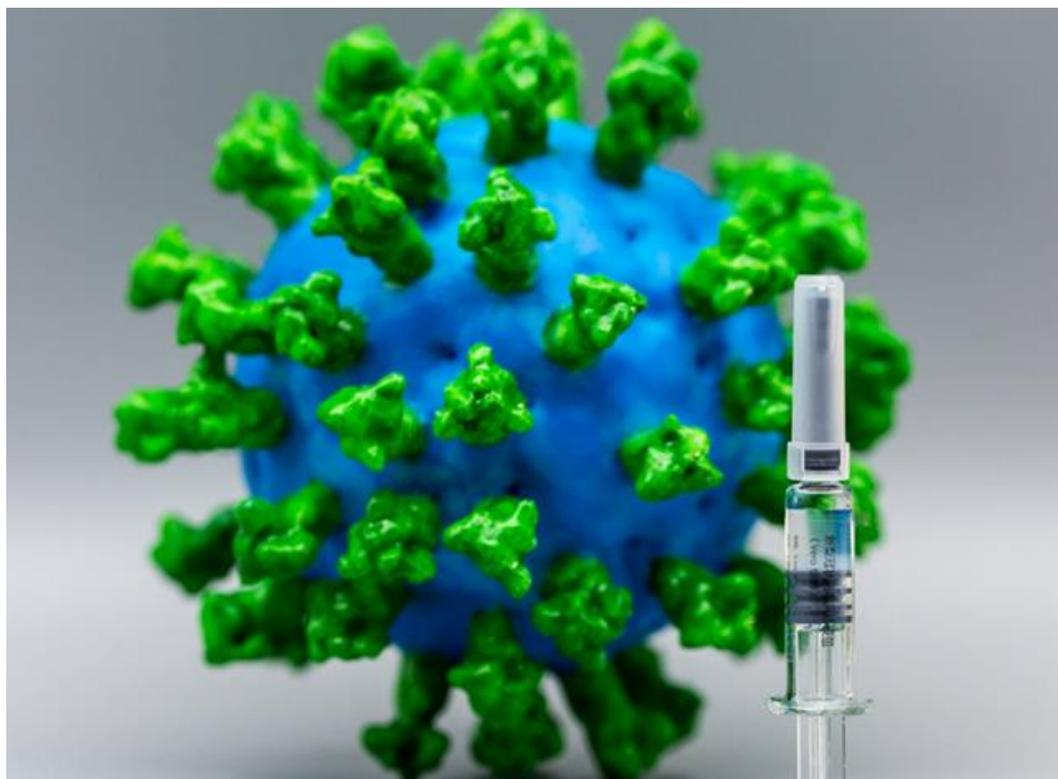Report

Building public support for a new vaccine to prevent COVID-19

Wednesday 20 May 2020 | WP1791V1

In association with:

Report

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In association with the City University of New York Graduate School of Public Health & Health Policy (CUNY SPH) and the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine

Executive summary

- On 20 May, 2020 Wilton Park, in collaboration with the City University of New York (CUNY) Graduate School of Public Health and Health Policy and the Vaccine Confidence Project of the London School of Hygiene & Tropical Medicine hosted a strategic discussion regarding the urgent need for collective action to address vaccine literacy to ensure appropriate uptake of COVID-19 vaccine(s) when available.

- A diverse group of more than 40 stakeholders identified several ways vaccine literacy could be progressed for COVID-19 vaccine(s) in advance of the availability of a vaccine(s) and began to develop a strategy to achieve this through a series of dialogues and work streams.

- Participants at the meeting identified the key challenges as (1) achieving the right balance between common, global messages and diverse, local linguistic, cultural and logistic literacy; (2) addressing the psychological and emotional differences between the extreme vaccine opponents and vaccine hesitant individuals, and (3) adopting a more pressing, urgent and creative approach to communications media – on-line and traditional – that balances accurate information with appeals that speak more directly to the emotions of relevant audiences.

- In this time of uncertainty, the current media/information environment is (1) further exacerbating vaccination and vaccination policies as a "wedge issue", (2) permitting vaccine opponents to segment themselves and their audiences from mainstream news and dialogue, and (3) promoting perceptions of the efforts to develop a coronavirus vaccine as a "horse race" between competing countries and biopharmaceutical companies, which distracts from much needed discussion of vaccine safety issues that are critical to appropriate uptake.

