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1. Introduction

Welcome to 2021, which so far feels rather like 2020 – with COVID 19 raging at ever higher peaks in Europe, North and South America and Africa. The light at the end of the tunnel comes from high levels of vaccination – but it is certain that low income countries will be at the end of the queue. The impact on health services is also enormous, with routine services, elective operations and chronic disease follow up all being delayed. The amazing work of those working at the front line must be applauded, and this includes many members of ISSOP.

In this first edition of the year, we cover Tatiana Day in Russia; the exciting March meeting of the Congress of Pediatricians of Russia, at which several ISSOP members will be speaking; the legal case in London where the cause of death of a child was attributed to air pollution; the controversy over COVID 19 vaccination of Palestinians, and the results of a rapid survey of ISSOP members on vaccination status update – a great example of ISSOP collaboration.

Don't miss the results of our survey of members on IPPNW, and the good news about the coming into law of the Treaty to Prohibit Nuclear Weapons on 22nd January.

T. Waterston (UK) R. Mercer (ARG) R. Nathawad (US), G. Yilmaz (TR) N. Ustinova (RU)



(COVID in Bangladesh,, OXFAM, photo modified RM)

1.1. Message from Jeff Goldhagen - President of ISSOP

Addressing Inequities in Vaccine Distribution

As the COVID-19 pandemic rages globally, it continues to magnify inequities that we have known have existed prior to its onslaught. The burden is now on all of us to respond. Perhaps the most pressing inequity is access to vaccine—both within countries and between countries. The Covid-19 pandemic is a global pandemic—individual countries cannot protect themselves without protecting people around the world.

Though children may not experience a direct impact of inequities in vaccine access for themselves, assuming they remain among the lowest at-risk populations in light of the emergence of viral variants, Pandemic inequities are nevertheless having profound indirect effects on them. These are well documented in our policy statement and work of regional leadership groups

(<https://www.issop.org/2020/06/01/issop-covid-19-declaration/> ,

<https://www.issop.org/2020/11/06/pandemics-epidemics-and-inequities-in-routine-childhood-vaccination-coverage-a-rapid-review/>)

The priority issue for us now is how to advocate for global equity in vaccine distribution. GAVI, the global vaccine alliance for children (<https://www.gavi.org/covid19>), is taking the global lead on addressing equity in access to vaccine. In addition to financing:

- Vaccine distribution networks have been decimated and need to be reinstituted,
- Production capacities for vaccine in low and middle-income countries need to be expanded,
- Patent policies for vaccines developed with primarily public sector resources need to be established to facilitate and expedite vaccine production,
- Countries participating in vaccine trials need to be compensated in terms of priority access to vaccines,
- Social marketing to address vaccine hesitancy and promote vaccine uptake need to be implemented, and
- Investment in academic centers in LMIC will expand local capacities to engage as partners in vaccine development and distribution.

There is a role ISSOP and our members can play in advancing vaccination efficacy. We can advocate, in collaboration with other colleagues and societies—within our own countries, and internationally—to promote vaccine equity.

Toward this end, if there is anyone amongst us interested and committed to developing a policy statement on vaccine equity, please let us know. In the meantime, please advocate within your own countries for financial support for global vaccine distribution plans, and for policies that will help ensure equity in future global vaccine distribution campaigns.

Jeff Goldhagen

2. Meetings and news

2.1 Rights Matter - what the UN Convention on the Rights of the Child means to us. (RCPCH)

Children & Young People Engagement team

Written in 1989, the UNCRC is a set of rules, or 'articles', defining how each child and young person can be kept safe from harm, have chances to develop, become an individual and thrive. It helps us keep children and young people at the heart of all we do, through our RCPCH &Us network.

We explain more below plus have resources you can download!



Collage poster created by children and young people at an RCPCH &Us event
See [here](#) for full document

TW

2.2 RCPCH submission to UN on Children's Rights Submission to the United Nations on children's rights

Children & Young People's Engagement team

The United Nations Committee on the Rights of the Child (UN Committee) will be assessing how well the UK is implementing the United Nations Convention on the Rights of the Child (UNCRC) in 2022. As part of the process, RCPCH members, children and young people have supported the submission sharing areas for assessment and improvement.

Further details on the submission can be found [here](#)

Note from TW to readers: has your paediatric association made a submission to the UN Committee on the Rights of the Child? If so please write in with details to publish in the next e-bulletin. If not, why not suggest that they do?

2.3 25 of January is Tatiana Day (Students Day)



Tatyana's Day or Students Day, is named after Saint Tatiana, a Christian martyr in 3rd-century Rome during the reign of Emperor Alexander Severus. It is also the name day for the name Tatiana. Tatiana Day has come to be celebrated as Students Day in countries of the former Russian empire on 25th of January.

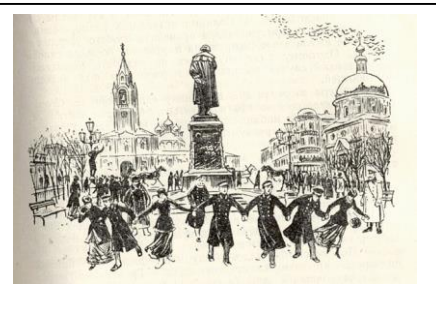
The Russian Orthodox Church celebrates St. Tatiana's feast on 12 January Julian, which corresponds to 25 January Gregorian in the 20th and 21st centuries. In

Russia, the day is known as Students Day, commemorating the foundation of the Moscow State University. On 12 January 1755 Julian (23 January 1755 Gregorian), Empress Elizabeth of Russia signed a decree for the establishment of the first Russian university, which was constructed in Moscow and put under the care of the first Russian Minister of Education Ivan Shuvalov (that day was his mother's name day).

Tatiana Day has come to be celebrated as Students Day in countries of the former Russian empire. The observance has a long tradition of festive activities and celebrations. In 1885, Chekhov wrote about Tatiana Day, "This year everything was drunk, except the water from the Moscow river, and only because it was frozen". The day begins with a traditional service conducted at the University's church followed by speeches and the awarding of prizes. Later in the day, many students host or attend parties and public events. Although originating in Moscow, St. Tatiana's Day celebrations have spread to most university towns.

Tatiana Day also coincides with the end of the first term of the traditional academic year for Russian students, so the holiday also functions as a day of celebration for the completion of final exam.

Nataliya Ustinova, Moscow



Note from TW:

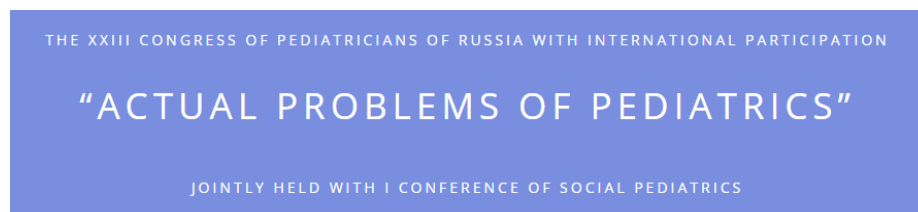
It is very interesting to hear about Tatiana Day in Russia. Students also like to celebrate in UK! The 25th January is a special day for Scotland too as it commemorates the birth of our national poet, Robert Burns – who I believe is also popular in Russia. On the 25th we eat special food (Haggis), listen to music on the bagpipes, dance highland dances, and above all, think about and listen to Burns' wonderful poetry. Here is his Address to the Haggis which is spoken on Burns Night as the Haggis is cut open –

*Fair fa' your honest, sonsie face,
Great chieftain o the puddin'-race!
Aboon them a' ye tak your place,
Painch, tripe, or thairm:
Weel are ye wordy o' a grace
As lang's my arm.*

*And translated from the Scots –
Good luck to you and your honest, plump face,
Great chieftain of the sausage race!
Above them all you take your place,
Stomach, tripe, or intestines:
Well are you worthy of a grace
As long as my arm.*

3. International Organisations

3.1 23rd Congress of Pediatricians of Russia



**THE XXIII CONGRESS OF PEDIATRICIANS OF RUSSIA
JOINTLY HELD WITH 1st CONFERENCE OF SOCIAL PEDIATRICS
Moscow, 5-7 March 2021**

<https://www.congress-pediatr-russia.ru/eng/>

On March 5-7 2021, the Annual XXIII Congress of pediatricians of Russia will take place under the auspices of the Union of Pediatricians, which is the main event for the children's health specialists.

Last year when the whole world just started talking about the new coronavirus infection, an unusually high number of full-time (9000) and online participants (more than 73.5 thousand individual and group views) attended the Congress.

And it seemed like a positive change, received by Russian pediatricians at the congress, will certainly indicate the correct vector and ensure energy boost for the hard work of pediatricians and pediatric nurses throughout the year. However, the pandemic COVID-19 has brought its own concerns, and the world turned upside down.

In the new year, 2021, we would like to rethink what we have experienced and answer the main questions of 2020. It became clear that the indirect impact of the new coronavirus infection, its social consequences are not less, and maybe more significant than medical issues, especially among children.

Now we're not talking about the pandemic COVID-19, but about syndemic COVID-19.

This year, within the XXIII Congress significant event will take place: the first social pediatrics conference. Russian pediatricians have always paid special attention to social aspects of children's health, but this year social pediatrics will be given a special status.

We invite colleagues from different countries to take participation!

<https://www.congress-pediatr-russia.ru/eng/>

Nataliya Ustinova, Moscow

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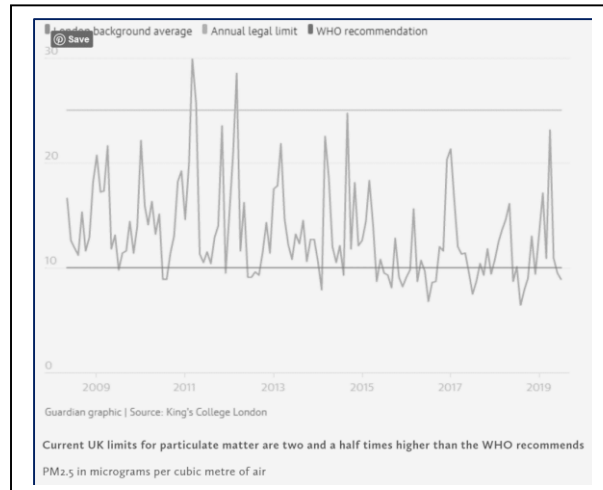
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4. Current Controversy

4.1 Air Pollution: a case for legal action?

Air pollution verdict shines political light on UK's and world's invisible killer

Air pollution is the invisible killer of 8,8 million people worldwide and is most probably the leading global cause of death. But until now it is not acknowledged on a death certificate. In the UK 40,000 people died prematurely due to air pollution in 2019, in India even 1,7 million people. But a turning point might be reached: On the 16 December 2020 a verdict made history: The coroner's conclusion ruled that air pollution was the reason for Ella Kissi-Debrah's death, a nine-year-old who lived close to a high traffic area in the south-east of London, just 25 metres from South Circular Road in Lewisham. Between 2006 and 2010 nitrogen dioxide air pollution and fine particle pollution (PM_{2.5}) from traffic constantly exceeded the annual legal limit of 40 µg/m³ and 10 µg/m³ (Figure 1). Last year in a similar case a mother successfully sued the French state about living close to traffic polluted ring road Saint Queen in Paris. The family moved to Orleans on their doctor's advice where the health significantly improved.



