

Editorial

COVID-19 Vaccination Process and the Challenges Colombia Faces

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Vaccination was activated worldwide as the main measure to contain the COVID-I9 pandemic. For Colombia, five stages and two phases were established in which vaccine administration was prioritized according to age groups and risk profiles. According to official figures from the Colombian Ministry of Health, during the first stage, which began on February I7, 2021, I,453,432 people were immunized; in the second, 6,620,274; in the third, 9,325,861; in the fourth, 8,436,318, and during the fifth stage, as of July I5, I5,750,703 people had already been vaccinated.

It is estimated that by December 2I, 2022, phase I of vaccination, which has to do with booster doses for the population over 50 years of age, will be completed four months after administering the second dose, and then move on to phase 2.

The National COVID-19 Vaccination Plan sought to reduce mortality and the incidence of serious cases and protect health care workers in the first phase. In the second phase, it focuses on reducing contagion and generating herd immunity.

In this process, Colombia has had to face logistical challenges due to the geography of the national territory and those related to security, as well as to the population's culture and beliefs regarding vaccination. Many people continue to believe that the vaccine is not safe for children. Others claim that they prefer immunity to be generated by being infected with the virus. Some subjects believe that the vaccine causes infertility problems; others argue that children do not become seriously ill and do not need the vaccine. In the adult population, the main reasons for not being vaccinated have to do with the belief that the vaccine is not safe or not effective enough and the existence

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of antivaccine groups that claim that the vaccine is a means of manipulation. All these views have been raised and continue to be a barrier to reaching a greater number of vaccinated people even though there is scientific evidence that the COVID-I9 vaccine is safe and that it has been exhaustively tested by the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).

Vaccination must also be understood as one of the main factors that can allow the country's economic reactivation; therefore, it is a task that must continue to be performed with the joint efforts of the public and private sectors. One of the main challenges is the need to educate the population and control information overload, which can be risk factors for people to decide not to be vaccinated. It is also very important to maintain the highest possible speed of the vaccination process so that it becomes a primary factor in achieving herd immunity. In the vaccination process, the role of health personnel, institutions, and the government in ensuring that the different sectors work together to guarantee that the neediest and most vulnerable populations are covered by the immunization plan and that this plan is actually carried out in practice in the remote areas of the country is clear.

Compared to the Americas region, Colombia has made progress in the vaccination process, ranking third among the largest countries with a fully vaccinated population, and has been able to surpass others with a larger stockpile of vaccines or even produce them in their own territory. Of course, these advances are reflected in the decrease in the mortality rate during the last pandemic peaks, highlighting the value and importance of vaccination.

An analysis recently conducted by *The Economist* shows that Colombia ranks seventeenth in the normalcy index among the twenty countries in the world that are closest to this situation concerning the inclusion of important issues for the economy, such as transport, retail, recreational time away from home, office use, among others, which allows us to visualize an early social, economic, and cultural reactivation.

Unlike other nations in the region, Colombia could provide free healthcare services to all people affected by COVID-I9, which denotes a health system coordinated to a contingency situation, where decision-making has been based on the emergence of new knowledge and scientific developments.

The entire population must continue working to meet the vaccination goals, achieve the reactivation of all sectors, and maintain safety measures so that the habits developed and the changes in culture regarding self-care are relevant after completing the vaccination phases. It is known that the virus will continue among the population and that different variants will be present (6) to the point that it will become an endemic virus, and for this reason, we cannot lose the knowledge and the culture of self-care, which represent a barrier against transmission. It has become evident that the country is entering a phase of preparation for the post-pandemic health system to be able to adjust the health benefit plan in such a way that it considers all the sequelae derived from COVID-19 infection. For its part, the Ten-year Plan should include primary, secondary, and tertiary public health interventions, reformulate and establish channels for the execution of activities that have been neglected as a result of the pandemic, and define the necessary resources to care for migrants who are also subjects of care of the Colombian health system. In addition to this, work must be done on issues such as the future of public hospitals and their strengthening, as well as on some aspects related to human resources for health and the contractual models' resources.

Finally, it can be observed that the pandemic has left lessons to be learned; among them, the importance of human resources for health, the organization and infrastructure that a health system needs in the face of a global emergency, the flexibility in the use of technologies, and the reconfiguration of the economy, training processes, and how the different institutions operate. This shows the need to adapt to the new challenges posed by a pandemic that emerged during the 2lst century.

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