

COVID-19: GOING BEYOND MISINFORMATION TO BUILD VACCINE CONFIDENCE

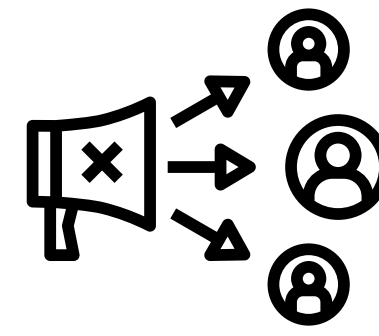
‘VACCINE HESITANCY’ AND COVID-19

COVID-19 vaccines could be an important tool in helping to end the pandemic, but evidence suggests millions around the world are wary of accepting them, calling into doubt their potential public health benefits.

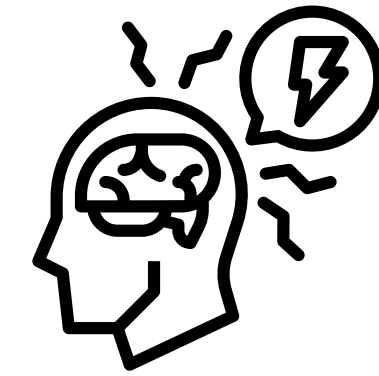
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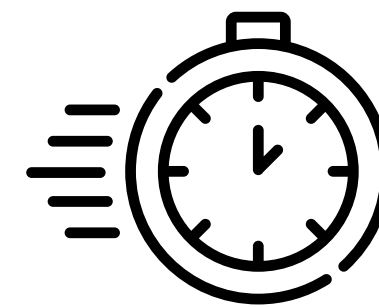
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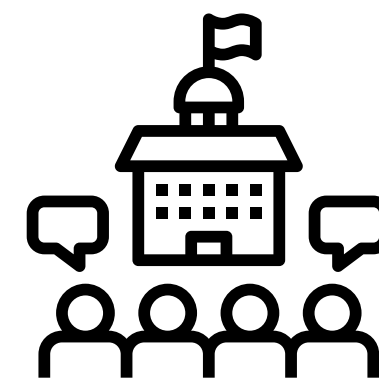
Mis- and disinformation, including conspiracy theories, about vaccines, especially when spread through social media, are major causes of why many may be hesitant about taking a vaccine.



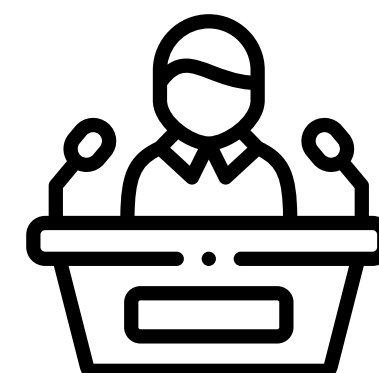
A focus on misinformation overlooks people's real concerns. Rumours often emerge and spread as a way of filling in gaps in knowledge – for which people are desperate – in a time of great uncertainty and anxiety.



The unprecedented speed of vaccine development – with dozens already in clinical trials and some already being administered publicly – means many people are concerned about their safety.



The ‘race’ for vaccines has also been politicised in many contexts, deepening people's concerns about rushed development, as well as the motives of states, pharmaceutical companies, and others.

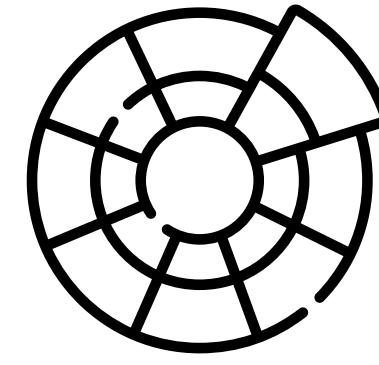


Anxieties about vaccine safety are compounded by damaged public trust in governments, especially when there have been technical or policy errors in other elements of pandemic response (e.g. testing, contact tracing, social protection).

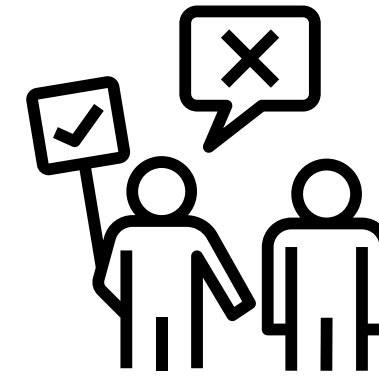
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LESSONS FROM THE PAST ON VACCINE HESITANCY

While vaccine hesitancy is very much in the spotlight today, it is nothing new. Decades of social science research provide key insights for understanding vaccine hesitancy in the here and now.