Prof Sir Stephen Holgate explained in the court case that unlike most people with asthma, Ella's attacks were not triggered by pollen or respiratory infections. During the winter months when air pollution levels spiked Ella had to be frequently admitted to hospital with coughing fits, which caused secretions in her lungs that in turn resulted in the collapses of her lung. Ella's health deteriorated over the years from being an active sportsperson wearing her gymnastics leotard hung with medals to her death in February 2013 due to acute respiratory failure. As most citizens the family did not know about the detrimental effects of car fumes and the damage the toxic air is causing. Around Ella's death huge spikes in air pollution were recorded.

The legal levels of pollution can now no longer be ignored by politicians despite the noisy interventions of the motoring lobby and car industry. The ruling is supported by the Royal College of Paediatrics and Child Health and other organisations such as Mumsnet. Worldwide air pollution levels frequently exceed set WHO limits. Small particle pollution as well as illegal levels of diesel-driven nitrogen dioxide are common in many cities and residential areas close to highways and traffic polluted streets. It is not only that air pollution damages the air ways but has extensive side effects on every organ in the body ranging from diabetes, heart disease, dementia, reduced mental health and increased risk for depression. Most vulnerable are children and the unborn. Hence there is worldwide a drive for clean air and car free zones in inner city areas to reduce toxic pollution levels and make life for residents and pedestrians healthier. Let this be a hopeful start that deaths like Ella's will be avoided in the future and child health will be more important than the car industry and diesel drivers especially in a time visibly illustrating the devastating impacts of the Climate Emergency. It is an urgent time to act.

Prof. Edda Weimann, MD (LMU), MPH (UCT)
Professor of Child Health (LMU) and Health Information Systems (UCT)
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4.2 No Vaccine in Palestine

By Amira Shaheen, PhD in Epidemiology and Population Health, CHIFA country rep for Palestine, An-Najah National University, Nablus, Palestine

The total number of COVID-19 identified cases in the Occupied Palestinian Territories at the time of writing is 172, 896 of which 10, 788 are active. Almost 15% of these cases are amongst those aged 19 and under. The number of deaths is 1918, and the positivity rate 12.15. The world is praising Israel for its speed in vaccinating its population, but none of the Palestinians who live under Israeli occupation in the West Bank and the Gaza Strip are being vaccinated. International organisations^{1,2} have pointed to “vaccine apartheid” which sees Israeli settlers on Palestinian land protected but the Palestinians ignored and pointed out that as Palestine has no money to buy vaccine and “the resources of the occupied territory are inadequate,” international law requires as Israel an occupying power to vaccinate the population (4th Geneva Convention Art. 55 and 56) - but Israel are refusing to do so.

CADFA's (Camden Abu Dis Friendship Association) campaign for vaccines to Palestine asks the UK government to take a dual approach. Firstly (as a signatory of the Geneva Conventions) to remind Israel of its responsibility and call on it to supply the COVID-19 vaccine to the Palestinian Ministry of Health with no political conditions attached. And secondly, because of the urgency of the situation, to make vaccine available to Palestine and to foot the bill as part of the UK aid budget.

References

1. <https://www.map.org.uk/news/archive/post/1185-map-joins-international-call-on-israel-to-ensure-vaccine-access-for-palestinians>
2. https://www.btselem.org/press_releases/20210105_joint_statement_israel_must_provide_vaccines_to_palestinians

Comment from Jeff Goldhagen, President of ISSOP:

The issue of Israel's obligation to offer COVID-19 vaccine to the Palestinians raises a number of questions. First, does Israel have a legal obligation to do so? If not a legal one, does it have a moral and ethical obligation to do so? What are the limits of countries' responsibilities to ensure equity within and among countries? Globally, how can equity be achieved and what consequences should/can there be for those countries that exacerbate inequities? These are critical questions that demand answers now—if we are to learn from this Pandemic.

More specifically related to Israel and Palestine, it is becoming increasingly clear that Israel has not provided equitable access to vaccine for Palestinians outside of Israel. The political issues are complex, but the medical ethics of access to vaccine are less so. It would be naïve of us to suggest we can litigate this issue in the pages of this Bulletin. But, we can use the issue to stimulate dialog and discussion to learn from the situation—to inform future responses to similar situations as an organization committed to health equity. What we cannot do, is ignore it.

Jeff Goldhagen

Comment from Dr Zsuzsanna Kovacs, Hungary:

As far as I know, the situation is very controversial, as we can read in the press e.g. : „The Palestinians have not approached Israel for help in obtaining COVID-19 vaccines and are planning to purchase them on their own with the help of the international community... The PA, with the help of the World Health Organization, has managed to secure the vaccine from other sources...

PA Ministry of Health official said that he expected vaccinations in the West Bank and Gaza Strip to begin next month.”

<https://www.ipost.com/israel-news/palestinians-we-didnt-ask-israel-for-covid-19-vaccine-652703>

Zsuzsanna Kovács

TW: For a balanced account of this controversy please see this [short video](#) from the BBC, and also it is interesting to watch this [BBC interview](#) of the Israeli Minister of Health Yuli Edelstein by Andrew Marr, from 43-45 mins concerning the vaccination of Palestinians.

5. CHIFA Report – IPA Report

5.1 CHIFA Report

Not surprisingly, there have been many reports about COVID 19 impact on children on CHIFA, and even more on HIFA which has carried dozens of news items. The following posting from Neil Pakenham Walsh on CHIFA on 28th January on the health impact of COVID 19 on children with disabilities and their families, will be of particular interest to ISSOP members.

TW

Below are extracts from a poster at today's CORE conference. It draws attention to the many challenges faced by children with disabilities and their families. Full text: <https://coregroupghpc.conference.tc/2021/discussion/threads/health-impact-assessment-of-covid-19-among-children-with-disabilities-and-their-families-rxGb3MPz6CYJBp9H7ZT2cW>

Children with disabilities and their families living in low- and middle-income countries encounter cumulative hardships without the presence of a global pandemic. The COVID-19 pandemic is likely amplifying these hardships and increasing the risks of morbidity and mortality for this population. The health impact assessment (HIA) aimed to understand the effects of both COVID-19 and the containment measures and restrictions implemented in Zambia on children with disabilities and their families living in resource-poor communities [in Zambia]...

Our findings indicate that overall, children with disabilities are adversely impacted by COVID-19. Most families reported a major loss of income (67%) resulting in stress, food and housing insecurity, and increased risk of child separation and neglect. As many as 79% of households are eating less or consuming food with lower nutritional value. Several families reported their child with disability began begging and seeking food outside of the home. Key services, such as physiotherapy, are no longer available. Of the minority of children who attend school (28%), most report schools have closed or reduced hours. Many families cannot access or afford COVID-19 prevention supplies...

Our findings indicate the need for disability-inclusive responses that deliberately address the unique needs of children with disabilities and their families, notably uninterrupted access to adequate food, inclusive education, rehabilitation therapy, and income-generating activities.

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5.2. IPA Report

Members of IPA EC to promote COVID vaccination globally elaborated these materials.

- **Dr. Errol Alden President of the International Pediatric Association** supports the COVID Vaccine Solidarity Campaign- IPA Vaccine Trust Project.

Click here to view  <https://fb.watch/2QdIUcITLc/>

- **Dr. Jay Berkelhamer Treasurer of the International Pediatric Association** supports the COVID Vaccine Solidarity Campaign- IPA Vaccine Trust Project.

Click here to view  <https://fb.watch/2QmruvGxB3/>

- **Prof. Ousmane Ndiaye, President of Senegalese Pediatric Society and Standing committee member of IPA** supports the COVID Vaccine Solidarity Campaign- IPA Vaccine Trust Project.

Click here to view  <https://bit.ly/3968iQk>

- **Dr. Naveen Thacker (IPA)**

Shares his COVID-19 Vaccination Experience

<https://youtu.be/s33BW1kCVXI>

Raul Mercer

5.3. ISSOP INRICH Research Update

As we reported in the June 2020 e-bulletin, ISSOP, jointly with one of our partner organization, the International Network for Research in Inequalities in Child Health (INRICH), has established a research initiative as part of our Covid 19 work programme. Since our inaugural meeting in May we've held 15 meetings of the whole group as well as separate meetings of thematic groups working on specific themes. Eight thematic groups have been established: Voices of Children; Children with Disabilities; Immunization; Policy studies; Parental and Child Stress; Clinical Studies; Population-level surveys; Violence against Children.

Projects are being carried out in more than 25 countries from six regions: Asia Pacific, Africa, Latin America; North America, Northern Europe and Southern Europe. Collaborations have been established within thematic groups with sharing of research methods, questionnaires etc. A survey questionnaire developed by colleagues in Canada has been translated and used in Germany, Russia, Brazil and in Quebec. A questionnaire measuring stress levels in children has been modified and used by colleagues in Japan and Nigeria. A rapid literature review of the impact of pandemics including COVID on inequity in routine childhood vaccination coverage has been published in BMJ Pediatrics Open (available for download at

<https://www.issop.org/2020/11/06/pandemics-epidemics-and-inequities-in-routine-childhood-vaccination-coverage-a-rapid-review/>.

A further rapid review on the impact of school closures has been submitted for publication. Further publications are in preparation.

Details of all the research projects underway can be viewed on ISSOP COVID 19 Google Drive:

<https://drive.google.com/drive/folders/1mPZkFX30GLBZU-VSpOJLp48sWteXTrx4>.

Publications by group members arising from the research projects will be uploaded to the ISSOP website (www.issop.org)

Nick Spencer

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5.4 Results of our survey of members on IPPNW

Dear ISSOP friends and colleagues,

Some exciting news for 2021 has been that a new United Nations treaty that will make nuclear weapons illegal in the countries that sign it, The Treaty on the Prohibition of Nuclear Weapons (TPNW), officially entered into international law on January 22nd.

