



“Sleeves Up”: Increasing Uptake of COVID-19 Vaccines

► Introduction:

In partnership with the Ministry of Health (MOH), Breakthrough ACTION, with funds from the United States Agency for International Development (USAID), began working in March 2023 to address COVID-19 vaccine hesitancy and accelerate vaccine uptake for all vaccines recommended in Guyana, with a focus on COVID-19 and human papillomavirus (HPV). An additional objective for Breakthrough ACTION’s COVID-19 activities was to improve uptake of the COVID-19 vaccine with specific audiences, including pediatric populations and high-risk groups such as health care workers, pregnant women, people living with weakened immune systems, and older adults.

Breakthrough ACTION employed social and behavior change (SBC) approaches in areas where vaccine hesitancy was most prevalent and vaccine coverage was low, concentrating on Regions 8 and 10. In a 2020 UNICEF COVID-19 vaccine hesitancy study, 50% of respondents in Region 8 and 32.4% of respondents from Region 10 indicated they knew someone who had refused vaccination owing to cultural or religious reasons. Only 67.6% respondents in Region 10 viewed vaccines as protection from serious diseases, and 23.5% noted they have hesitated or refused vaccination in the past, either for themselves or their family.¹



► Interventions

In collaboration with the MOH, Breakthrough ACTION implemented multi-component SBC activities in support of program objectives:

Compiled, with support from the Risk Communication and Community Engagement Technical Working Group, an inventory of COVID-19 vaccination materials. The materials were developed by various stakeholders, including the MOH, UNICEF, and PAHO. The project shared the full inventory with the MOH and held a joint review meeting to identify resource gaps and inform the development of the Sleeves Up campaign.

Launched the Sleeves Up campaign. The campaign employed a multi-channel approach using varied SBC approaches to increase uptake of vaccines for COVID-19, HPV, and routine immunization. As part of the campaign, Breakthrough ACTION produced and disseminated a

variety of materials, including radio and TV spots, posters, brochures, FAQs, campaign merchandise, and an updated immunization schedule, all tailored to intended audiences. The project also conducted a pop-up event in Region 10. Campaign radio spots played over loudspeakers to draw people into a Sleeves Up branded tent, where a team of health care workers and Breakthrough ACTION staff shared SBC materials, answered questions, and offered available vaccines to those eligible.

Strengthened the capacity of health care workers to address vaccine misinformation. In collaboration with the Johns Hopkins International Vaccine Access Center (IVAC), Breakthrough ACTION facilitated a “Dealing with

Misinformation: Tactics for Health Care Workers” training with health care workers in Region 4. The project then collaborated with the MOH and the regional health divisions to conduct step-down trainings with health care workers in Regions 8 and 10. The trainings used a participatory skills-building approach to increase health care workers’ confidence in their ability to employ concise, evidence-based practices to tackle vaccine misinformation.

Facilitated town halls with health care workers and parents/guardians of children to understand and address COVID-19 vaccine hesitancy, misinformation, and rumors.

Breakthrough ACTION conducted the town halls at two health facilities in Region 10.

Created a Guyana-specific country page on the COVID-19 Communication Network (CCN) as part of a curated collection of COVID-19 SBC materials and tools. As a trusted resource for SBC professionals, the Guyana section serves as a knowledge management hub for the country and shares Guyana’s tools and approaches with the broader SBC community. Breakthrough ACTION uploaded



all of the project’s Sleeves Up campaign materials to the Guyana page, such as the radio spots, TV spot, and routine immunization schedule, as well as videos produced by the MOH, UNICEF, and other stakeholders. These videos feature endorsements of COVID-19 vaccination by medical professionals, influencers, and children, along with content around COVID-19 booster shots, primary and secondary doses, and vaccine hesitancy.

Results

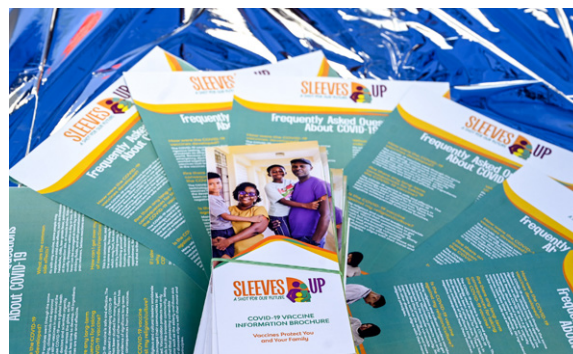
Breakthrough ACTION’s COVID-19 vaccine activities yielded the following key achievements:

- Developed and disseminated three radio spots and one TV spot, all promoting vaccines, including those for COVID-19 and HPV in Regions 8 and 10.** The project also developed one COVID-19 information brochure, one FAQs information sheet on the routine immunization schedule and COVID-19 and HPV vaccines, distributed 3,600 copies of the print materials, and produced and distributed Sleeves Up campaign materials, including 2,000 branded wristbands and 1,000 drawstring bags.
- Reached 170 individuals from diverse backgrounds (religious, cultural, ethnic) at the pop-up event. As individuals approached the event,** representatives from Breakthrough ACTION explained the process and purpose of the activity and informed persons on the availability of the vaccines (COVID-19, HPV, and yellow fever).
- Engaged 32 health care workers in a series of town halls at two health facilities in Region 10.** The workers were provided with 1,700 SBC materials related to the Sleeves Up campaign and encouraged to support campaign implementation.
- Strengthened the capacity of 17 health care workers from Region 8, 26 health care workers from Region 10, and 28 health care workers from Region 4 to address vaccine misinformation.** The workers’ capacity was strengthened through the Dealing with Misinformation: Tactics for Health Care Workers trainings.
- Uploaded 41 COVID-19 vaccine SBC materials through 35 distinct CCN entries.** The entries have been viewed 16,640 times.