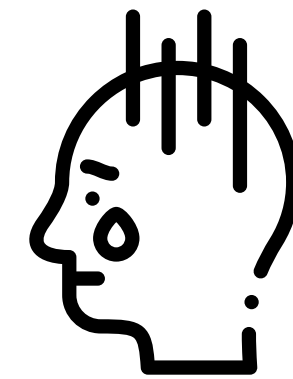
Vaccine hesitancy ranges from minor reservations and concerns to outright refusal. Not everyone is an 'anti-vaxxer'.



Hesitancy is often an expression of mistrust. Neglected or abused communities are less likely to be confident in government, the health system, and others involved in vaccination processes. Inequalities create fertile ground for misinformation to thrive.



Mandatory vaccination – like other coercive public health measures – and the tendency for health actors to dismiss local understanding of immunity and health, have resulted in negative consequences for vaccine confidence.



Concerns about vaccine safety are prevalent around the world. These may be rooted in negative experiences of health interventions, or due to not being provided with adequate information and opportunities to express concerns.



Just as people may feel hesitant to take vaccines due to concerns about their safety, they may also have anxieties about not having access to vaccines.

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STRATEGIES FOR DEVELOPMENT, APPROVAL AND DEPLOYMENT PROCESSES

Boosting vaccine confidence will require addressing anxieties around the unprecedented speed of development and deployment of COVID-19 vaccines, with safety, transparency and trust at the heart.

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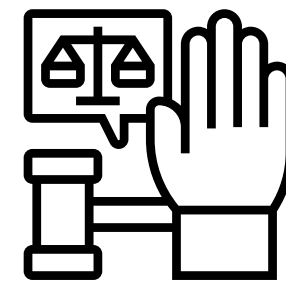
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Exercise transparency in vaccine development, trials, and deployment. Clearly and accessibly communicate with publics about what vaccines are made of and how they work and acknowledge uncertainties.



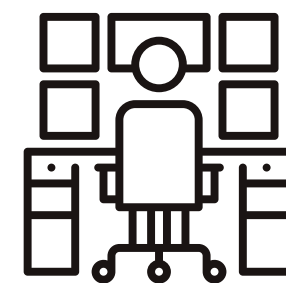
Manage expectations about vaccines. They will not offer 100% protection and may not provide long-lasting immunity or curb transmission. Other public health measures will continue to be necessary for some time.



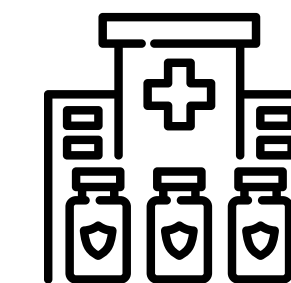
Encourage pledges and commitments from pharmaceutical companies, governments and other stakeholders that they will only allow vaccines which have been proven safe in large clinical trials to be given to the public.



Clearly communicate complexities around deployment to avoid confusion. There may be many vaccines available, with different effectiveness and risk profiles, some of which may require multiple doses etc.



Establish or strengthen active surveillance for adverse medical events caused by, or perceived to be caused by vaccines, and clear protocols for communicating about this with publics after vaccines are publicly deployed.



Avoid coercive deployment strategies, ensure vaccination happens in places people are comfortable and by people they trust. Avoid engaging military personnel to administer or facilitate campaigns.

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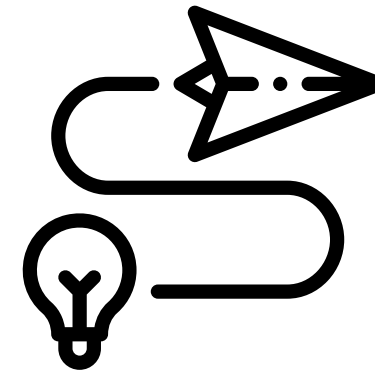
DESIGNING AND DISSEMINATING INFORMATION

Publics are desperate for information about COVID-19 vaccines and vaccination. Navigating modern media environments is tricky and requires careful consideration and execution.

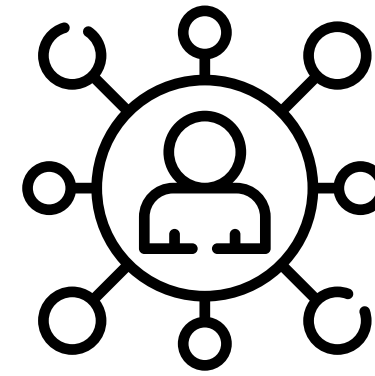
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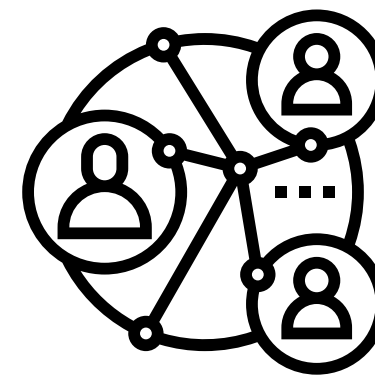
Utilise compelling communication strategies including storytelling, emotion, appeals to empathy and altruism, as well as memes to convey key information in engaging ways. Facts and traditional authority don't always cut it.