Please find here a brief summary of the results of the ISSOP/IPPNW survey about nuclear weapons (NW). We are grateful to all those who were able to respond to the survey and look forward to using this information in future planning. The survey shows that there is considerable interest among our members towards giving a higher profile to NW and their impact on children, in ISSOP's future work.

We had 29 responses to the survey, with a wide distribution of respondents across the world and representation from all continents. Most agreed (93%) that nuclear war is a genuine threat to the world today, ranking it third across other threats (poverty and inequality and climate change were ranked as first and second respectively). Ninety percent of respondents believe that nuclear war is a topic that ISSOP should campaign on and some thoughts from members included our ability to give children a voice in this matter, developing partnerships in this area, advocating at the policy level against nuclear weapons, interest in learning more and also a caution to recognize our limitations in terms of entering into advocacy around this topic. There was general interest in webinars, case-based learning and workshops on the topic, in addition to development of an ISSOP committee and policy statement in the future.

ISSOP is looking for members with an interest in this field to build the ideas and formulate a plan for how the Society may take this work forward. If you are interested please contact Jeffrey Goldhagen or members of the e-bulletin team.

Rita Nathawad

6. Trainee Report

6.1 Screen time, autism like symptoms and COVID- 19 Pandemic

Due to the global lockdown 1.5 billion children have been estimated to stay at home at the end of April 2020. During this period, children and young people have been more vulnerable to spend excessive time in front of screens including digital tablets, smartphones, desktop computers and TV.

According to our new unpublished study with data from Turkey 0–12 year-old children reported elevated social media use during the pandemic. Prevalence of using electronic screen media was high among children below 3 years. Children have spent more time with electronic screen media compare to children which previously more socially engage. We found that first exposure was in much younger age. Interestingly, parents actively persuaded their young children to use electronic screen media as a companion to entertain and to keep them occupied, therefore, the parent can freely working on their own in the home. Surprisingly, many parents proudly reported that their children aged below 2 years have been able and enjoy electronic media in regular basis (especially when they are eating).

In this period, more families visit our clinic with concerns of language delay or autistic-like behaviors and symptoms their children. Increased screen time in young children is associated to negative health outcomes such as decreased cognitive ability, impaired language development, mood, and autistic-like behavior including hyperactivity, short attention span, and irritability. In a study which published in *JAMA Pediatrics*, researchers found that if caregivers said a child had any screen time at 12 months old, they were 4% more likely to have autism-like symptoms at 2 years. If a parent played with the child daily at 12 months compared to less than daily play, the risk of autism-like symptoms went down by 9%.

The current coronavirus crisis has led many families to relax family rules on screen time and other media usage during stay-at-home restrictions and self-quarantine, but we should

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always remind families how important maintaining the boundaries are for young children who are still undergoing critical brain development.

References:

1. Heffler KF, Sienko DM, Subedi K, McCann KA, Bennett DS. Association of early-life social and digital media experiences with development of autism spectrum disorder-like symptoms. *JAMA Pediatr.* April 20, 2020. Epub ahead of print. doi: 10.1001/jamapediatrics.2020.0230
2. Christakis DA. Early media exposure and autism spectrum disorder: heat and light. *JAMA Pediatr.* April 20, 2020. Epub ahead of print. doi: 10.1001/jamapediatrics.2020.0659

Erkan Dogan MD (Trainee in Developmental and Behavioural Pediatrics), Gonca Yilmaz MD, PhD

7. Publications

7.1 Digital divide among adolescents

ISSOP member Geir Gunnlaugsson (Iceland) was the first author of this recent open access publication, on the usage of digital technology among school-attending adolescents in the capital Bissau, Guinea-Bissau, West Africa. <https://doi.org/10.3390/ijerph17238937> 'We analysed the socio-economic determinants for usage of digital media in this group of young people. About half of them aged 14-19 years had not used/had access to a desktop computer/laptop in the last 12 months, and one third did not report any usage of internet – even in this privileged group of urban school-attending adolescents. In times of COVID pandemic and increasing usage of virtual teaching, the paper illustrates the severity of the digital divide between the “haves” and “have nots”, and sub-Saharan Africa lags severely behind.'

[This article is taken from a CHIFA posting by GG on 24th January – thanks Geir! TW]

7.2. The Inequality Virus (by OXFAM)

The coronavirus pandemic has the potential to lead to an increase in inequality in almost every country at once, the first time this has happened since records began. The virus has exposed, fed off and increased existing inequalities of wealth, gender and race. Over two million people have died, and hundreds of millions of people are being forced into poverty while many of the richest – individuals and corporations – are thriving. Billionaire fortunes returned to their pre-pandemic highs in just nine months, while recovery for the world's poorest people could take over a decade. The crisis has exposed our collective frailty and the inability of our deeply unequal economy to work for all. Yet it has also shown us the vital importance of government action to protect our health and livelihoods. Transformative policies that seemed unthinkable before the crisis have suddenly been shown to be possible. There can be no return to where we were before. Instead, citizens and governments must act on the urgency to create a more equal and sustainable world.



<https://oxfamlibrary.openrepository.com/bitstream/handle/10546/621149/bp-the-inequality-virus-250121-en.pdf>

RM

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8. COVID reflections

8.1 Report from South Africa

South Africa has an excellent network of public health nurses whose wide experience has been gained with managing TB and HIV. It is the only other country apart from the UK that regularly sequences the genome of COVID isolates. The rapid spread of COVID in the second wave, which has hit South Africa very hard, is probably due to the new variant which is even more infectious than the UK one. It is impossible to self-isolate or observe social distance in the small houses and shacks in the crowded townships and most people must go to work or starve, even if they are ill.

Alcohol abuse is linked to road accidents and domestic abuse which are huge problems at the best of times. Pre-school facilities have struggled to survive and an outstanding NGO, *Ilifa Labantwana* ("children's heritage" in isiXhosa) is campaigning for more support. Children who have lost one or both parents are begging and stealing. Farmers, churches, local committees, Rotary Clubs (including ours), "Gift of the Givers" and many other groups are providing food parcels and blankets. I'm the moderator for a PGDip in Community Paediatrics for the University of Cape Town so I read the students' assignments (humbling and very impressive) from all over South Africa and other parts of Africa. They report that the prevalence of wasting, stunting and TB, already high, is rising. South Africa is the second largest economy in Africa; the situation is even worse in our neighbours – particularly Zimbabwe after years of misrule and Mozambique which now has an Islamist insurgency in addition to its other problems.

David Hall, d.hall@sheffield.ac.uk

8.2 Origin of COVID 19.

A WHO team is investigating the origins of COVID 19 in China at this moment. As reported by the [BBC](#), Team leader Peter Ben Embarek told AFP news agency just before the trip that it "could be a very long journey before we get a full understanding of what happened". "I don't think we will have clear answers after this initial mission, but we will be on the way," he said.

8.3 Why vaccine is lacking in LICs

See embedded video in this [BBC report](#)* on vaccines in Europe.

* <https://www.bbc.com/news/world-europe-55822602>

8.4 Vaccine Misinformation Management Guide



Misinformation threatens the success of vaccination programs across the world. Unicef, First Draft, Yale Institute for Global Health, and PGP (The Public Good Projects) have partnered to create the Vaccine Misinformation Management Field Guide. This guide aims to help organizations to address the global infodemic through the development of strategic and well-coordinated national action plans to rapidly counter vaccine misinformation and build demand for vaccination that are informed by social listening.

<https://vaccinemisinformation.guide/>

Raul Mercer

8.5 Protecting Health Care Workers: A Need for Urgent Action

The COVID-19 pandemic has made this contradiction more apparent than ever. As the virus swept the globe in early 2020, public displays of support for overburdened health care workers (HCWs) were common. From Spain to Singapore, residents cheered and banged pots nightly to show appreciation. In the United States, signs at medical facilities blared: “Heroes Work Here.” And yet, the lack of protections for HCWs—and their consequences—were clear: hundreds of thousands of HCW infections, reports of HCWs wearing trash bags in the absence



of proper personal protective equipment, and an uptick in mental health issues and suicides as HCWs shouldered the strain of ill-prepared public health systems. Amnesty International found that as of September 2020, at least 7,000 HCWs had died fighting COVID-19. In some places, HCWs have even faced attacks in direct response to public health measures put in place to control COVID-19. For more information go to


<https://preventepidemics.org/covid19/resources/protecting-hcw/>

Raul Mercer

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9. Climate Change Upgrade



GLOBAL WEBINAR SERIES

RESPONDING TO THE IMPACT OF CLIMATE CHANGE ON CHILDREN

SAVE THE DATES

TWO HOUR MONTHLY SESSIONS ON THURSDAY/FRIDAY FROM FEBRUARY TO SEPTEMBER

- FOR THE AMERICAS, EUROPE AND AFRICA: THURSDAYS STARTING AT 5 PM GMT
- FOR THE ASIA-PACIFIC REGION: FRIDAYS STARTING AT 03:30 AM GMT

* TO VERIFY YOUR LOCAL TIME PLEASE USE **TIME CONVERTER ZONE/GMT**:
[HTTPS://GREENWICHMEANTIME.COM/TIME-GADGETS/TIME-ZONE-CONVERTER/](https://greenwichmeantime.com/time-gadgets/time-zone-converter/)
* PLEASE CONSIDER CHANGES IN DAYLIGHT SAVINGS TIME

- **Featuring international experts** to discuss the impact of climate change on children, and how child health professionals can respond.
- **Regional breakout sessions** will be held after the presentations to facilitate strategic discussions on actions we can take now and in the future.
- **A global strategy** for child health professionals to address the challenges of climate change will be generated from the information gathered from the breakout sessions.

TOPICS

- **February 25/26:** Child Health and Sustainability: Defining and Responding to the Impact of Climate Change on Children
- **March 25/26:** Understanding the Science of Climate Change and Launch of ISSOP Declaration on Climate Change
- **April 22/23:** Hearing and Learning from the Voices of Youth and Indigenous Communities
- **May 27/28:** Responding to the Health and Mental Health Effects of Climate Change
- **June 24/25:** Greening Practices and Health Systems & Creating Resilient Cities
- **July 29/30:** Global Political and Economic Impact of Climate Change—Advocacy and Action
- **August 26/27:** Leadership in a new World: Planetary Pediatrics and One Health
- **September 23/24:** COP 26 (UN Climate Change Summit) and the Child Health Community: ensuring that equitable policies are adopted for children and youth

Please pre-register any time up to 15 minutes prior to the presentation
Please mark your calendar. Zoom link to be provided at time of registration.
Information Technology provided by the University of Florida-Jacksonville, Department of Pediatrics

9.1 Global Webinar Series on the Impact of Climate Change on Children

During 2021 and during the period of the ISSOP climate change webinars and the run-up to COP26 (the UN Climate conference to be held in November), the ISSOP e-bulletin will run short updates on climate facts. Please send in any short articles or links to the editors, they can include reports of progress or otherwise in your own country!