- It was agreed that different groups and work streams will be asked to develop vaccine literacy strategies, networks and tactical initiatives to address these challenges within a specific time frame.

Introduction

1. Centering the discussion at Wilton Park was a 'Call to Action' to promote and support a COVID-19 vaccine literate public, one that will sustain demand for vaccines and build confidence to encourage vaccine uptake within families and communities. To achieve this, the discovery, development, and distribution of a COVID-19 vaccine

must coincide with strong, streamlined, and coordinated communication planning and programming. The discussion on 20 May 2020 began a dialogue on the possibility of forming a coalition devoted to this call: The Coalition for Informing Vaccination Internationally for COVID-19 (CIVIC)

2. On January 30, 2020, the World Health Organization (WHO) Secretary General Tedros Adhanom Ghebreyesus proclaimed the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern (PHEIC). After 5.2 million known cases and 336,000 known deaths later, there are three somewhat effective treatments authorised for emergency use—chloroquine phosphate, hydroxychloroquine sulfate, and remdesivir.[1] but no vaccines are currently available to target the virus. As of 28 May 2020, there were over 141 candidate vaccines being investigated globally[2], some had begun trials in humans, proving a potential vaccine for COVID-19 to be the fastest to reach later stages of trials of any vaccine that has come before. Despite this optimistic development, ensuring that appropriate numbers of people sign up to participate in vaccine trials will no doubt be a challenge and require communication across communities and target populations. The expectations that have been set of an imminent vaccine being a silver bullet to alleviate the current limitations to normal life also need to be managed. Other challenges will come in the form of adequate supply and equitable distribution chains, uncertainty of the vaccine format (e.g. multi-dose) and efficacy of immunity.

3. Additionally, as is already the case, a new COVID-19 vaccine will be met with vaccine hesitancy, a major threat to global health with determinants rooted in an erosion of public trust in institutions and predatorial proliferation of disinformation. In the decade before COVID-19 began its destructive spread across the globe, there have been numerous outbreaks of many vaccine-preventable diseases, such as measles, returning to communities that had once been declared eradicated of that disease.

4. In this report, the "we" takes the perspective of those deeply concerned about creating a vaccine confident public and increasing vaccine acceptance and demand. Though regionally the underlying issues facing communities vary, this global "we" is meant to illustrate the areas in which strategic coalitions and partnerships can be formed.

5. This Wilton Park dialogue was held in collaboration with the City University of New York (CUNY) Graduate School of Public Health and Health Policy and The Vaccine Confidence Project of the London School of Hygiene & Tropical Medicine. Senior leaders from global public health institutions, public and private scientific and medical authorities, NGOs, the private sector, academics and strategic communications experts were brought together to identify both distinct and shared challenges and strategies to ensuring vaccine uptake.

6. The following report summarises the main discussion themes categorised to: first, set the scene outlining current issues facing vaccine uptake globally; secondly, present current evidence-based research and solutions; and, finally, consider possible next steps and areas in which those convened could take action now even before a COVID-19 vaccine is ready for wide distribution.

Current challenges for COVID-19 vaccine development and planning

7. Many companies, governments and academics are working quickly to create a vaccine(s), with the aim to ensure that when there are one or more vaccines that are proven safe and effective, they will be prioritised appropriately and equitably. There

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[1] Commissioner O of the. Emergency Use Authorization. FDA. Published online May 27, 2020. Accessed May 28, 2020. https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization

[2] COVID-19 Treatment and Vaccine Tracker. Accessed May 28, 2020. https://milkeninstitute.org/covid-19-tracker

will, however, be numerous non-clinical challenges. This is something that can be planned for and addressed now through multi-sector collaborations.

8. The ever-expanding portfolio of vaccines and trials will require coordinated regulatory oversight. Collaborative efforts driven through partnerships with GAVI-the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations (CEPI) have streamlined some stages of this process, but there will still be varied issues at national level depending on their local regulatory mechanisms.

9. Clinical trials are a distinctive challenge and must be sensitive to the populations where these studies are taking place, where community engagement will be crucial. Risks must be communicated effectively to trial participants, and careful local listening is required for any reported risks that may not have been anticipated.

