champions who are trusted sources of information

Consider diverse locations and times for vaccine delivery