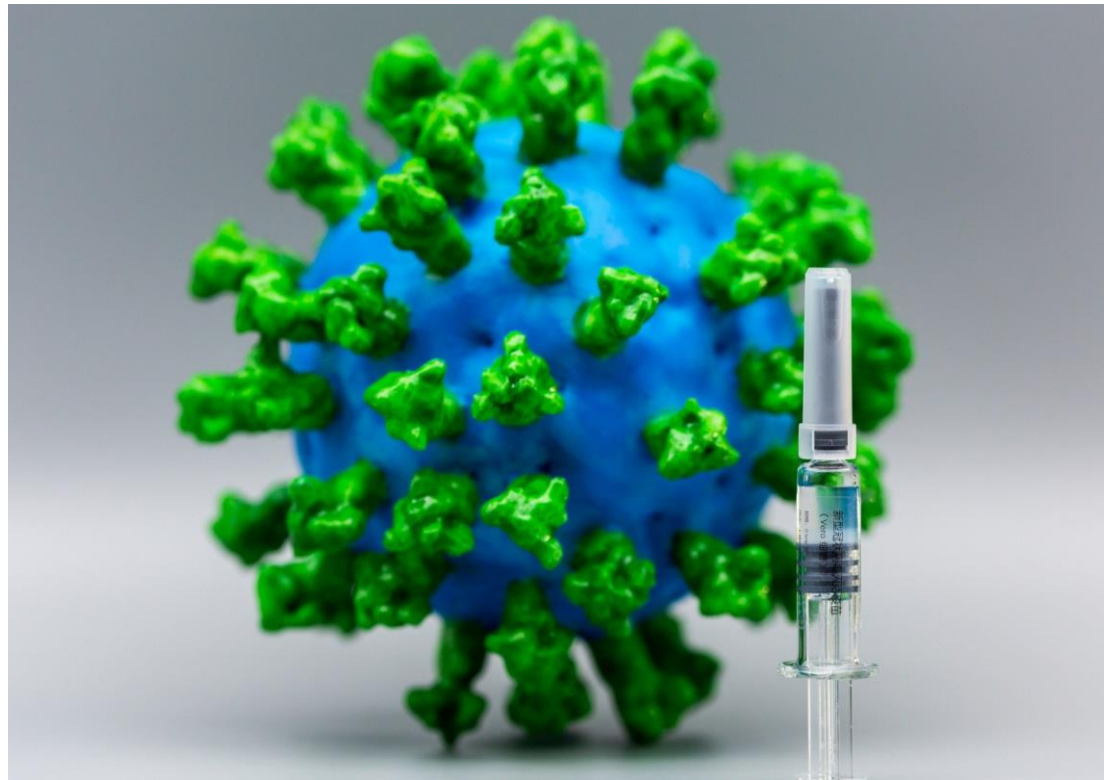




Wilton Park



Report

Engaging the private sector in a multisectoral campaign for vaccine literacy

Monday 22 June 2020 | WP1791V2

In association with:



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE





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 22 June, 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 the second strategic discussion regarding the urgent need for collective action to ensure widespread uptake of COVID-19 vaccine(s) when available and boost trust in vaccination in general. In this session, participants were asked to consider the roles business, government, and multiple sectors could play in promoting and supporting a vaccine literate and COVID-19 health literate public.
- In a diverse summit of over 40 stakeholders, participants identified key areas of engagement across sectors and explored what activities, actions, resources, policies, and funding may be necessary to form a strong and streamlined coalition committed to bolstering vaccine acceptance and uptake.
- Through breakout sessions, participants identified key areas of coordinated engagement such as (1) the integral role of the employer as a source of trusted information and therefore a primed leader in building vaccine literacy and confidence, (2) the need for innovative and diverse content creators who can proliferate influence on a variety of platforms, (3) the importance of a statement of shared purpose both for the coalition partners and also for business leaders seeking to promote an informed, safe, and healthy workforce, (4) in that same vein, a coordinated and consistent communication plan prepared to combat vaccine mis/disinformation as well as an array of vaccination scenarios (e.g. the vaccine is delayed, needs multiple doses, adverse events etc.) and (5) a plan for creating clear channels for continued discussion and the dissemination of 'best practices' across sectors.
- The meeting concluded with an agreement to forge a multisectoral coalition such as the CONVINCENCE – 'COVID-19 New Vaccine Information, Communication, and Education' – Initiative for public and private sectors to coordinate efforts to ensure a strong and swift recovery from the COVID-19 pandemic through widespread vaccination acceptance.