▶ Lessons Learned

- Use adaptive management to allow for program pivots.** Breakthrough ACTION originally developed the Sleeves Up campaign to increase the uptake of the COVID-19 vaccine. Given shifting MOH priorities and a lack of availability of COVID-19 vaccines in country, the campaign evolved into a broader initiative to promote the uptake of HPV and other routine childhood immunizations in addition to the COVID-19 vaccine. This shift ensured continued alignment with national health priorities while maintaining the campaign's core goal of increasing vaccination coverage in these regions. The pivot has become a key tool for the MOH in driving awareness and increasing vaccination rates across a range of essential vaccines.
- Facilitate ongoing training to combat vaccination myths and misinformation.** Breakthrough ACTION successfully conducted the IVAC training sessions for health care workers in the targeted regions, equipping them with a toolkit to address vaccination hesitancy. This toolkit should be routinely used to update and enhance health care workers' knowledge and approaches to countering vaccine misinformation. Continued training is needed to ensure that health care workers remain well-informed and confident in their ability to effectively address and dispel vaccination myths, thereby increasing public trust and vaccine uptake.
- Conduct after-action reviews with regional health authorities.** An after-action review should be conducted with the health department of the regions to address the issues and concerns that emerged during the campaign. Conducting a thorough review will help identify gaps and opportunities for improvement, leading to more effective future interventions and stronger community trust in vaccination efforts.
- Advocate for increased support for regional and national health authorities.** Ongoing support to the Regional Health Division and the MOH could explore innovative solutions to further increase knowledge and stimulate demand for COVID-19 and routine vaccinations. This support includes the continued implementation of tailored SBC campaigns, community engagement initiatives, and collaboration with trusted local leaders and influencers. Sustained support will help to build a robust and responsive public health infrastructure, ensuring that efforts to increase vaccine uptake are both effective and sustainable over the long term.
- Enhance health care workers' capacity to address vaccine hesitancy.** Efforts should be made to further enhance the capacity of health care workers in the region to effectively address vaccination hesitancy and debunk misinformation. Such efforts could include specialized training programs, resources for addressing common concerns, and fostering open dialogue with community members and health experts. Empowering health care workers with the right tools will enable them to more effectively engage with the community, reduce fears, and encourage higher vaccine acceptance.



AGE GROUP	VACCINE	DISEASE PREVENTED BY VACCINE
16 weeks	Bacillus Calmette-Guérin (BCG) Hepatitis B (passive)	Tuberculosis Hepatitis B
2 months	1st dose of Rotavirus (Rotarix) 1st dose of Inactivated Polio Vaccine (IPV) 1st dose of Pneumococcal Vaccine 1st dose of Pentavalent Vaccine (Hepatitis B + Diphtheria Tetanus Toxoid DPT1 + Haemophilus influenzae (Hib))	Rotavirus Diarrhea Poliovirus (Polio) Pneumococcal Respiratory Disease Scarlet fever Whooping Cough Hepatitis B Haemophilus influenzae (Hib)
4 months	2nd dose of Rotavirus (Rotarix) 2nd dose of Inactivated Polio Vaccine (IPV) 2nd dose of Pneumococcal Vaccine 2nd dose of Pentavalent Vaccine (Hepatitis B + DTP + Hib)	
6 months	3rd dose of Rotavirus (Rotarix) 3rd dose of Inactivated Polio Vaccine (IPV) 3rd dose of Pentavalent Vaccine Hepatitis B + DTP + Hib	
12 months	Meslesles Mumps and Rubella (MMR) Yellow Fever	Meslesles, Mumps and Rubella Yellow Fever
18 months	Meslesles Mumps and Rubella (MMR) Booster BOPV Booster DPT	Meslesles, Mumps and Rubella Poliovirus (Polio) Diphtheria, Tetanus, Whooping Cough
1 year 3 months	Booster BOPV Booster DPT	Poliovirus (Polio) Diphtheria, Tetanus, Whooping Cough
1 year 6 months	COVID-19 Vaccine and Boosters	COVID-19
16 years	Human Papillomavirus (HPV) Vaccine - 1 dose	Human Papillomavirus (HPV) Cervical Cancer
11-22 years ¹	HPV Vaccine - 2 doses (6 months apart)	
21-45 years ¹	HPV Vaccine - 3 doses (1st dose 6 months after the 1st dose, 1st dose 5 months after the 2nd dose)	
10 years	Booster DT (Diphtheria, Tetanus)	Diphtheria, Tetanus
Pregnant women	Two doses DT (Diphtheria and Tetanus vaccines during pregnancy) COVID-19	Diphtheria, Tetanus COVID-19

¹ UNICEF. (2020, January). Ministry of Public Health, in partnership with UNICEF Guyana COVID-19 vaccination hesitancy survey. <https://www.unicef.org/guyanasuriname/media/1551/file/COVID-19%20Vaccine%20Hesitancy%20Survey%20Report.pdf>

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