

Covid-19 vaccination campaigns: The public dimension

SUMMARY

The arrival of the Covid-19 vaccines marks a turning point in the fight against the coronavirus pandemic. For European Commission President Ursula von der Leyen, vaccination is about self-protection and solidarity. For many people, it is also about trust. Some are hesitant to get vaccinated, while others are against vaccination on principle. According to estimates, coverage of at least 60 % to 75 % is needed to establish population immunity through vaccination.

Polls show that sizeable numbers of people in the EU are hesitant – or even opposed – to vaccination in general. As regards Covid-19 vaccination, surveys suggest that Europeans are among the most sceptical in the world. According to the World Health Organization, vaccine hesitancy is complex and context-specific, varying across time, place and vaccine. Science has identified several behavioural factors underpinning vaccine uptake. Vaccine scepticism can also be linked to trust in government and is associated with certain political mindsets.

Many commentators agree that Covid-19 vaccine communication is a collective endeavour that should ideally involve institutional actors, healthcare professionals, scientists, journalists and people with standing in communities. There is a need to engage with the wider public, in particular with groups that have a low level of trust in scientists and are less favourable to vaccines. It is considered key to move towards an open dialogue that respects people's emotions, and to understand the individual values behind doubters' fears. Reaching diverse populations is deemed instrumental, as is involving political and community leaders in communication strategies.

The December 2020 European Council conclusions stressed the importance of providing clear factual information on Covid-19 vaccines and countering disinformation. The European Commission is set to roll out a two-phase vaccine communication campaign complementing the Member States' efforts. The European Parliament has insisted on the need to counter the spread of unreliable, misleading and unscientific information on vaccination, and Members have repeatedly called for more transparency on the EU advance purchase agreements with vaccine developers.



In this Briefing

- Opinions on vaccination in times of Covid-19
- EU action to boost vaccine communication
- International bodies on optimising Covid-19 vaccine uptake
- Stakeholder views
- Going forward

Opinions on vaccination in times of Covid-19

The approval and roll-out of the Covid-19 vaccines marks a watershed moment in the pandemic. While [they will not change things overnight](#), vaccines are considered by many to be 'our best shot' against Covid-19 and a first step towards getting back to something resembling normality. For European Commission President Ursula von der Leyen, [the message is clear](#): 'vaccination is about self-protection and solidarity'. For many people, vaccination is also about trust. Some have worries about the potential side effects of the Covid-19 vaccine, or about the speed of their authorisation and delivery. They are reluctant to get vaccinated, but open to discussion. There are also those who support the anti-vaccination movement ('anti-vaxxers') and are opposed on principle to vaccination, which embodies their [distrust](#) of the authorities, the media or science. However, according to [estimates](#), minimum coverage of 60 % to 75 % is needed to secure population immunity through vaccination. [Some experts](#) say that misinformation about the coronavirus is [endangering public acceptance and use](#) of the Covid-19 vaccine in many countries. [Others note](#) that inadequate communication can contribute to vaccine hesitancy and have a negative influence on vaccination uptake. Many commentators agree that Covid-19 vaccination demands a [flawless communication strategy](#), and see vaccination communication as a collective endeavour that should ideally involve, among others, institutional actors, healthcare professionals, scientists, journalists and people who have a standing in communities, such as celebrities. It is also considered key to engage with the wider public and, in particular, with groups who have a [low level of trust in scientists](#) and are less favourable to vaccines. This briefing looks at the means that could be harnessed to ensure that communication around Covid-19 vaccination is transparent, clear, evidence-based and engaging.

Poll results on people's vaccination intentions

Although vaccines are deemed to be [a medical success story](#) and a cornerstone of public health, sizeable population groups in the EU are hesitant – or even opposed – to vaccination in general. In the [2019 State of Health in the EU](#) report, vaccine hesitancy was stated as a major public health threat throughout Europe. According to a 2018 [global survey](#), Europe appeared to be the most vaccine-sceptical region in the world. A 2019 [Special Eurobarometer](#) on Europeans' attitudes towards vaccination yielded, among others, the following key findings:

- A majority of respondents in all countries think that vaccines are effective, but the extent of agreement varies considerably.
- The proportion of Europeans who have been vaccinated recently, or whose family members have been vaccinated, varies considerably between countries.
- Most Europeans know that vaccines are rigorously tested, but they are less well informed about their effects.
- Most Europeans think that vaccines are important for all, but there is substantial variation between countries regarding the extent of agreement.
- Most Europeans would consult a medical professional for information about vaccines, and most consider them the most trustworthy sources of information.