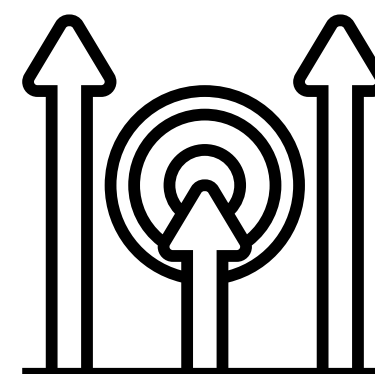
Utilise a wide range of platforms, both off and online, including social media, to reach people with key messages in relevant languages and visual imagery.



Build on local terminologies and understandings of vitality, strength and immunity in information about vaccines and vaccination. People will be more responsive to messages which reflect their own understandings.



Partner with actors in but also beyond public health – from celebrities to online ‘influencers’, to locally trusted alternative health providers and leaders. Remember it is not always obvious who is locally trusted.



Find ways of nudging people to reflect on the accuracy of what they may be sharing in online social media settings prior to posting.

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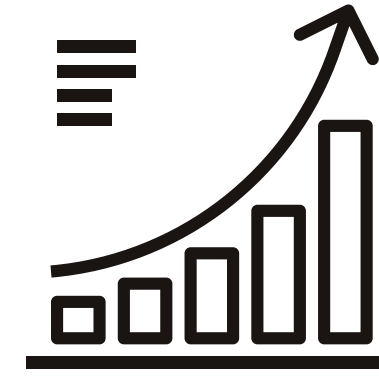
LISTENING TO AND ENGAGING PUBLICS

Boosting vaccine confidence requires far more than simply providing information. Vaccine actors need to actively listen to the concerns of communities, and meaningfully involve them in decision-making.

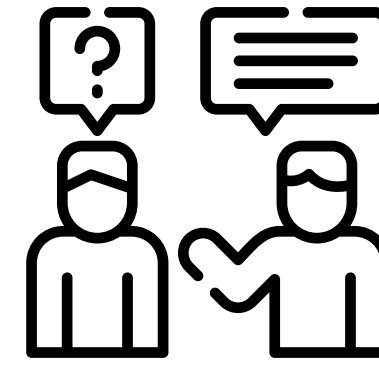
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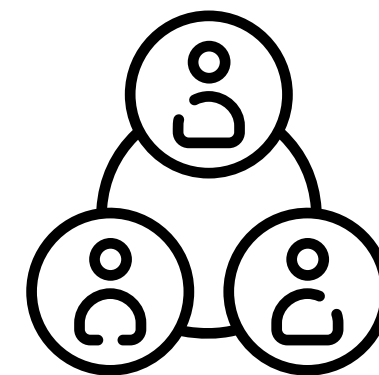
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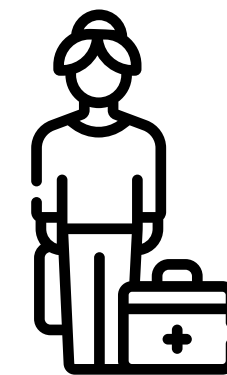
Monitor vaccine confidence through mixed social scientific methods and track misinformation with the awareness that it may trigger hesitancy in some social groups and not others. This can help advocates target confidence boosting efforts.



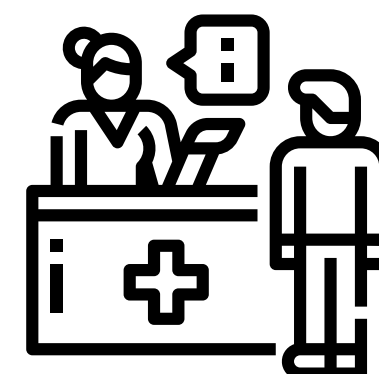
Dialogue with publics is key to field questions and address anxieties, and to listen to people's concerns, priorities and knowledge which can then be integrated into other vaccination related activities (such as how information is constructed and shared).



Co-design vaccination strategies with citizens, including how to prioritise access once vaccines are available, especially where vaccine confidence is already low. 'Citizens juries' are one model used previously in Australia for SARS and H1N1 vaccinations.



Work with health providers, including non-biomedical providers such as herbal or faith healers, to address vaccine hesitancy - so they can communicate clearly with patients who trust them, and with their wider communities.



Patient-centred motivational techniques in patient-provider contexts (instead of more confrontational or suppositional approaches) may help to increase individual confidence in a vaccine.