Effective vaccine communication is key to future pandemic preparedness

Asia Pacific Vaccine Access Facility (APVAX) Philippines
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The COVID-19 pandemic spurred a global response to create safe and effective vaccines at an unprecedented speed. The first vaccines were authorised for use as early as December 2020 and have since demonstrated their ability to reduce infection, hospitalisation rates and morbidity. These gains, however, can be squandered if there is a significant delay in acceptance or outright refusal of vaccines.

Vaccine hesitancy was a challenge even before the pandemic and was identified by the WHO as one of the top 10 global health threats in 2019. While it is relatively lower in Asia compared with other regions, it remains a critical issue that continues to be exacerbated by the pandemic especially in certain subgroups and areas in low- and middle-income countries in the region. As national vaccine programs are rolled out in developing countries in the Asia-Pacific, there is an urgent need to devise innovative communication strategies to increase public confidence in the value of vaccines and counter widespread complacency about its relevance, safety and efficacy.

Globally, every nation has struggled with its COVID-19 vaccine communication preparedness and implementation. Resource-constrained economies, in particular, have encountered challenges in coordinating communications across national and regional governments. Due to the vast geographical and language diversity in countries like India and Indonesia, for instance, vaccine communication guidelines were not always sufficiently tailored to local sensitivities. Moreover, a lack of health system capacity meant that health care workers (HCWs) did not receive adequate training to counter the tide of anti-vaccination narratives.

So how can governments develop effective, integrated, evidence-based communication strategies to drive public demand for vaccinations?

We have drawn on best practices from similar contexts – India, Indonesia and the

Philippines in particular – to develop a framework that can be usefully adopted by governments to assess gaps and pinpoint weaknesses in national vaccine preparedness guidelines and implementation roadmaps. Global pandemics afford policymakers the opportunity to look to other countries for inspiration and sharing on communications practices that could be adapted to their countries' unique circumstances.

An evidence-based approach to devising these guidelines is the first step. Longitudinal surveys to understand public and HCW hesitancy to get vaccinated can provide context-specific insight into drivers of hesitancy. New Zealand conducts monthly online public sentiment opinion surveys that inform the countries' vaccine communication campaign design and implementation. The ongoing survey research provides deep insight into pandemic- and vaccine-related issues across all population segments, enabling the government to tailor national communications and engagement tactics to changing circumstances and sentiments. For example, surveys revealed that community factors – such as "protecting others" and "striving for herd immunity" – are most effective in motivating younger New Zealanders to get vaccinated.

Secondly, timely, consistent and transparent communications across different levels of government reinforce messaging to the public. In Singapore, a clear legal framework and emphasis on a "whole-of-nation" approach through a coordinated multi-ministry government task force helped raise public awareness and elevated public trust. As the pandemic evolved, the Malaysian government took a proactive rather than reactive approach to messaging, formulating specific messages and accompanying information, education and communication (IEC) materials for different phases of the pandemic.

Thirdly, it is important to adapt the communications plan to community dynamics and characteristics while involving local stakeholders; this includes identifying vulnerable population groups and understanding their unmet needs. In India, the state of Uttar Pradesh implemented intensive mobilisation activities conducted by a public awareness team that involved the village heads (gram pradhans), accredited social health activists and anganwadi workers (village HCWs). They spread the word through door-to-door efforts and informed the community about conveniently-located vaccination centres to drive last-mile vaccine acceptance and accessibility.

Fourth, it is imperative that governments strategically use media and communications ambassadors to promote vaccination. In Malaysia, religious leaders were co-opted to amplify the government's messaging. The religious affairs minister publicly reassured the Muslim community that the COVID-19 vaccine is permissible, while the ulama (religious scholars) reinforced messaging at the

community level. Corporate Malaysia, equally anxious that their customers and employees get immunised, pitched in as sponsors of the vaccination drive. Companies like Lifebuoy, Antabax, AEON, Grab and Mydin helped arrange town hall meetings, webinars, training and education sessions.

Fifth, the education of HCWs and government institutions on the importance of communications, in addition to the scientific content, can help curb misinformation and deliver successful vaccine rollouts. For example, in Rwanda, communication was made a priority in the HCW training module, incorporating interpersonal communication skills to help physicians more persuasively address and help overcome vaccine hesitance. The Rwandan government also worked with various public health organisations and NGOs to develop and implement risk and communication training for all HCWs, including hospital directors and doctors, as well as nurses, data managers, surveillance officers, and religious and community leaders.

Finally, to counter the proliferation of misinformation and fake news on online and social media, multipronged efforts are required to monitor and measure the spread of misinformation. In Côte d'Ivoire, near real-time media monitoring was facilitated by engaging and training community contributors who reported misinformation. In Singapore, regulation- or law-based provisions have been implemented for taking punitive action against those who spread misinformation and fake news. The Singapore government actively works with popular social media sites such as Facebook to prevent the spread of misinformation.

Effective communication and engagement to alter public, government and HCW perceptions can achieve a significant and immediate impact on vaccine hesitancy. An understanding of the underpinnings of vaccine hesitancy is a prerequisite for a robust vaccine communication plan. Campaigns to counter vaccine hesitancy should reflect the local context and be cognisant of prevailing public attitudes towards vaccines and the justification for their use. Importantly, for developing countries in the Asia-Pacific, future pandemic preparedness requires thinking about communication regarding vaccines at the outset rather than as an afterthought. This will take concerted capacity building that fully leverages technology (for conducting surveys, social listening and data monitoring), public-private partnerships (with enterprises and NGOs that claim outreach expertise and those that offer valuable resource support), and behavioural science expertise.

This blog is based on a white paper titled Best Practices for Vaccine Communications: Lessons Learned on Preparedness and Policy Implications From India, Indonesia and the Philippines published by the Asia Pacific Immunization Coalition (APIC) – based at the Yong Loo Lin School of Medicine, National

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