With regard to vaccination against Covid-19, [several surveys](#) show that, in international comparisons, Europeans are among the most sceptical. In an October 2020 [survey](#), 73 % of respondents from 15 countries around the globe said that they would be vaccinated for Covid-19 if a vaccine were available. However, Covid-19 vaccination intent was expressed by just over half of adults in France (54 %) and about two thirds in Spain (64 %), Italy (65 %) and Germany (69 %). According to the survey, reasons for not accepting the vaccine included concerns about side effects and concerns that vaccines are moving through clinical trials too fast. Smaller numbers indicated that they did not think the vaccine would be effective, that they were against vaccines in general, and that they believed their risk of contracting Covid-19 was low. In a [global survey](#) on potential acceptance of a Covid-19 vaccine, carried out in June 2020 in 19 countries, 71.5 % of participants reported that they would be very or somewhat likely to take a Covid-19 vaccine. In the [EU Member States participating](#), the percentages of respondents in each country who replied affirmatively to

the question: 'If a Covid-19 vaccine is proven safe and effective and is available, I will take it', were: Spain (74.3 %), Italy (70.8 %), Germany (68.4 %), Sweden (64.2 %) and Poland (56.3 %). Two [polls from Czechia](#) cited in a Euronews article show that levels of Covid-19 vaccine scepticism there are among the highest in Europe. An early December 2020 survey reportedly found that 40 % of Czechs would willingly be vaccinated against Covid-19. According to a regional poll, only 30 % of Czechs – the second-lowest score just behind Slovakia – would be willing to get the jab. In another [survey](#) conducted in the United States (US), the United Kingdom (UK), France, Germany and Italy, a majority were 'likely' to take a Covid-19 vaccine. However, a much smaller percentage said that they would 'definitely' take it (for instance, only 38 % in Italy, 35 % in Germany and 21 % in France), and this percentage had fallen compared to June. According to the company leading this research, Kantar, growing hesitancy regarding the vaccine seems to be linked to the conditions under which it has been developed and tested: in four of the five countries, a majority expressed concern about safety because of the speed with which the vaccines have been developed and produced. This proportion rose to 69 % in France. Germans expressed less concern (41 %) than citizens of other countries.

According to the World Health Organization's Strategic Advisory Group of Experts ([SAGE](#))¹ working group on [vaccine hesitancy](#), 'vaccine hesitancy refers to a delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines'. It is [defined as](#) behaviour that is:

'influenced by a number of factors including issues of confidence (do not trust vaccine or provider), complacency (do not perceive a need for a vaccine, do not value the vaccine), and convenience (access). Vaccine-hesitant individuals are a heterogeneous group who hold varying degrees about specific vaccines or vaccination in general. Vaccine-hesitant individuals may accept all vaccines but remain concerned about vaccines, some may refuse or delay some vaccines, but accept others, and some individuals may refuse all vaccines'.

According to a November 2020 [report](#) by the British Academy and the Royal Society, there are five behavioural factors underpinning vaccine uptake: (1) complacency of the perception of risk, (2) lack of confidence in the efficacy and safety of the vaccine; (3) convenience of access; (4) sources of information; and (5) socio-demographic characteristics (education, sex, ethnicity, religion, etc.).

A [systematic review](#) of studies of perceived risks of vaccines in European populations published between 2004 and 2014 (most of them conducted in the UK, the Netherlands and France) showed that the primary area of public concern was vaccine safety, followed by perceptions of low likelihood of contracting vaccine-preventable diseases (VPDs), perceived low severity of VPDs, beliefs that vaccines do not work, and overall lack of information. The concerns were found to be vaccine-, country- and population-specific.