You can now register for the programme of webinars which will run from February to September, please get them in your diaries now!

TW

9.2 Countries adapting too slowly to climate breakdown, UN warns

This report appeared in the Guardian (UK) on 14th January 2021

Nearly three-quarters of countries around the world have recognised the need to plan for the effects of global heating, but few of those plans are adequate to the rising threat, and little funding has been made available to put them into force, according to the UN environment programme's Adaptation report 2020, published on Thursday.

Last year was the joint hottest on record, with a heatwave in Siberia, wildfires in Australia and the US, a destructive Atlantic hurricane season and storms and floods in many parts of Asia.

However, spending on measures to adapt to extreme weather has failed to keep pace with the rising need, according to UNEP. Only about \$30bn (£22bn) is provided each year in development aid, to help poor countries cope with the effects of the climate crisis, which is less than half of the \$70bn currently estimated to be needed. Those costs are set to increase further, to between \$140bn and \$300bn by the end of the decade.

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10. Vaccinations and vacillations

How to walk together on an uncertain COVID horizon

ISSOP, as always, tries to confront reality from the perspective of social pediatrics, that is, the population vision, based on social determinants, the rights of children and equity. This time we appealed to the social pediatric community to analyze the possible scenarios that vaccination against COVID-19 brings us. Since there are many unanswered questions, we asked the ISSOP community on the opinions and reflections on COVID-19 vaccination. Here are the received opinions. We deeply thank to our colleagues for your contributions. After reading the different narratives, what questions or concerns do you have to share as a topic of inquiry for the next issue of the E-bulletin?

RM

Spain (1): by Luis Rajmil

- What is the present situation regarding COVID vaccination in your country?

Vaccination started on December 27, 2020 in Spain

- What vaccine/s are you using or planning to use?

The vaccine used is that of Pfizer (more than 1 million doses distributed) and that of Moderna (50,000 doses aprox.) and the first doses were administered in percentages with great variability depending on the region (Autonomous Communities), for example in Catalonia approximately 60% of the doses received have been administered

- Any prioritisation strategy? Please describe.

Priority is: elderly people living in nursing homes, nursing home workers, healthcare personnel, older people, etc.

- Any information on time expected coverage?

There is no clear forecast. According to the healthcare minister intend to have maximum coverage before the start of summer (June-July)

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

In Spain, in general a high coverage of childhood vaccinations is achieved, it is variable with that of influenza, and for me unknown in the current case regarding population responses, efficiency on administration protocol, side effects, ...

- What children and adolescents say about the vaccines?

For now these vaccines are not proven in children under 16 years of age, but I do not know what the authorities plan to do about it

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

In Spain, healthcare is decentralized in each Autonomous Community, who are the ones who make the final decisions. In theory, the Spanish Ministry of Health coordinates the actions. To view global updated information on vaccination:

<https://www.mscbs.gob.es/en/profesionales/saludPublica/ccayes/alertasActual/nCov/vacunaCovid19.htm>

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Canada: by Olaf Kraus de Camargo

What is the present situation regarding COVID vaccination in your country?

Vaccination has started in all provinces

- What vaccine/s are you using or planning to use?

In our city, hospital staff will receive the Pfizer/BioNtech, Long term care home residents and staff will receive Moderna (easier to transport to those locations)

- Any prioritisation strategy? Please describe.

Prioritisation is based on risk assessment and divided in 3 phases: <https://covid-19.ontario.ca/covid-19-vaccines-ontario>

- Any information on time expected coverage?

Health workers by end of March, rest of population by end of summer

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

Vaccine is free, majority of population is planning to get the vaccine

- What children and adolescents say about the vaccines?

Not heard comments yet

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

<https://files.ontario.ca/moh-covid-19-vaccine-distribution-implementation-plan-en-2020-12-11-v3.pdf>

On Twitter, @ottawahealth does an excellent job of disseminating information in fun and easy language

Video about Vaccine: <https://youtu.be/UYd2kZz2JmQ>

Japan: by Hajime Takeuchi

- What is the present situation regarding COVID vaccination in your country?

- What vaccine/s are you using or planning to use?

Japan has arranged to buy the vaccines of Pfizer, Moderna and AstraZeneca.

However, only the Pfizer vaccine had applied for approval in Japan.

Wishfully, the vaccine of Pfizer will start at the end of February.

- Any prioritisation strategy? Please describe.

The Ministry of Health announced the target is 16 years or older.

There is no other idea disclosed.

- Any information on time expected coverage?

Japan has arranged to buy 120 million doses each from Pfizer and AstraZeneca. It will secure 50 million doses of the Moderna vaccine and up to 250 million of the Novavax formula. The Japanese population is 120 million.

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

The vaccine will be distributed freely.

The mass media repeatedly reported the anaphylactic side effect in the UK.

The vaccine hesitancy is in a certain amount of population.

The Pfizer and Moderna vaccines are brand-new mRNA vaccines.

So, I think that uncertain adverse events will possibly occur.

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- What children and adolescents say about the vaccines?

I don't know their voices.

A report of a questionnaire study for mothers revealed that half of the mams want to give their child the vaccine, and the other half don't want to do so.

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

Sorry, I don't have special one.

Israel: by Manuel Katz

What is the present situation regarding COVID vaccination in your country?

1/ Vaccination in Israel started on Dec 18, until yesterday January 13: 1,880,900 were vaccinated (1st dose), second dose started January 10 (including myself)

- **What vaccine/s are you using or planning to use?** Until now, we use only Pfizer Covid 19 vaccine. Israel will have also Moderna vaccine (first delivery in a couple of weeks) and contracts were made with others

- **Any prioritization strategy? Please describe.** Doctors and health workers, elderly people from 65+, then from 60 and teachers and school workers, then from 55, then 50+ (we are now here)

- **Any information on time expected coverage.** 5 million will have full coverage by end of March-Middle April

- **Any concerns in your country regarding vaccine affordability, population hesitance, side effects?** No. Huge demand for vaccinations (much more than expected). Hospitals and health Funds are doing a fantastic job.

Few side effects (local pain, fever and discomfort for 24 hours, allergies and facial palsy but less that was indicated by the Pharma company) One case of Kawasaki like in a young man hours after his first dose (is not clear if vaccine was a trigger?). Second dose ; During the first 3-4 days local pain, headache and tiredness were reported in few people.

- **What children and adolescents say about the vaccines?** We expect that parents will be in favor to vaccinate children. We expect that probably a few young people (16-35) will feel reluctant to vaccine

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

Mainly by TV using well-known actors. Using pod casts by phone and pamphlets. At orthodox groups, Arab communities, Ethiopians and others community leaders are strong involved explaining and pushing the need of massive vaccination/

Red, Yellow and Green areas are in constant surveillance

The prime minister, the minister of health and others in government are strongly involve on information dissemination.

TV and radio news use very well known doctors and researchers discussing all issues regarding vaccination/ TV News dedicate about 60-70% of the time discussing covid 19

Israel is facing now its third lockdown (partial but strong that the 2nd) until January 21

January 13: 8,500 new daily cases, 1000 in severe condition, 6-7% positive /100,000 PCR studies, R: 1.25 (stable last 3-4 days)

The new UK and South Africa mutation were detected in a very few people (about 10?)

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Nigeria: by Angela A. Okolo

- What is the present situation regarding COVID vaccination in your country?

Sensitization campaign on- going. Health professional Associations are involved in the awareness campaign

- What vaccine/s are you using or planning to use?

The plan is for the UK vaccine which does not require extraordinary temperature ranges

- Any prioritization strategy? Please describe.

1st targets will be frontline health workers and then the Elderly

- Any information on time expected coverage.

By end January it is expected that the vaccine will arrive

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

Yes already people are asking about costs and who will pay

On the other hand there are pockets of hesitance hence the Country's President and all the 36 state Governors declared that they will be the first recipients have

- What children and adolescents say about the vaccines?

Nothing much as the reality is yet to germinate

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

For the time being, there is nothing much!

Sweden: by Staffan Janson

- What is the present situation regarding COVID vaccination in your country? Just started in January 2021, vaccinating people in homes for the elderly, and from week 2 also professionals working in intensive care

- What vaccine/s are you using or planning to use? Primarily Pfizer Biontech, probably Moderna and later Astra Zeneca's as fast as it appears on the market.

- Any prioritisation strategy? Please describe. 1. Elderly homes, residents and staff, 2. Professionals at Intensive care units and at inflectional clinics, 3. People older than 70+. 4. General adults

- Any information on time expected coverage? Summer 2021.

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects? Not really, but probably about 10 % hesitance

- What children and adolescents say about the vaccines? Adolescents may come in last in the vaccination queue, younger children will probably not be vaccinated.

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc). Will try to come back with this later.

Iceland: by Geir Gunnlaugsson

- What is the present situation regarding COVID vaccination in your country?

Answer: See link <https://www.covid.is/covid-19-vaccine>

- What vaccine/s are you using or planning to use?

Answer: Vaccination has begun, first with the Pfizer vaccine, now beginning with Moderna. We are also waiting for AstraZeneca vaccine to be used as well as Jansen-Cilag. Here info from the Icelandic Medicines Agency:

Two vaccines have been approved by the Icelandic Medicines Agency for use in Iceland by issuing a conditional marketing authorization. On the one hand, there is the

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Comirnaty vaccine from BioNTech and Pfizer. However, the vaccine COVID-19 Vaccine Moderna from Moderna. The basis of the marketing authorization for both vaccines is a detailed assessment by the European Medicines Agency of the vaccine's efficacy, safety and quality.

Two other vaccines are under rapid evaluation by the European Medicines Agency, the so-called phased evaluation, which is a vaccine from AstraZeneca and Janssen-Cilag. Therefore, it is hoped that more vaccines will be approved soon.

Contracts for the purchase of vaccines against COVID-19 are in the hands of the Ministry of Health. The implementation of vaccinations is the responsibility of the Chief Epidemiologist at the Office of the Medical Director of Health.

- Any prioritisation strategy? Please describe.

See also <https://www.covid.is/covid-19-vaccine>

Adults:

Group 1: Healthcare professionals and other staff working in emergency wards and intensive care units of Landspítali University Hospital and the intensive care unit in the hospital in Akureyri.

Group 2: Healthcare workers working in COVID-19 out-patient wards and wards for patients who have been infected with COVID-19.