10. Conspiracy and misinformation are already challenging around proven and widely used vaccines, but trials are particularly vulnerable to rumours and misinformation given their experimental nature. Given the overall uncertainty around the science of Covid-19 disease as well as the uncertainty around vaccine trials, there is fertile ground for the spread of misinformation such as around the a recently debunked report that two French doctors said that they were using Africa as a "testing ground."

11. Given trial populations might predominantly be front line healthcare workers, how might this cohort contribute to communicating to publics for population wide uptake.

12. Economic costs, supply chain issues, and the ethics of who gets prioritised first to receive vaccines must be addressed to avoid building up false expectations regarding vaccine availability and access.

Country-specific challenges

13. Issues of vaccine confidence and challenges to vaccine uptake are global but play out in a variety of nuanced ways in different local contexts. In some parts of the world, access is still a predominant issue, and communities must grapple with competing health needs. How can vaccination be advocated as a priority when basic needs like sufficient food are not met? Often multiple and layered challenges co-exist such as the proliferation of anti-vaccination rumours alongside a broken health care system. One cannot be addressed without considering the others.

14. In regions where access is not the dominant issue, solutions that consider social and behavioural approaches take precedent. Planning, decision-making and implementation of these approaches differs markedly from campaigns seeking primarily to increase a vaccine's availability. A whole host of other players must be involved: parents, community-based organisations (CBOs), non-governmental organisations (NGOs), medical practitioners and health advocates all have a role. Instead of planning for vaccine shortages or the like, these campaigns must prepare for dips in vaccine confidence. This requires strategic thinking to prepare the health system and the whole of society to deliver vaccines as the public demands, accepts and ultimately gets vaccinated.

Case study: Philippines

15. Rebuilding vaccine confidence in the Philippines demonstrates the challenges of balancing development, regulation, and demand. The Dengvaxia tragedy in the Philippines greatly impacted the population's trust in their government and in the safety and efficacy of vaccines in general. Five concerns were identified in regard to future vaccination campaigns in the Philippines: 1) Will the overall risk-benefit appetite of the population match the coverage needed for herd immunity? 2) How will vaccine access span the socioeconomic divide? Will cost and demand limit the vaccine to markets inaccessible to the poor? And in a free, competitive market, who pays for vaccination? The Philippines have a large privatised healthcare system, and many pay out of pocket for care. 3) "What's in it for me?" will be considered not only

on the individual level, but also by the private sector. If the private sector wants to be involved in distribution and supply chain management, will this have an impact on access? Or even public perception? 4) In the public sector, who will use the vaccine? The regulatory conditions of the public health care system require that a committee undertake a pre and post market assessment of the vaccine. Will this delay availability in the public sector? 5) Though it is likely there will still be high demand for a COVID-19 vaccine in Philippines, the optics of rushing to produce a vaccine cannot be overlooked. After the Dengvaxia controversy, the overwhelming accusation was that the vaccine was rushed from development to implementation. The additional hurdle of phase IV – post marketing studies – that are part of the Philippines regulatory system in response to Dengvaxia, creates an extra hurdle and likely delay for any COVID-19 vaccine.

Case study: India

16. India has faced various vaccination challenges: the polio vaccine encountered a number of challenges from community resistance to vaccines to access issues, but these challenges were overcome and polio was successfully eliminated in India. The HPV vaccine has stirred up a political controversy about promoting promiscuity, which continues to be a barrier to setting up any effective vaccination campaign even a decade later. The COVID-19 crisis has played out in particular ways in the subcontinent that illustrate the potential obstacles a future vaccine campaign may face: 1) some sectors of society still deny that COVID-19 is a legitimate risk, 2) certain individuals in the society are being blamed for the spread, specifically first responders, who have encountered violence and stigma. Some communities quickly responded with measures by strictly quarantining returning migrant workers. The healthcare system also responded quickly to lock down the population and provide 500,000 additional hospital beds. Moving forward, the country will have to grapple with the follow-on impact of this strict lockdown: interrupted health services, increased mental health problems due to the effects of isolation, increases occurrences of domestic violence, mass movements of migrant laborers and the vulnerability of health care workers (especially if or when they begin to promote a vaccine).