Background and introduction

1. At the time of this event, worldwide there were 9.5 million cases of COVID-19 that had resulted in nearly 500,000 deaths. These devastating figures not only reinforce the need for a SARS Cov2 vaccine but also the importance of swiftly and efficiently mass producing and equitably distributing a vaccine/s once it is approved. The first meeting in this series focused on the barriers and enablers to ensuring vaccine uptake and spreading accurate pro-vaccination messaging. The following points summarise the challenges identified in the first dialogue.
2. After a vaccine is manufactured and proven safe and effective, the challenges of “last mile” distribution must be addressed to make sure the vaccine is equitably accessible and accepted worldwide. The reasons for lack of confidence in uptake of a vaccine vary considerably worldwide. For example, access to vaccination may be a prominent obstacle in some regions while disinformation inciting anti-vaccination sentiments is problematic elsewhere. Importantly, these issues are not mutually exclusive and will often concurrently impact the same population further complicating the foreseeable challenges of proliferating necessary “herd immunity” of a COVID-19 vaccine (and vaccines in general).
3. The obstacles standing in the way of containing and ending the COVID-19 pandemic extend well beyond issues related only to health and disease. There are concerns of national security, harmful mis/disinformation, and powerful factors playing out on political stages worldwide. Many of these diverse issues stem from one fundamental phenomenon: the COVID-19 pandemic, which has had an unprecedented impact on the whole of the global population in its scale, disease outcomes, and social factors. Responses to treat, mitigate and prevent the on-going impact of COVID-19 have differed across countries and sectors. Many systems and practices have had to adapt in very short period of time. This “newness” on so many levels is exacerbated by constantly evolving scientific information about the disease to inform responses. The result is a public climate of disbelief and uncertainty that is vulnerable to suspicion, fear and confusion.
4. In this precarious setting, public-facing communication needs to be ready with narratives for various scenarios spanning on a continuum where a vaccine develops quickly as well as a worst-case scenario in which a vaccine is never developed. Moreover, messaging that a vaccine is the answer to eradicating COVID-19 does not prepare the public for more complex scenarios, where more than one dose is required, the vaccine has low or varying efficacy, or is approved only for ‘emergency use’.
5. The COVID-19 pandemic has exacerbated need for so many economic and health measures, most prominently affecting those that were already the most marginalised or vulnerable. The work to build vaccine uptake may compete with pressing and pervasive issues such as food insecurity, armed conflict and additional acute disease outbreaks. The ‘vaccine agenda’ therefore needs to work within a balance of equally important agendas to address such needs.
6. Building trust in a vaccine now means first performing due diligence to identify areas and populations that have been affected negatively by vaccination errors in the past. Historically, missteps or mishaps in vaccination campaigns have long lasting negative impacts on vaccine acceptance. Finding and healing these points of historic hurt can begin well before a vaccine is produced.

The role of business, government and multisectoral promise

7. With the stage set, the challenges identified show a compounded need for diverse multisectoral engagement to increase vaccine literacy and ensure vaccine uptake. The following sections highlight key areas for engagement, the strategic roles different sectors can take, and considerations for creating partnerships. The first

“Historically, missteps or mishaps in vaccination campaigns have long lasting negative impacts on vaccine acceptance. Finding and healing these points of historic hurt can begin well before a vaccine is produced”

“We need to balance our mobilisation readiness, and enthusiasm for something we don’t even have yet.”

“it is important to leverage known influencers (especially in marginalised communities) and acknowledge the initiatives already at work. This requires gaining insights into what has already been done and how it can be strengthened to better combat the mechanisms of vaccine hesitancy”

items below are general concepts that emerged in preparation for planning multisectoral engagement.