[Some commentators](#) believe that vaccine scepticism may be linked to trust in government. For instance, in the above-mentioned global survey on potential acceptance of a Covid-19 vaccine, people reporting high levels of trust in government information were more likely to accept a vaccine. Since 'fringe views' appear to be more likely to spread when people lose trust in their leaders, [some commentators](#) argue that the most effective way to counter anti-vaccination narrative would be for governments to roll out their Covid-19 vaccination campaigns as quickly and smoothly as possible. [Other commentators](#) note that attitudes towards vaccination in central and eastern Europe may be partly shaped by past experience of the communist period. Moreover, the rise in populism may also play a role. A February 2019 [analysis](#) of national-level data from western Europe found that there was a significant association between the percentages of people in a country who voted for populist parties and of those who believed that vaccines were not important or effective.

Effective communication on Covid-19 vaccines: Research insights

Experts say that it is important to [build confidence](#) and be transparent about public health information. This means [moving away from passive communication](#) and the one-way provision of information to an open dialogue that respects people's emotions and does not dismiss people's real vaccine concerns and hesitancy (in other works: [empathy](#)). Some argue that it is also important to

[understand the individual values](#) behind vaccine doubters' fears, since multiple values – such as authority, care, fairness, liberty, loyalty, and purity – guide people's intuition as they make judgements about whether something is right or wrong. Furthermore, working with local communities and reaching diverse populations is [thought to be instrumental](#) when it comes to motivating people to get vaccinated. Political and community leaders also have [an important role](#) to play in Covid-19 vaccine communication strategies. Three factors appear to be crucial in [behaviour-changing campaigns](#): social influence, social norms and vivid examples.

The WHO's SAGE working group on vaccine hesitancy notes that, due to the diversity of situations in which vaccine hesitancy can arise, interventions have to be both context-specific (depending on the public involved) and problem-specific (depending on the type of concern). SAGE highlights four key points for [effective communication strategies](#) to tackle acceptance and uptake:

- 1 **Communicating your reasons is not enough:** begin by understanding your target audience.
- 2 **Saying it is not enough:** target your communications to the needs of your audience.
- 3 **Communicating to people is not enough:** listen to and engage healthcare professionals too.
- 4 **Communicating is not enough:** design culturally targeted interventions to improve access to vaccines.

According to a 2015 [paper](#), health communication can be an effective tool to influence people's behaviours on vaccine hesitancy. Key points to take into account when devising and implementing a communication plan include: (1) it is necessary to be proactive; (2) communication is a two-way process; (3) knowledge is important but not enough to change behaviour; and (4) communication tools are available and can be selected and used creatively to promote vaccine uptake. Paradoxically, providing too much information can be counter-productive and has been shown to generate hesitancy. [Best practices](#) for addressing vaccine hesitancy would include: (1) identifying a target audience and establishing trust; (2) being open about both the risks and the benefits of vaccination; (3) providing facts before addressing myths; (4) using visual aids; and (5) testing communication prior to launching a campaign.

According to a 2018 [paper](#), informing the public on the basis of documented evidence is essential but not enough to induce a change in the beliefs of those who are doubtful or do not accept preventive interventions, such as vaccination. The paper argues that the choice of communication strategies can be aided by three main achievements: (1) an improvement of health literacy skills in the population; (2) an understanding of the emotions that hinder communication; and (3) the suitable exploitation of the medical evidence.

According to a 2019 [research report](#) for the European Parliament on science and scientific literacy as an educational challenge, the public debate on vaccines is particularly prone to misconceptions, misinformation and disinformation campaigns, which thrive based on people's cognitive and social biases and can have dramatic societal consequences. As the report notes, communicating the scientific consensus on contested issues such as vaccines can be effective in influencing public perception and, alongside fact-checking, promoting critical thinking and scientific literacy among the general population is key.

As a June 2020 [article](#) explains, the low uptake of an available vaccination for a high-risk infection has been called a 'pandemic public health paradox' to which vaccine hesitancy contributes significantly. The article mentions three main challenges in relation to Covid-19 vaccines: (1) evidence shows that the newer the vaccine, the higher the level of hesitancy; (2) one reason people trust vaccines is the slow and methodical process it takes to develop them, and the expedited authorisation of new Covid-19 vaccines may counteractively contribute to hesitancy grounded on the public impression that the vaccine was rushed to the market and not sufficiently tested for safety and efficacy; and (3) falsities and misinformation are propelled by anti-vaccination

campaigners who are already spreading distorted information about the virus and any potential vaccine. The article recommends following a social marketing approach as described by the WHO SAGE (see above), which should be grounded on existing evidence and include ongoing community engagement. Communication should be relevant, timely, understandable, and provided through channels and messengers that people trust. As with other vaccines, communication training of healthcare providers and other key stakeholders is considered essential.