Case study: Nigeria

17. Nigeria is seeing a complicated set of issues spurred on by mistrust of outsiders and outside information, ongoing outbreaks of vaccine-preventable diseases, such as polio, and widespread mis- and disinformation. In a country of 200 million people, there have only been 36,000 tests confirming more than 6,000 cases. Deaths have gone undercounted and unexplained, and conspiracy theories and misinformation have proliferated through WhatsApp and even from the government. The most disadvantaged Nigerians stand to lose the most, and health education needs to ensure that the public really understands what is going on, especially community leaders and gatekeepers. Unclear messaging has led people to believe that the coronavirus is an outside problem and those who insist that testing and community protection needs to be ramped up are pushed out of the conversation. As the pandemic wears on, advances towards achieving Sustainable Development Goals inevitably slide back. African countries need to be consciously brought into the ongoing efforts to create a vaccine literate public.

18. Even before a COVID-19 vaccine is available, a great amount of data and information can be gathered to help address country or community-specific reasons for low vaccine uptake. This research can begin or continue now and includes identifying the underlying political, cultural, or economic issues that impact the ability or willingness of a community to desire or demand vaccination.

Case study: Latin America

19. Throughout Latin America regions that have been historic success stories of increased maternal vaccine uptake are now showing signs of significant drops in confidence. This is due in part to proliferation of misinformation. For example, in Brazil, many have been led to believe that vaccines caused microcephaly, not Zika transmitted by mosquitos. The continent, however, has not responded uniformly to the coronavirus and its impact therefore has been disproportionate. This has implications for both raising vaccine confidence in general and in building support for a future COVID-19 vaccine. Knowing the enduring impact of Zika in the region, it is important to start considering now what will be long term effects of the current pandemic on public health and public confidence in possible treatments or vaccines.

Best evidence of how to combat anti-vaccination mis/disinformation

20. Current research shows that proponents of anti-vaccination disinformation, or anti-vaxxers, are very organised and make effective strategic use of online platforms and social media. They run tight and efficient networks to spread information quickly and widely. Of those who spread mis- and disinformation, there are only a few "bad actors." Most disinformation dissemination is accelerated by ordinary information consumers who "happen" upon the material as a result of the dissemination strategies of the disinformation designers. What is the guidance that can be developed to support everyday people in distinguishing the mis- and dis-information they come across from the accurate information?

"Mis- and disinformation flourish in an information void."

21. As the pandemic unfolded there have been numerous information voids and the constant flood of a new and different information, even if accurate, does not help fill those voids, it just creates more confusion. Conspiracies work because people believe they are being lied to, because they interpret conflicting or unclear messages from public health authorities or political leaders as a lack of transparency.

22. Countering disinformation requires activation of communication tools that engage people in the formats and language that they want to hear. Government communications, for example, can rarely stand up against fear mongering or rumors of outlandish ideas (e.g. Bill Gates is injecting the public with microchips) because the language and impact are so different. There is a need for emotion-based communication focused on counter-narratives.

23. One strategy may be to engage and partner with the very technologies and platforms that allow the spread of mis and disinformation to disrupt their infrastructure before the dangerous messages go viral.

24. Further, it is important to understand these different platforms are separate and unique entities and must not be bundled simply "social media". It is not unusual for an individual to vet information carefully in one space but share things carelessly on another. These platforms also have different audiences and different influencers with varying levels of access.

25. Understanding disinformation language and tactics helps pro-vaccination messengers learn how to be on defense and on the offense by getting ahead of predictable opportunities for disinformation propagation. For example, the use of heuristics and narratives to appeal to fear and emotion. In response and preparation, we need to be good storytellers too.

26. The mis- and disinformation seen around the COVID-19 pandemic and future vaccine is following the same patterns seen in the past. That means the modes and narratives used by vaccine opponents can be anticipated. There is the opportunity to get in front of widespread anti-vaccination messaging with proper planning and engagement.

Global partnership efforts

27. WHO continues to work broadly on alignment to ensure efforts support acceptance and demand for vaccines more broadly. This work continues to address critical issues including access, health systems and services and resources. WHO continues to take a pragmatic role in considering: risk management scenario planning, cross sectoral planning and preparedness.