Group 3: Persons living in nursing and retirement homes and old-age wards in hospitals.

Group 4: Ambulance staff, paramedics, the employees of the Icelandic Coast Guard, fire brigade employees, prison guards, call-out police officers.

Group 5: Healthcare professionals involved in the primary care of patients and who must necessarily be vaccinated.

Group 6: Persons aged 60 and older.

Groups 7: Persons with underlying long-term illnesses who are at particular risk.

Groups 8: Employees of nursery, primary and secondary schools and select groups of social and welfare service workers.

Groups 9: Persons who are in sensitive circumstances due to their social and economic situation.

Groups 10: All others who request vaccination.

Children (compiled by the Professor of Paediatrics Ásgeir Haraldsson (immunology) and Dr. Valtýr Stefánsson Thors, paediatric infectious disease specialist)

- Young people > 16 years of age and with defined risk factors, ie. severe underlying diseases, e.g. severe congenital heart disease, lung disease, immunodeficiency or severe immunosuppression could be classified as young adults and vaccinated as such.
- Households of children <16 years of age with serious illnesses and requiring extensive parental care as infections could be life threatening should be a priority to protect the child, so-called cocoon strategy.
- Children aged 5-15 years may be eligible in exceptional cases, especially when more experience has been gained with the vaccine. This then applies almost exclusively to children as infections could be life-threatening due to the aforementioned risk factors. However, the manufacturer's warranty does not cover such vaccinations.

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- Children <5 years of age should generally not be vaccinated (except in exceptional cases) until adequate data are available and have severe underlying diseases as described above. The manufacturer's warranty does not cover such vaccinations.
- There is no decision to vaccinate adolescents and high school students at this time unless they meet the above criteria.

- Any information on time expected coverage?

Answer: There is an intention to reach all eligible with vaccines not later than in the autumn, hopefully earlier (June). See further information on <https://www.covid.is/covid-19-vaccine>

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

Answer: No, costs are not an issue, will be free of charge, and nobody will be forced to get vaccination. We have had reported a few deaths of elderly people after the vaccination who were sick and resided in nursery homes, this is being investigated, but impression that this has nothing to do with the vaccination. Some minor complications reported, no hesitancy nevertheless.

- What children and adolescents say about the vaccines?

Answer: No information, but research among adults indicate more than 90% positive and intend to vaccinate themselves as soon as possible.

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

Answer: <https://www.covid.is/covid-19-vaccine>

Chile: by Ivan Silva (SOCHIPE)

- What is the current situation regarding COVID vaccination in your country?

In our country, the vaccination of adult Critical Patient Units staff has begun. Reaching a total of 13,785 professionals vaccinated with the first dose and 8,206 with the second dose (cut off Monday, January 18, 2021).

The day-to-day detail can be obtained at the following link.

https://informesdeis.minsal.cl/SASVisualAnalytics/?reportUri=%2Freports%2F1a8cc7ff-7df0-474f-a147-929ee45d1900§ionIndex=0&sso_guest=true&reportViewOnly&textBeaswel-report=falseContact=true-report=falseContact

All information about vaccination is given on the website.

<https://www.gob.cl/yomevacuno/>

- What vaccine (s) are you using or planning to use in your country?

The vaccine currently in use is that of Pfizer-BioNTech. But there are commercial agreements with other vaccines, below, I leave a summary table

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Laboratorio	SINOVAC	PFIZER	JANSSEN	ASTRA ZENECÁ
Plataforma	Virus inactivado	Ácido Nucleico (ARN)	Vector Viral (Adv humano)	Vector Viral (Adv chimpancé)
Cadena de frío	+2 y +8°C	-70°C	-20°C +2 y +8°C	+2 y +8°C
Vigencia	3 años	6 meses	2 años (-20°C) 3 meses (2 a 8°C)	
Esquema	2 dosis (0-14 días)	2 dosis (0-21 días)	1 o 2 dosis (0 0 0-56 días)	2 dosis (0-28 días)

- Any prioritization strategy? Please describe.

The Advisory Committee on Vaccines and Immunization Strategies of our country, better known as CAVEI, determined the target groups for vaccination against sars-cov-2 according to the supply of vaccines, it is important to mention that the prioritization of the groups will be subject to the availability of the vaccinations

The following link is the detail.

<https://www.minsal.cl/wp-content/uploads/2021/01/GRUPOS-OBJETIVO-PARA-VACUNACION-CONTRA-SARS-COV-2-Departamento-de-Inmunizaciones-11-dic-Diciembre.Pdf>

ETAPA 1	1a	Todo el personal de salud clínico/administrativo en atención intrahospitalaria/extrahospitalaria y servicios de urgencias abiertos/cerrados, que incluye: servicios médicos, dentales, servicios de apoyo clínico (laboratorios clínicos (incluye los que realizan detección de SARS-CoV-2), servicios de radiología, farmacia, servicios de anatomía patológica, alimentación, transporte, seguridad, aseo. Estudiantes de carreras del área de la salud en práctica clínica (atención directa a pacientes).
	1b	Residentes y funcionarios de instituciones de atención cerrada: Establecimientos de Larga Estadía de adultos mayores (ELEAM), Servicio Nacional de Menores (SENAME) (1) o en centros en convenio con esa institución, centros de atención de salud mental. Funcionarios de Residencias sanitarias, Teletón. Adultos mayores de 80 años.
	1c	Personal que desarrolla funciones críticas (2) en la Administración del Estado: de los 23 ministerios, del Poder Judicial, del Poder Legislativo, de Gobiernos Regionales. Personal que desarrolla funciones consideradas esenciales para la atención directa a la ciudadanía: FONASA, ISAPRES, IPS, AFP, Registro Civil, ChileAtiende, Compin, BancoEstado, Cajas de compensación, SAG, Aeropuertos, Terminales de buses, fiscalizadores de SEREMI de Salud. Personal que desarrolla funciones esenciales para la atención directa a público en farmacias comunitarias (comunes y privadas). Personal de laboratorios (universitarios/privados) que realizan detección de SARS-CoV-2 (manipulación muestras aspirado nasofaríngeo). Personal de Fuerzas de Orden y Seguridad, Fuerzas Armadas desplegadas en el plan de acción por coronavirus.
ETAPA 2	2a	Personas mayores de 65 años, según grupo etario (INE), y la aprobación de cada vacuna: 75 a 79 años (430.954 personas) 70 a 74 años (615.340 personas) 65 a 69 años (844.335 personas)
	2b	Personas con comorbilidades, según la aprobación de cada vacuna: • Enfermedad pulmonar crónica (asma bronquial, EPOC, fibrosis quística, fibrosis pulmonar de cualquier causa, Tuberculosis en tratamiento).

		<ul style="list-style-type: none"> • Enfermedad neurológica (neuromusculares congénitas o adquiridas, que determinan trastornos de la deglución o del manejo de secreciones respiratorias, epilepsia refractaria a tratamiento). • Enfermedad renal crónica (insuficiencia renal en etapa 4 o mayor, diálisis). • Enfermedad hepática crónica (cirrosis, hepatitis crónica, hepatopatías). • Enfermedades metabólicas (diabetes mellitus, enfermedades congénitas del metabolismo). • Cardiopatías (congénitas, reumática, isquémica y miocardiopatías de cualquier causa). • Hipertensión arterial en tratamiento farmacológico. • Obesidad (IMC ≥ 30 en adultos y en adolescentes IMC $> +2$ DE). • Enfermedad autoinmune (lupus, escleroderma, artritis reumatoide, enfermedad de Crohn, y otras). • Cáncer en tratamiento con radioterapia, quimioterapia, terapias hormonales o medidas paliativas de cualquier tipo. • Inmunodeficiencias (congénitas o adquiridas), las personas viviendo con VIH en TARV con CD4 ≥ 200 células/mm³ y carga viral de menos de 1.000 copias.
ETAPA 3	3a	Personas que desarrollan funciones en ONEMI, CONAF, Bomberos. Personas que laboran en empresas de servicios básicos: electricidad, agua, gas, telecomunicaciones, generación de energía, distribuidores de combustibles, recolección de desechos domiciliarios, rellenos sanitarios, elaboración de químicos y productos farmacéuticos. Personas que laboran en empresas de transporte: metro, conductores de locomoción pública y ferrocarriles, transporte de valores. Personas que laboran en el transporte de productos críticos: alimentos, insumos clínicos, medicamentos. Personal de Gendarmería y personas privadas de libertad.
	3b	Parvularias y personas que ejercen funciones en salas cunas, jardines infantiles. Profesores y personas que ejercen funciones en establecimientos de educación preescolar, básica y media.
	3c	Población general, según la aprobación de cada vacuna

* Este documento utiliza como base las recomendaciones del Comité Asesor de Vacunas e Inmunizaciones.
 ** La vacunación de los grupos objetivo estará sujeta a la disponibilidad de vacunas.

- Any information on the expected time to reach good coverage?

Objective:

To be able to vaccinate the priority groups during the first quarter of this year (around 5 million people), and thus, to reach 80% of the population (approximately 15 million people) by the end of the first half of 2021.

- Any concerns in your country regarding the affordability of vaccines, doubts of the population, side effects?

Vaccination was defined as voluntary, and initially there was concern about the speed of study results.

The first vaccine, passed through the analysis of the Institute of Public Health ISP, who accepted the use of the Pfizer Biontech vaccine in an emergency situation. A presentation with all the background was made through streaming, it can be reviewed at the following link <https://www.youtube.com/watch?v=QX5E5Jmr9Oo&t=7s>

- What do children and adolescents say about COVID vaccination?

Teresita Segovia, 17 years old, MS graduate, COVID Calama Youth Table coordinator: "For me, the fact that I have a vaccine and that the vaccination process is already beginning is an enormous joy, I feel that the uncertainty that we had to live with last year is being alleviated. We are no longer so unprotected, although we must not trust either.

And directly with the vaccination process, I feel that we are making rapid progress at the country level, but that we should not sing Victoria until a large percentage of the population receives the second dose of immunization. "

Fabián Fermín, 17 years old, student, member of the MINSAL NBA Advisory Council: "I think that vaccination is a necessary process that we have been waiting for for a long time, the problem is that the media have done a lot of bad propaganda on the subject, scaring the population. Personally I feel that the vaccine is the first step to get out of the pandemic, but, the global distribution has not been equitable, recently the WHO

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denounced that between 10 countries they used 95% of the vaccines. Also, that Chinese and Russian vaccines are frowned upon in the population ...

Vaccine awareness campaigns should be carried out, showing that not all vaccines are 100% effective, or that sometimes they have some side effects that are "normal" "

Videos are attached with the opinion of Antonio Gormaz Barrera, a six-year-old boy from the Chiguayante commune.