8. *The need for new thinking and new partners:* while it is important to learn from the successes of past vaccine campaigns (e.g. various Polio vaccination initiatives present strong evidence on success measures) in the ever-increasingly digital and now often ‘remote’ world these tools need to be translated into new technological forms. Similarly, equipped with new virtual and technological tools, new implementation strategies must be developed to bring these tools to the field and build capacity for use at the community level.
9. New communication strategies must be built from a place of advocacy. Vaccination requires effective health promotion at individual, community, national, and global levels: *How can this case be sustained in compelling ways and translated it into ‘last mile’ efforts?* Additional communication needs are discussed below.
10. *Everything is about partnership:* Building new approaches means starting first with participatory processes to create solutions that emphasise human-centred design. Such partnerships will become networks of influencers embedded and engaged in their communities.
11. At the same time, it is important to leverage known influencers (especially in marginalised communities) and acknowledge the initiatives already at work. This requires gaining insights into what has already been done and how it can be strengthened to better combat the mechanisms of vaccine hesitancy. *What type of coordination is needed to gather data and implement efforts on this level?* More data needs are also identified below.
12. Creating alliances with influencers may require and benefit from building advisory boards as built-in guidance for new initiatives. There are examples of known influencers effective in building acceptance who could benefit from multisectoral support and promotion:
 - Recovered COVID-19 patient groups
 - Faith-based groups
 - Nurses, physicians and healers
13. Additionally, new platforms and messengers need to be engaged to play a key role in building vaccine literacy and acceptance. This would mean engaging influencers on platforms such as Twitch or TikTok by learning first about their tools, tactics and the ways they may or may not be willing to be involved. *Trusted yet unconventional communicators should be considered when choosing a “voice” and “face” for pro-vaccine messages.*
14. Every partnership that is built and plan that is made needs to consider the likely inequities in early access to a COVID-19 vaccine. Many high-income countries will have preferential access to a good portion of early supply because they have already signed purchase agreements. Many people are actively working on a global access framework that establishes a robust supply chain for vaccines, but it is important to be prepared to mitigate the erosion of trust that may result from some countries or some communities waiting months beyond the first widespread distribution of the vaccine. This means setting expectations of availability in early stages as well as having clear explanations for why the vaccine may initially go to some (e.g. health care workers) and not others.
15. The fact that the public is watching scientific knowledge unfold in ‘real time’ presents an overarching challenge to all COVID-19 related communications. The confusion creates a scenario vulnerable to mis/disinformation. This is not only an urgent moment for general health literacy building, but also a need for building strong anticipatory strategies to translate the coming data (good and/or bad) from clinical

trials and influence how the information is communicated at the community level.

The role of the employer

“Business leaders are often civic leaders in their own right,”

“Being an employer also means having direct access to information on the concerns and issues among employees and customers”

16. There is mounting evidence that employers have the trust of their employees and therefore stand to be successful at building vaccine literacy and acceptance. It is in their best interest as employers to want to get people back to work safely. Through a statement of shared purpose organisations like United States Council of International Business (USCIB), International Chamber of Commerce (ICC), Business at the Organisation for Economic Cooperation and Development (BIAC) and International Organisation of Employers (IOE) can build a diverse coalition committed to building trust in vaccines. From there, “best practices” can be solidified and disseminated to other employers and business leaders worldwide (see “Action items”).
17. The World Economic Forum (WEF) has focused on building evidence-based, employer-focused educational campaigns. These tools and tactics could also be used to build vaccine confidence and would mean tapping into the strong spheres of trust already surrounding employers.
18. Being an employer also means having direct access to information on the concerns and issues among employees and customers. Business leaders stand to be valuable communicators on these issues helping other employers and other sectors prioritise their efforts for maximum health.
19. Health communication experts and entertainment and public engagement partners are critical stakeholders in helping employers find new and innovative ways to communicate and build vaccine literacy among their employees, see also below.