28. In the wider multi-agency "Demand Hub", a partnered effort across WHO-UNICEF and GAVI, UNICEF supports vaccine acceptance and demand more broadly and leads the COVID-19 Risk Communication Engagement work. UNICEF C4D has launched a cohesive and comprehensive social media listening and rumour tracking project within their Demand for Immunisation programming focused on mis/disinformation on COVID-19. This project includes a global monitoring dashboard and country guidance, collaborating with diverse partners including internal technology and communications sectors. The aim is to build a scalable and sustainable program that is applicable across and beyond health sectors to strengthen the response to COVID-19. Some existing C4D/Immunisation tools have been repurposed for this effort: UNICEF's Human Centered Design's *Caregiver Journey* and the *Interpersonal Communication for Immunization* guides have been adapted for COVID-19 -specific challenges.

Considerations on building trust in vaccines and beyond

29. *What if we overpromise and we cannot deliver?* A vaccine has been hyped as the promise for a "back to normal" future, but what if this isn't the case? And more importantly, what if an effective vaccine is never developed. Strategic planning and thinking at this point is needed to provide a clear picture of the many scenarios that could play out.

30. *What can be the role of employers?* Research has shown that employees trust their employers to give them accurate information and recommendations. Employers could therefore be integral proponents of vaccine confidence. Strengthening this point is the fact that employers understand the motivations and barriers their employees may face in accessing and/or accepting a new vaccine. In the end, employment itself may be a strong motivator for vaccine acceptance, allowing people to return to work safely and protected.

31. There is a need to identify the "influencers" within communities; who will build the greatest confidence?

32. *What are people fearful of and who do they mistrust?* Building trust *in general* will benefit the wider system of healthcare delivery, pandemic response, partnership building, etc. Trust building is an exercise in preparedness.

33. *Can transparency be an issue?* How much should be shared with the general public if information is constantly changing?

Future communication challenges of a COVID-19 vaccine: "scenario planning"

34. The vaccine may not have a full data set of safety information by the time distribution begins. How can the risk-benefit be communicated then?

35. If/when adverse effects do occur, there needs to be a plan to address those issues.

36. There may be several vaccines intended for different populations. The vaccine may be multi-dose. Each application will have its own set of communication needs and challenges.

37. Inequitable access will be on display more than ever. All strategies must include plans to combat inequitable delivery.

"How can we communicate in a transparent and honest way without sowing doubts?"

"The whole credibility of our messaging is at stake if we fail at the safety of the vaccine this time around."

Implications for action

38. Documenting local issues and themes: keep account of which strategies have worked, and which have not. Global trends may be revealed in research that monitors local nuances closely. These trends are the ones that coalitions can be built around.

39. Who needs tailored communication tools and support?

    a. Journalists need help to navigate scientific and medical information and translate it effectively into their work.

    b. Research has shown that healthcare workers can have a great impact on building vaccine confidence and promoting uptake. But they must also trust the vaccine first. And they need help to understand and navigate the issues that shape vaccine hesitancy. Healthcare workers may also need protection if faced with particularly vehement anti-vaccination groups/individuals.

40. Building Multi-sectoral Networks and Coalitions

    a. Economic dimensions and supply chain, what about global distribution? What about a global effort, is this possible? Can we begin designing it now?

    b. Building networks can help equip influencers with the tools they need to be on the defense against anti-vaccination messaging.

41. As other healthcare delivery systems come back online, reinstating routine vaccination will be a huge priority. This can be our opportunity to rebuild trust in vaccines and establish the networks and coalitions needed to build and maintain confidence.

Resources provided by participants

- Gallup poll with Vaccine Confidence Index™ items: 150,000 respondents. Predates COVID-19, baseline data. Full Report: https://wellcome.ac.uk/reports/wellcome-global-monitor/2018 https://news.gallup.com/opinion/gallup/261683/data-largest-global-study-science-available.aspx

- NY Times article on the 'Plandemic' film: https://www.nytimes.com/2020/05/20/technology/plandemic-movie-youtube-facebook-coronavirus.html

- Tony Blair Institute for Global Change: https://institute.global/policy/government-should-put-online-marketing-machine-work-against-misinformation

- NATO Stratcom Centre of Excellence: https://www.stratcomcoe.org/manipulation-ecosystem-social-messaging-platforms

- Sweden's strategy for a COVID-19 vaccine: https://www.regeringen.se/pressmeddelanden/2020/05/regeringens-strategi-for-vaccin-mot-covid-19/

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Wilton Park | June 2020

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