<https://youtu.be/A6VqTakG7ds>

- Finally, share any original information about the communication strategy (brochures, media campaigns, videos, etc.) that they are using in your country

<https://www.gob.cl/yomevacuno/>

Colombia: by Miriam Bastidas

Situation of the COVID-19 vaccine in Colombia

Information taken from:

1. <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/pnv-contracovid-19.pdf>

2. <https://www.semana.com/nacion/articulo/>

3. National vaccination plan against COVID 19

4. Television program: daily presidential address 6 p.m. Prevention and action against Covid

Colombia has 51,049,498 inhabitants projected for 2021 and an immunity of 50% is planned to achieve immunity in herds, pregnant women and adolescents are not included in this plan until there is more evidence

Colombia has managed 49 million doses so far as follows

To date, the national government has insured 49 million doses that would benefit 29 million Colombians. There are several procedures for the acquisition of vaccines

1. Through the Covax mechanism, 20 million doses were managed, which will be delivered throughout 2021, the first doses would arrive in February. (for 10 million inhabitants)

2. With Pfizer, 10 million doses were managed, (which will be destined for five million people).

3. With AstraZeneca another 10 million doses (for another five million Colombians.)

4. Finally, with the pharmaceutical company Janssen (a subsidiary of Johnson & Johnson), 9 million vaccines against covid-19 were managed. The immunizer of this company contemplates a single dose (for 9 million inhabitants).

NOTE: This is the official information, it is not clear if contracts or agreements have already been signed, because these are, according to the State authorities, secret.

Prioritization: Vaccination has been scheduled with the following strategy

Source: <https://www.infobae.com/americas/colombia/2021/01/19/estas-serian-las-pautas-del-plan-nacional-de-vacunacion-contrael-covid-19>

By decree, Colombia has established the legal framework for vaccination, which seeks to "reduce mortality from covid-19, reduce the incidence of serious cases, protect the general population and enable the country's social and economic development." It has been established that vaccination for this year will have two phases, divided into five stages.

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In stage one of the first phase, 100% of people over 80 years of age will be progressively vaccinated; health workers from the emergency, hospitalization and ICU services of third and fourth level hospitals; and personnel from public health actions, such as vaccinators, epidemiological surveillance teams. In addition to nursing and medical personnel, the following will be included: radiology technicians; respiratory therapy staff; resident and intern physicians; health professionals in compulsory social service; personnel from respiratory symptomatic care areas and clinical laboratories handling COVID tests; personnel operating ambulances; technicians and personnel who perform autopsies or necropsies, including the personnel of the Colombian Institute of Legal Medicine and Forensic Sciences; and administrative personnel working in the emergency services, hospitalization and ICU.

In the second stage, 100% of the population between 60 and 79 years old and the rest of the health workers and support personnel from all health institutions will be vaccinated.

In the third stage, 100% of the community mothers and fathers identified by the ICBF will be vaccinated; preschool, basic and secondary education teachers; people between 16 and 59 years old; and population with comorbidities.

Stage four, belonging to the second phase, will allow the vaccination of caregivers of children and adolescents of the ICBF; personnel from the Military Forces, National Police, firefighters, Red Cross rescuers and Civil Defense; population deprived of liberty and INPEC guards; people living on the street identified by local authorities; and personnel of funeral homes, crematoriums and cemeteries.

In stage five, adults between the ages of 50 and 59 will be vaccinated until they reach those over 16 years of age without comorbidities.

Regarding pregnant women and women under 16 years of age, the document indicates that this population will only be considered in the plan until evidence on safety and efficacy is available to guarantee their protection.

The decree also specifies the vaccination route from the Ministry of Health database for each stage. The portal 'My Covid-19 Vaccine' is created where the population will be informed about all the stages and will also have access to the situation of each citizen in the plan.

Time to achieve immunity

In Colombia, the immunity of 70% of the population is set as an objective, that is, to 35,734,649 of the 51,049,498 inhabitants projected for Colombia during the second half of 2021 (page 45 National vaccination plan against COVID 19)

<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/pnv-contracovid-19.pdf>)

Concerns

The government has stated that it will not vaccinate the Venezuelan migrant population that does not have their papers in order, which constitute more than 700,000 people of all ages. He has said that this population would be vaccinated if there is international aid.

The handling of the monies of the covid subaccount that was given to a specific political group, which in turn has made contracts with members of that group, has been politicized.

The government has announced the possibility of authorizing the distribution of the vaccine in the private market, which would break the entire proposed scheme and generate new inequities.

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Vaccination with the Pfizer vaccine, which would be the first to arrive, would focus only on 7 large cities where the necessary cold network would be available. In a country with great social, ethnic and territorial inequalities, there is a risk that the order in the vaccination will reinforce these inequities. The entire strategy must be shielded so as not to give rise to corruption, guarantee that established criteria are strictly adhered to and that vaccination contracts are transparent.

Honduras: by Oscar Ponce

Honduras has a population of almost 10 million inhabitants of which less than 6 million are over 18 years of age.

The Secretary of Health through the PAI (expanded immunization program) has expressed its intention to vaccinate against Covid through Gavi-Covax-AMC, which will be 20% donated and 80% purchased at a cost of almost 60 million of dollars, totaling almost 10 million doses. The 20% donation is likely to be the PFIZER vaccine, the purchase of the remaining 80% is the Astra Zeneca vaccine due to its low cost and cold network facilities (2-8 degrees) for reception, storage, distribution and application.

Its entry is scheduled for the second quarter and its application will be prioritizing four groups:

1. Health and related personnel
2. Over 60 years old
3. Under 60 years with comorbidity
4. Essential workers for the operation of the country.

Ending the above in December 2021.

On the other hand, the Honduran Social Security Institute will buy almost two million doses of Astra Zeneca vaccine to be applied to insured formal workers, said vaccines will enter the same in the second quarter of this year.

The Vaccination of the Secretary of Health and the Honduran Institute of Social Security covers 80% of the population; the rest of 20% will probably be vaccinated in 2022.

There is still no official communication about the exact date of entry of the vaccine, limiting itself to announcing the entry for the second quarter and ending in December with the aforementioned stages; There are medical societies and other groups interested in buying vaccines for their members in case the state scheduling fails.

There are already doubts in the population about the safety of vaccines as well as their arrival date; and obviously the population under 18 years of age and pregnant women are left out of this programming.

Greetings and any additional information to order

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SPAIN (2): by José A. Díaz Huertas and Barbara Rubio

- What is the current situation regarding COVID vaccination in your country?

Data period: 12/27/2020 date the vaccination campaign starts on 01/18/2021

Report date 01.18.2021 Available at: COVID-19 vaccination report (mscbs.gob.es)

	Dosis entregadas (*)	Dosis administradas	Nº Personas con pauta completa
	1.143.300	897.942 78,5% dosis recibidas	2.315 0,26% dosis administradas
Distribución por tipo de vacuna			
Pfizer / BioNtech	1.107.600	892.133	2.315
Moderna	35.700	5.809	
AstraZeneca/Oxford	---	---	---
Janssen	---	---	---
Curevac	---	---	---

(*) In Spain there are 17 Autonomous Communities and two Autonomous cities that have health competencies and have organized vaccination in their territory and their administration has not been homogeneous throughout the territory, ranging from 52.5% (Basque Country) to the Autonomous City of Melilla that has been 107% over delivered, in the latter case by indication of the Pharmaceutical Laboratory and approval of the Ministry of Health, the vials initially for 5 doses are being administered to 6 people

Information available at: COVID-19 vaccination report (mscbs.gob.es)

- What vaccine (s) are you using or planning to use in your country?

They are currently authorized by the Spanish Agency for Medicines and Health Products (AEMPS) and the vaccines are being administered from the Pfizer / BioNtechy and Moderna laboratories.

- Any prioritization strategy? Please describe.

The "Vaccination Strategy against COVID-19 in Spain" was prepared by a COVID-19 Vaccination Technical Working Group, of the Vaccination Program and Registry Report (more than 30 professionals) dated December 18, 2020 and approved by the Interterritorial Council of the National Health System in which all the Autonomous Communities are represented.

The prioritization strategy is:

1. Residents and health and social-health personnel who work in homes for the elderly and care for large dependents
2. Front-line personnel in the health and social health field
3. Other health and social health personnel
4. People considered highly dependent (degree III dependency, that is, in need of intense support measures) who are not currently institutionalized

The first available doses are being used to vaccinate groups 1 and 2 in that order and, after completing these groups and as there is more availability of doses, groups 3 and 4 will be vaccinated

Available at: COVID-19_EstrategiaVacunacion.pdf (mscbs.gob.es)

Update available at: COVID-19_Actualizacion1_EstrategiaVacunacion.pdf (mscbs.gob.es)

- Any information on the expected time to reach good coverage?

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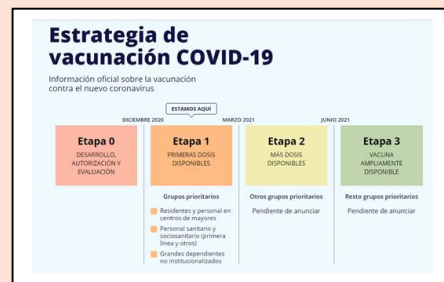
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The Vaccination Strategy against COVID 19 is a process in 4 stages:

Stage 0: Vaccine development, authorization and evaluation (December / January 2020 / January 2021). Priority group vaccination begins

Stage 2. More doses available (end of March to June). Vaccination of other priority groups (not yet fully defined: over 65 years,...)

Stage 3. Vaccination widely available (end of June) Vaccination of other groups



Group immunity or community protection there is no certainty of when it will be achieved since it depends on the immunization coverage rates that are achieved although some sources say it will be for the month of June / July 2021

- Any concerns in your country regarding the affordability of vaccines, doubts of the population, side effects?

The most frequent concern is fundamentally about the safety of the vaccine and second place about its effectiveness (duration of immunity, distrust of the speed of its development, possibility of contracting the disease and infecting others once vaccinated, ...) , in fact, the vaccination intention was very low although it is increasing. The Spanish Association of Pediatrics (AEP) together with 4 other scientific associations (Spanish Association of Vaccination (AEV), the Spanish Society of Immunology (SEI), the Spanish Society of Microbiology (SEM) and the Spanish Society of Virology (SEV)) They have made a manifesto that although they do not make any specific allusion to childhood, they consider that:

- Mass vaccination is the only acceptable way to achieve group immunity.
- COVID-19 vaccines so far show a high level of efficacy and safety.
- Trust in science is essential.
- It is important to seek information from reliable sources, disseminate proven information and help avoid hoaxes on social networks. Available in: Microsoft Word - 20201229_Manifiesto_VacunasCOVID19.docx (aeped.es)

- What do children and adolescents say about COVID vaccination?