The role of business and brands

20. Business hubs, accelerators, and think tanks can be approached in order to find the people who are willing to step forward and collaborate in key ways to create rapid, science-based channels of communication. They can help answer key questions, such as:
 - What information do decision makers need in real time?
 - What is happening around the world that impacts the understanding of what businesses need?
 - What digestible information and key actions can businesses carry into their spheres of influence?
21. Brands drive desire for products and have marketing power to reach many people at all levels of society. High visibility and extended reach may also ensure the mainstreaming of key messages.
22. In this way, some private business can also formulate relationships on the national and government front. They wield strong partnership potential, with the capability to sign national contracts and the flexibility and capital to support multiple concurrent efforts (e.g. vaccination *and* food insecurity).
23. Businesses need to mitigate risk in purposeful and sustainable ways. This means considering how they will proactively take a public stance on vaccination. *Will private sector business consider under-vaccination of their employees a liability to their company?* Decisions on this level can aid in the negotiations that need to happen before large investments are made.

The role of philanthropy

24. Philanthropic organisations have mobilised to address the inequities COVID-19 has exacerbated and/or newly revealed. Channelling this mobilisation through partnership could boost campaigns to build vaccine confidence and uptake.

“the creative community can facilitate an understanding of how evidence is built and explain the scientific process in relatable formats”

25. Philanthropy is well versed on many health-related issues, but historically has received little guidance on how to engage in vaccine trust or acceptance building. The messages of urgency understood by the business, scientific, and health sectors should be communicated now to potential philanthropic partners with clear areas for engagement and mechanisms for action. *Philanthropy needs a structure of best practices for inclusion in vaccine promotion.*
26. In turn, fundraising for new initiatives to increase vaccine literacy and uptake can benefit from philanthropy’s expertise and explore different mechanisms for creative funding that inspire and include diverse communities.

The role of creators and entertainment

27. Creators of digital media and other types of content are facing an uncertain future and are ready to engage in the pressing needs of a COVID-19 changed world. Like any public-facing communicators, they need to focus on carefully selected categories of content so that resources are not spent wastefully (e.g. on people who are already accepting of vaccines). Strategies for targeting climate change denialists provide a good body of evidence for potential creative tactics. *What information do content creators need and how can sustainable channels be built for a steady flow of this information?*
28. The recent return to popularity of the 2011 film Contagion offered a communication platform for the entertainment industry to discuss community spread, zoonotic disease, and personal protection measures. Looking towards creating new and sustained platforms, short form content can be easily matched to organisations that are trying to reach specific audiences.
29. For the public, the creative community can facilitate an understanding of how evidence is built and explain the scientific process in relatable formats, for example, the recent three-part Netflix series, Coronavirus Explained. The lay audience is more responsive to familiar, comfortable formats of which the creative and entertainment sectors have mastered.
30. Engagement of this sector must also include local-level partners. Local artists working in local languages, for example puppet shows in South East Asia- will have insights untapped by larger entities. At the same time, simple and malleable tools can be created and distributed for easy tailoring on the community or regional level.

The role of policy

31. Policy impacts all other sectors considered here and in turn these other sectors can steer policy to build better systems to increase trust and vaccine confidence. Policy will also play a key role in supporting the strength of supply chains and advocating for equitable distribution of a vaccine.
32. Some sectors, especially those with powerful funding capabilities, may feel more confident in their investments if policy stands solidly behind a pro-vaccination platform. For example, if COVID-19 vaccination were made mandatory by policy, institutions that are in a position to risk significant resources in new infrastructure and new investment may be more likely to do so. Potential gains of this magnitude also reinforce the case for investing a large amount of funding now in a more effective vaccine delivery system.
33. Policy and public sector decision-makers need to evaluate their approaches holistically and reinforce their responsibility to ensure public safety with high quality communication, education and equitable access.

Key considerations for communication efforts

“Elevating vaccine literacy across sectors will require coordinated and committed efforts to teach people what vaccines do, how, and why they are safe”