Since childhood is not considered a priority population for vaccination, it is a subject of little interest or at least there is no documentation in this regard.

- Finally, share any original information about the communication strategy (brochures, media campaigns, videos, etc.) that they are using in your country

All the official information on vaccination against COVID 19 can be found on the website of the Ministry of Health: Ministry of Health, Consumption and Social Welfare - Professionals - COVID-19 vaccination strategy in Spain (mscbs.gob.es) In it, in addition to technical documents, there are infographics, videos, etc.

A very interesting page in general and from social pediatrics is the Institute of Global Health of Barcelona (ISGlobal): Coronavirus - ISGLOBAL

Among them is one on "COVID-19 and Latin America: What is necessary for a very vulnerable region to become prepared for a pandemic ?." Available at: file:///C:/Users/ / media / Downloads / 18_ISGlobal% 20COVID19% 20y% 20America% 20Latina% 20ES% 20 (1) .pdf

Venezuela: by Darda Ramírez and José Francisco

1) What is the current situation regarding COVID vaccination in your country?

A: We do not know a fixed date. March or April 2021 has been commented as the probable start date.

In Venezuela, an application of Sputnik V to 300 volunteers is under development, a part of them (40), have already received the 2nd dose. They reported on 01/24/2021 that “no severe adverse event has occurred.” (1).

2) What vaccine (s) are you using or planning to use in your country?

A: Apparently it will be the Russian vaccine (Sputnik V), but still (25-1-21)

The President referred to the importation of 10 million doses of Sputnik V

3) Any prioritization strategy? Please describe.

A: It has been commented that it will start in the elderly and health personnel

4) Any information on the expected time to reach good coverage?

A: No, that we know

5) Any concerns in your country regarding the affordability of vaccines, the doubts of the population, side effects?

A: It has been claimed that it will be absolutely free

6) What do children and adolescents say about COVID vaccination?

A: We do not know of any research on this

7) Finally, share any original information about the communication strategy (brochures, media campaigns, videos, etc.) that they are using in your country

A: We will gather them

Venezuela awaits the arrival of the Russian Sputnik V vaccine and is evaluating others certified to start mass immunization against COVID-19

Argentina: by Virginia López Casariego (SAP)

What is the current situation regarding COVID vaccination in your country?

In December the vaccination began, administering approx. 600,000 doses of Sputnik V vaccine, to 300,000 people (vaccine requires 2 doses) prioritizing health personnel. This month they would be receiving approx. 220,000 doses of Sputnik V vaccine. It is expected to complete vaccination to priority groups during the year 2021, without specifying strict dates.

What vaccine (s) are you using or planning to use in your country?

The National Administration of Medicines, Food and Technology (ANMAT), is the regulatory entity that recommends and / or authorizes the administration of vaccines in our country.

12.22.2020, the ANMAT authorized by means of Provision 9210/20 the inscription in the Registry of Medicinal Specialties (REM) of the product “COMIRNATY / BNT162b2”, vaccine for SARS-COV-2 from the firm PFIZER S.R.L.

23.12.2020, the Ministry of Health of the Nation, through Ministerial Resolution 2020-2784-APN-MS, authorized the Gam-COVID-Vac vaccine, called Sputnik V, developed by the Gamaleya National Epidemiology Center on an emergency basis. and Microbiology of Russia, by virtue of the provisions of articles 8 and 9 of Law 27,573 and in accordance with the recommendations of the ANMAT.

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12.30.2020, ANMAT authorized by Provision 9271/20, the inscription in the Registry of Medicinal Specialties (REM) of the product COVID-19 Vaccine AstraZeneca and generic name VACCINE AGAINST COVID19 ChAdOx1-S recombinant, of the firm AstraZeneca S.A. To date, the JANSSEN COVID 19 vaccine developed by the Johnson & Johnson laboratory is in the analysis phase by the regulatory body.

Will children under 18, pregnant or breastfeeding be vaccinated?

As of the date of this document, there are no efficacy and safety studies related to the administration of the vaccine in these populations.

For more information you can consult at:

<https://www.argentina.gob.ar/noticias/anmat/vacunas-para-sars-cov-2-con-documentacion-en-proceso-de-presentacion>

- Any prioritization strategy? Please describe.

Staging refers to planned, sectorized and staged vaccination of the target population, which includes:

Health personnel (staging according to the risk stratification of the activity)

Adults aged 70 and over / Older people residing in long-stay homes

Adults 60 to 69 years

Armed Forces, Security and Penitentiary Services Personnel

Adults 18 to 59 years of age from Groups at Risk

Teaching and Non-Teaching Staff (initial, primary and secondary)

Other strategic populations defined by jurisdictions and dose availability

- Any information on the expected time to reach good coverage?

So far the information available shows the completion of vaccination of health workers across the country between January and March 2021. There is no certainty information on when the following stages would be completed according to the planned prioritization

Any concerns in your country regarding the affordability of vaccines, doubts of the population, side effects?

There are numerous concerns and doubts, also regarding the concrete possibility of accessing the vaccine, the answer is positive. One of the doubts not clarified so far and that may be of particular interest in this space is the possibility of administering the Sputnik V vaccine to pregnant people and during breastfeeding.

- What do children and adolescents say about COVID vaccination?

We did not find information available

- Finally, share any original information about the communication strategy (brochures, media campaigns, videos, etc.) that they are using in your country)

N/A

UK: by Tony Waterston

- What is the present situation regarding COVID vaccination in your country?

The rollout started in UK on 8th December 2020 and by the week ending the 24th January over [6 million people had been vaccinated](#)

- What vaccine/s are you using or planning to use?

The Pfizer and AstraZenica vaccines have both been licensed for use in the UK, and the Moderna vaccine has also recently been approved

- Any prioritisation strategy? Please describe.

Four groups are being vaccinated first in the following order:

Residents of care homes and staff

Over 80s and frontline health care and social services staff

Over 75s

Over 70s

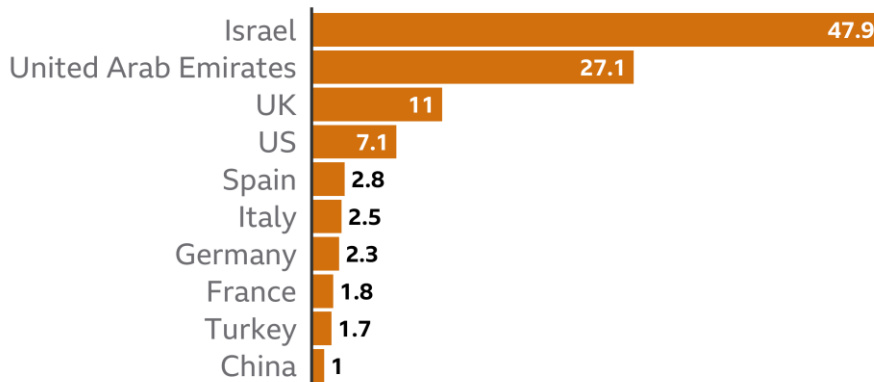
- *Then in descending age groups and special risk groups*

- Any information on time expected coverage?

The aim is to vaccinate all the top four groups by mid-February, and the rest of the population by September. This will require a rate of 380,000 a day and currently this rate is almost being met. The [BBC reports](#) the following coverage of vaccine by population:

Vaccination doses by population

Reported vaccine doses administered per 100 people in the 10 countries with the most vaccinations



Note: Total vaccinations refers to the number of doses given, not necessarily the number of people vaccinated

Source: Our World In Data, 0900 GMT on 27 Jan with latest available data **BBC**

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

There were initial difficulties with availability but these seem now resolved. The main area of hesitancy is in the BAME population and the government is making considerable efforts to publicise the benefits through the [use of celebrities](#).

- What children and adolescents say about the vaccines?

No comments that I have heard so far

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

There is a lot of material from the government which can be accessed [here](#)

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USA: by Rita Nathawad

In the United States we are currently using the Pfizer-BioNtech and Moderna COVID-19 vaccines, both require 2 doses, at 21 days and 28 days respectively. The Pfizer vaccine can be administered to individuals 16 years and older and the Moderna may be given to individuals 18 years and older. There are current trials under way for children 12 to 17 years of age, however there is no current information on if and when the vaccine will be available to children. One of the biggest challenges with vaccine distribution has been ensuring the vaccine is stored correctly, requiring correct freezing temperatures and once thawed it must be used.

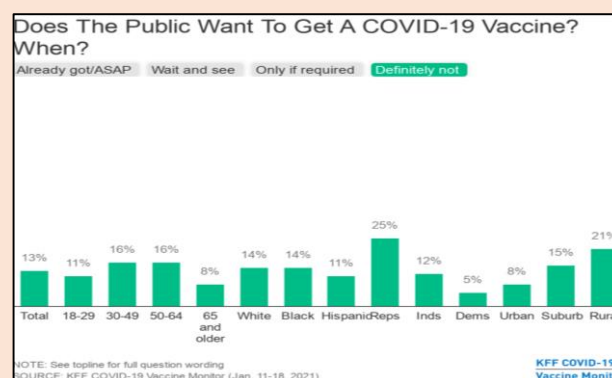
Prioritization plans are developed at the state level in the US, based on guidance from the Advisory Committee on Immunization Practices (ACIP). The ACIP recommended population groups to be included in phased priorities, with the first phase as follows:

- 1) **Phase 1a: Health care workers and long-term care facility residents, 11 states in this phase**
- 2) **Phase 1b: People age 75 years and over and non-health care frontline essential workers, 37 states and the District of Columbia are in this phase**
- 3) **Phase 1c: People ages 65-74 years, persons 16 to 64 years with high-risk medical conditions, and essential workers not included in Phase 1b, 2 states in this phase**

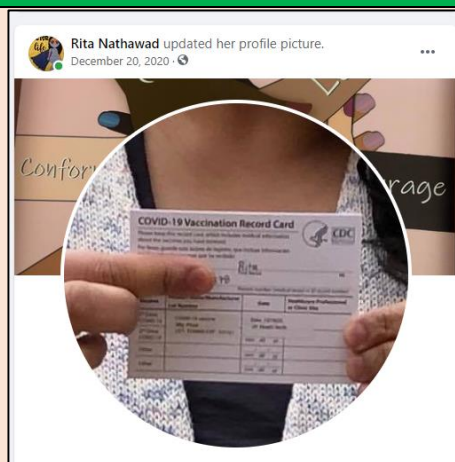
On January 12, 2021, the Trump administration recommended that states expand eligibility for the COVID-19 vaccine to all people ages 65 years and older. Nine pilot states also included Kindergarten through 12th grade personnel as high priority groups as well.

(data obtained from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-covid-19-vaccination-line-an-update-on-state-prioritization-plans/>)

The vaccine will be free to the public for all of 2021, there has been no discussion of ongoing coverage in future years. While the vaccine is free, access to the vaccine is still of concern. In particular for disadvantaged populations where other barriers to vaccination such as lack of vaccination sites, transportation, poor health literacy, distrust in health care and inability to take time off work may all play a factor. Vaccine hesitancy and anti-vaccination movements are common place in the US, while this will also play a role in public health initiatives for COVID-19 vaccination, the majority are willing and interested in vaccination.



As health care professionals were the first line for vaccination, it has been our role to share our experiences with the public and promote vaccination as it is rolled out to other groups. In particular, social media has been a mainstay for vaccine promotion.



Russia: by Natalia Ustinova

- What is the present situation regarding COVID vaccination in your country?

Vaccination has started from 04.12.2020 in all Russian regions. Vaccine is free.

- What vaccine/s are you using or planning to use?

We have two Russian vaccines now: Sputnik V from Gamaleya Research Institute (Non-Replicating Viral Vector - Adeno-based (rAd26-S+rAd5-S)) and EpiVacCorona from “Vector” Rospotrebnadzor (based on Protein Subunit).

- Any prioritisation strategy? Please describe.

Vaccination has started from 04.12.2020 and has described as «large-scale”. This meant that a wide range of certain groups (doctors, teachers, social workers, people over 60, drivers of public transport, journalists, students over 18, etc.) could get vaccinated. From 18.01.2021 the vaccination has described as “massive”. This means that almost all segments of the adult population have the opportunity to get vaccinated.

- Any information on time expected coverage?

During 2021.

- Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

People after 60 years of age are most willingly vaccinated. The vaccine hesitancy is in a certain amount of population. But there are also new concerns: fear of introducing vaccination passports, for example, in the European Union, and admission to the European Union only with vaccines recognized in the European Union.

- What children and adolescents say about the vaccines?

No information.

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).



Polyclinic (Russian health setting with primary and outpatient care) with a poster about the possibility of getting free vaccination against COVID-19 here

Turkey: by Gonca Yilmaz

What is the present situation regarding COVID vaccination in your country?

Vaccination started in Turkey on 14th January 2020. Turkey has so far received 3 million doses of vaccine and has vaccinated about 2 million citizens.

- What vaccine/s are you using or planning to use?

Chinese Sinovac firm's CoronoVac

- Any prioritisation strategy? Please describe.

Health care workers were the first to receive the shots, and under a mass vaccination plan, the elderly citizens are next in line. The age limit will gradually drop in line with the plan. People living in nursing homes and nonagerians were in the first group broadly described as "people at the age of 65 and above." The elderly and frail citizens unable to leave their homes are vaccinated at home by health care workers. Citizens at the age of 75 and above will be able to get appointments from hospitals and neighborhood clinics across the country to receive the vaccine. The Health Ministry's internet portal, smartphone apps and a hotline allow citizens to easily schedule an appointment in the nearest clinic equipped with designated vaccination rooms separated from other facilities.

- Any information on time expected coverage?

There is no clear forecast. According to the healthcare minister intend to have maximum coverage before the start of summer (July-August).

Any concerns in your country regarding vaccine affordability, population hesitance, side effects?

Vaccine is free. However, there are difficulties about availability. Uncertainty as to what extent the whole population will be inoculated in the shortest timeframe amid speculation that the number of vaccines available is insufficient.

There has been no official declaration about whether refugees, registered or unregistered, will be immunized. The lack of any official declaration about the inclusion of migrants in the vaccination timeline may be to avoid any public backlash given negative public sentiment about Syrian refugees in Turkey. The vaccine hesitancy is in a certain amount of population.

- What children and adolescents say about the vaccines?

My children and patients are not happy. Because there is no clear forecast when they will get vaccinated.

- Finally, please share any original info on communication strategy (flyers, media campaigns, videos, etc).

There is a lot of material from the government which can be accessed here; covid19.saglik.gov.tr

Peru: by María Carmen Calle

- What is the current situation regarding COVID vaccination in your country?

Vaccination will begin in February with one million doses of Sinophar vaccines purchased by the Peruvian government. There are two million additions arriving in March, out of a total of 38 million doses requested. 13.2 million doses are expected to arrive in the second quarter through Covax facility (Pfizer and AstraZeneca) and another 14.04 million doses from AstraZeneca in September this year.

- What vaccine (s) are you using or planning to use in your country?

Contracts have been signed to acquire Sinophar and Astra Zeneca.

Peru is in the negotiation process with Pfizer, Gamaleya, Johnson and Johnson and Curevac, which would cover 24 million Peruvians

Any prioritization strategy? Please describe.

It has been divided into three phases: the first phase, whose objective is to protect the integrity of the system and give continuity to the services, has prioritized public and private health personnel, personnel from the armed forces, firefighters and the Red Cross. Security personnel, keepers, brigade members and cleaning personnel are also included. In this same phase, it is contemplated to vaccinate health students and board members before the elections. In the second phase, adults over 60 years of age, people with comorbidities, the population of indigenous communities, INPE personnel and the population deprived of their liberty will be vaccinated. In the third phase will be the population from 18 to 59 years

-Any information on the expected time to reach good coverage?

In the best scenario and with the scheduled arrival of the vaccines, we would achieve the expected coverage for the first semester 2021

- Any concerns in your country regarding the affordability of vaccines, doubts of the population, side effects?

The Ministry of Health states that to guarantee safe vaccination, 5 key aspects have been considered: on the production of the vaccine, transportation, administration, final disposal and monitoring of adverse effects and indicates that they should be the aspects in which work with the population to transmit calm based on detailed information and evidence. In the Ipsos Peru survey, the percentage of people who would not be vaccinated with the free doses that the Ministry of Health would apply against Covid-19 increased to 48% in January, more than double what was reported five months ago.

- What do children and adolescents say about COVID vaccination?

The opinion of children and adolescents about the vaccine is permeated by the information transmitted by the media, the opinion of their families and peers, it was collected from the meeting of the 11 regional representatives of the Consultative Council of Girls, Boys and Girls. CCONNA adolescents, in summary:



Pro of vaccination:

- Vaccines are an efficient way to control disease.
- Promoting vaccination in NNA and the elderly is essential to safeguard lives and reduce possible infections of the virus.
- The vaccination will allow them to resume normal and daily life, especially their school life.
- Children will be empathetic with the vaccination process knowing that the elderly or vulnerable people will be protected against the virus.
- Trust science, because it will bring encouraging results to get back to normal.

Anti vaccines:

- Some think the vaccine will inoculate them with a microchip.
- Children are influenced by the idea of their parents, who consider that the vaccine weakens the immune system.
- The wrong information makes the children not trust the vaccine.
- Many do not want to be vaccinated because of the controversy that the media is generating.

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Distribution:

- The government must guarantee the distribution of vaccines to achieve greater reach to the population.
- Concern that the vaccine will not reach the most remote areas of the country.

Infodemic:

- They request the Ministry of Health to guide the population on the benefits of vaccines and reduce the risk of contagion through social networks and the media in a clear, timely and effective manner.
- Messages must be clear and precise, reaching the entire population, including rural and low-income areas.
- The lack of reliable information generates uncertainty and insecurity in children with regard to what may happen later.
- There are sources of information that damage the image of vaccination and call into question the benefits.
- Lack of information about possible consequences and side effects.
- The mainstream media must refute the arguments against vaccines.
- The media generate uncertainty and confusion regarding the effectiveness and its distribution in all areas of the country.
- Citizens do not feel properly informed, wrong messages are transmitted to their recipients.

Prevention:

- Some children and adolescents are unprotected, do not continue with prevention measures because they believe that the vaccine is their source of salvation.
- There is citizen insecurity.

Access

- Low-income children do not have enough to eat and it will be more difficult to get vaccinated.
- Children will be the last to be vaccinated, however, they are a population exposed to the second outbreak.



Peru Communication Campaign

**COVID does not kill alone
Let's not be accomplices**

More information in:

- <https://www.youtube.com/channel/UCpR7spJxkXzqAI9aBr7Xacw>
- <https://www.gob.pe/institucion/susalud/campa%C3%B1as/1588-campana-de-prevencion-covid-19-en-ninos-y-adolescentes>
- <https://www.gob.pe/institucion/minsa/campa%C3%B1as/699-conoce-que-es-el-coronavirus-covid-19>

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Responses from 17 countries representing 5 continents!!



10.2 Bonus track: information from CUBA and the EU

Cuba prepares 100 million doses of vaccine against Covid-19

Cuba creates the capacities to produce 100 million doses of the Sovereign O2 vaccine against Covid-19, announced today the Finlay Institute, leader of the project. Until now, Sovereign O2 will begin and there are already countries like Vietnam, Iran, Venezuela, Pakistan and India willing to acquire it. The application in Cuba will be totally free and the objective is to immunize the entire population this year. 'Cuba's strategy of commercializing the vaccine has a combination of humanity and global health impact. We are not a multinational where the financial objective is the number one reason, our aim is to create more health ". In addition, a pediatric population clinical trial is planned for February so that it can also be applied to children, he said. Cuba began its expanded Phase II clinical trial that will extend to 900 people between 19 and 80 years of age with Soberana O2 vaccine. After the results in that stage, the third phase would be passed to evaluate the effectiveness. During this period, the health authorities plan to include 150,000 vulnerable people and residents in high-risk areas. This is the first Latin American project to reach that stage. The candidate is a conjugate vaccine, with two formulations, the second of which was highly effective in animals, as it elicited a very powerful immune response from the first week of its first dose. Likewise, it induces a long-term memory in the immune response that, in addition to producing antibodies, makes them last. The Finlay Vaccine Institute also developed the Sovereign O1 candidate, currently in phase I, and which will go on to II-III in February. Cuba also has two other proposals against Covid-19, prepared at the Center for Genetic Engineering and Biotechnology: Abdala and Mambisa. The latter will be applied nasal. <http://www.prensa-latina.cu/index.php?o=nrn&id=425008&SEO=cuba-alista-100-millones-de-dosis-de-vacuna-anticovid-19>



European Union: Parliamentary Assembly Covid-19 vaccines: ethical, legal and practical considerations

<https://pace.coe.int/en/files/29004/html>



COVID-19: Assembly's special page