34. In optimising trust building, the words used in public-facing communications matter – operation “warp speed” and developing vaccinations “at risk” are phrases that can foster doubt and mistrust among the public. Similarly, while explaining and promoting the vaccine development process, it is simultaneously important to avoid messages that fast development is intrinsically unsafe, and slow development is intrinsically safe. Greatly improved and innovative communication is needed to explain the vaccine development, approval and manufacturing process. What language can be used to alleviate the pressures on creating a timeline while still keeping the public informed and interested?
35. Key narratives will need to be tailored to distinct audiences to account for contextual factors and ensure that these narratives are getting to the right audiences. Effective narratives will speak to individual-level and community-level reasons for accepting a vaccine and the specific opportunities and activities they wish to return to. This also includes understanding the narratives of those likely to oppose vaccination to form a comprehensive picture of what and who will “speak to” acceptance and what/who will not.
36. Elevating vaccine literacy across sectors will require coordinated and committed efforts to teach people what vaccines do, how, and why they are safe. For example, when introducing new antiretroviral drugs for HIV treatment, leaders of the HIV/AIDS activities community were welcomed to the pharmaceutical factories to learn how the drugs are made. Actions like this offer transparency into otherwise closed-off institutions and industries and work to build trust.
37. This is an opportunity to learn from other industries on how to communicate about evolving issues. For example, technology portrays evolving knowledge and solutions as “innovation” whereas in public health, evolving circumstances are often come across as points of vulnerability. Can public health messaging around vaccine development and testing use the language of innovation instead?
38. All public-facing communicators must promote vaccine literacy. The news media consumes and translates large amounts of information for the public but may not have the literacy tools to communicate effectively and mitigate mis/disinformation. The same initiative to raise the public’s vaccine literacy must be tailored to and aimed at news media, social media, and content creators as well.
39. Promoting the vaccine as “the only solution” has implications for undermining trust as well as neglecting and undermining existing health intervention communications. It is worth reiterating the harms of overpromising the impact of a vaccine well before it has been produced, fully tested, and distributed. But equally as important, a sole focus on vaccination will weaken and overshadow messages on effective non-pharmaceutical interventions such as hand washing.

The need for integrated grassroots, “bottom up” approaches

40. Stakeholders at the local level can be engaged now to form effective action plans. Localised lenses can better identify needs and prioritise the distribution of partner support. The infrastructure, communication, vaccine literacy, and capacity-building needs of the “last mile” can begin to be addressed now, well before a vaccine is ready. This ties into a more general call across sectors for human-centred design and field-tested approaches.
41. “When the healthcare community is not part of the solution, they may become a part of the problem” (Bruce Gellin). The healthcare community has been on the front lines throughout the pandemic and will continue to be at the frontlines for future vaccination campaigns. Listening to what healthcare workers need first will better prepare partners to provide effective support.

“understanding key variables is also true when thinking about the determinants of vaccine hesitancy”

42. The private sector plays a role here too by providing the capital to stimulate bottom up initiatives and by creating the commercial impetus. For example, after identifying needs at the grassroots level, business accelerators could act as potential sites for strengthening strategic promotion and communication channels.

What data is needed to move forward?

43. Analysing how the public perceives their government’s response to COVID-19 and the quality of communications on the national level can provide insights into how trust is formed or undermined. The COVID SCORE (see background readings), a survey of 10 questions fielded to 19 countries, was recently piloted to offer such an assessment. This data provides a high-level assessment of the survey-taker’s government response to the pandemic. What variables will play a useful role in the analysis of the data?
44. This need for understanding key variables is also true when thinking about the determinants of vaccine hesitancy. The exploration of these determinants may offer the opportunity to model who is at high-risk by industry, education, age, etc. These ideas however tie back into the need for bottom-up approaches as this information may prove to be hyper-local and nuanced.
45. What is more, mainstream approaches to large sample research such as the COVID SCORE survey, will leave out the populations of people unlinked to modern data collection. Put simply, how does a phone interview reach someone without a phone? The need to collect comprehensive data means first finding effective methods to make sure no one is left behind in a representative sample. It also means understanding who may be suspicious or untruthful when presented with a certain line of questioning or in a certain format.

Forging a coalition: The CONVINCCE – COVID-19 New Vaccine Information, Communication and Education – Initiative

46. The considerations above will inform a diverse and integrated coalition known as The CONVINCCE Initiative - to complement and potentially help integrate existing worldwide efforts to build acceptance and uptake of a COVID-19 vaccine.
47. In philosophy and central tenants, CONVINCCE needs to be community-driven and nuanced but draw strength and support through global networks and initiatives.
48. CONVINCCE will in turn be a resource of rapid evidence generation and dissemination, creating feedback loops through multisectoral engagement to find solutions to the challenges of health and vaccine promotion that COVID-19 has laid bare both locally and globally.
49. Though inspired by the COVID-19 pandemic at hand, CONVINCCE will also support pro-vaccination messages generally and explore strategies to build vaccine literacy at all levels of society.

Conclusion, next steps and actions

50. First, CONVINCCE needs a statement of shared purpose. The organisers of the two Wilton Park events (Wilton Park, The London School of Tropical Medicine and Hygiene, and the CUNY Graduate School of Public Health and Health Policy) will draft a statement to be presented for comments and feedback to all event participants.
51. Forming a global coalition: through the statement and further discussion, organisations wishing to continue their engagement can express their desired roles and strategic involvement. Players also need to identify what they will require in order to be involved.

52. **Action item:** Large investors need indicators to feel confident about committing money to support and fund vaccine literacy and acceptance campaigns. CONVINCENCE will develop these indicators and best practices.
53. **Action item:** CONVINCENCE can act now to address the anxiety surrounding the development of the COVID-19 vaccine. This means creating a body of evidence on how vaccine literacy is built as well as formulating tactics and toolkits for distribution to coalition partners. This includes creating engagement best practices for each sector (e.g. how can Philanthropy build trust in vaccines?)
54. Continuing and advancing the dialogue: Using the project management software Basecamp, CONVINCENCE will engage members through continued dialogue and concrete action items.

Reading list

Nature Medicine, June 11 2020

[Keeping governments accountable: the COVID-19 Assessment Scorecard \(COVID-SCORE\)](#)

New York Times, May 13 2020

[Get Ready for a Vaccine Information War](#)

Nature, May 13 2020

[The online competition between pro-vaccination views](#)

Information Services & Use, September 18 2019

[Beyond the bench and bedside: Health literacy is fundamental to sustainable health and development](#)

The ASEAN Post, March 10 2020

[To vaccinate or not?](#)

Harvard Business Review, February 28 2011

[Vaccine Literacy, a Crucial Healthcare Innovation](#)

Deutsche Welle, May 12 2020

[In Germany, vaccine fears spark conspiracy theories](#)

Atlanta Journal-Constitution, April 29 2020

[Groups sow doubt about COVID vaccine before one even exists](#)

New York Post, April 29, 2020

[Anti-vaxxers fear coronavirus vaccine's safety before it exists](#)

Mic.com, May 4, 2020

[Anti-vaxxers will probably make coronavirus last longer than it needs to](#)

Reuters Fact Check, April 16 2020

[False Claim: Seven children killed in Senegal after receiving COVID-19 vaccine](#)

Gulf News, May 9 2020

[Going viral: Day 41 of COVID-19 lockdown](#)

National Academy of Medicine, March 5 2020

[COVID-19: An Urgent Call for Coordinated, Trusted Sources to Tell Everyone What They Need to Know and Do](#)

Annali di Igiene: Medicina Preventiva e di comunita (Annals of Hygiene: Preventive Medicind and Community) May 2020

[Validation of an Italian tool to assess vaccine literacy in adulthood vaccination: a pilot study](#)

Atlanta Journal-Constitution, May 19 2020

[Why developing a COVID-19 vaccine is only part of the struggle](#)

The Economist, April 16 2020

<https://www.economist.com/briefing/2020/04/16/can-the-world-find-a-good-covid-19-vaccine-quickly-enough>

Canadian initiative on engagement with children

<https://kidsboostimmunity.com/>

UK engagement with 'influencers'

<https://www.gov.uk/government/news/uk-aid-to-tackle-global-spread-of-coronavirus-fake-news>

Centre for Humanitarian Data, Fighting Ebola Rumors

<https://centre.humdata.org/fighting-rumors-to-fight-ebola/>

BMJ, June 4 2020.

Even covid-19 can't kill the anti-vaccination movement

BMJ 2020; 369 doi: <https://doi.org/10.1136/bmj.m2184> (Published 04 June 2020) Cite this as: BMJ 2020;369:m2184

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