An October 2020 [pre-print](#) (not yet peer-reviewed) paper on measuring the impact of Covid-19 vaccine misinformation on vaccine intent in the UK and the US suggests that misinformation around a Covid-19 vaccine induces a fall in vaccination intent among those who would otherwise 'definitely' vaccinate by 6.4 percentage points in the UK and 2.4 in the US, with larger decreases found in intent to vaccinate to protect others. The paper found evidence that socio-economic, demographic, political, and trust factors are associated both with low intent to vaccinate and with susceptibility to misinformation. It also found that scientific-sounding misinformation relating to Covid-19 vaccines lowers vaccination intent, while corresponding factual information does not. According to the paper, these findings reveal how Covid-19 misinformation can impact vaccination rates, and can help inform successful messaging campaigns.

The [Vaccine Confidence Project™](#) (VCP) research group at the London School of Hygiene and Tropical Medicine monitors public confidence in immunisation programmes. The VCP's 'State of vaccine confidence in the EU 2018' [report](#) assessed the overall state of public confidence in vaccines in all of the (then) 28 EU Member States and among general practitioners in 10 Member States.²

EU action to boost vaccine communication

While responsibility for health lies primarily with the governments of the individual EU Member States, the EU complements national policies, especially those with a cross-border dimension.

Council and European Council

Already before the coronavirus pandemic, the December 2018 [Council recommendation](#) on strengthened cooperation against vaccine-preventable diseases asked the Member States, wherever necessary, to increase communication activities and awareness-raising on the benefits of vaccination by: (a) presenting scientific evidence in a form understandable to laypersons to counter the spread of misinformation, including, for example, through digital tools and partnerships with civil society and other stakeholders; and (b) engaging with actors, such as healthcare workers, education stakeholders, social partners, and the media as multipliers, to fight complacency and increase trust in vaccination.

The 2018 Council recommendation resulted in an EU initiative – the [European vaccination information portal](#), which was developed by the European Centre for Disease Prevention and Control (ECDC) in partnership with the Commission and the European Medicines Agency (EMA). Its main aim is to give accurate, objective, up-to-date evidence on vaccines and vaccination in general. It also provides an overview 'of the mechanisms in place in the EU to ensure that available vaccines conform to the highest standards of safety and effectiveness'. The portal features a webpage dedicated to [Covid-19 vaccines](#).

European Council conclusions

According to the [conclusions](#) adopted at its 10-11 December 2020 meeting, 'The European Council underlines the importance of preparations for the timely deployment and distribution of vaccines, including the development of national vaccination strategies, to ensure that vaccines are made available to people in the EU in good time and in a coordinated manner. It is important to provide clear factual information on vaccines and to counter disinformation.'

European Commission

Vaccination in general

In spring 2019, in line with the above-mentioned Council recommendation, the Commission convened a [coalition on vaccination](#), bringing together associations of healthcare workers and students. Co-chaired by the Standing Committee of European Doctors (CPME), the Pharmaceutical Group of the European Union (PGEU) and the European Federation of Nurses Associations (EFN), it supports the delivery of accurate information to the public and the fight against myths around vaccination and vaccines. In addition, as stated in its May 2019 [answer](#) to a parliamentary question, the Commission also monitors the online campaigns of anti-vaccination activists and communicates actively on the benefits and safety of vaccines through, for instance, its social media channels.

Covid-19 vaccination in particular

European Commission Vice-President Margaritis Schinas on Covid-19 vaccine information

In the 16 December 2020 European Parliament [plenary debate](#), Schinas said: 'Building trust is of course key to ensure a high vaccination uptake and everybody knows by now that this is, and should be, our collective priority, because ... vaccines in themselves do not save lives. Vaccination does'.

With its June 2020 [EU strategy for Covid-19 vaccines](#) (or 'EU vaccines strategy'), the Commission aimed to accelerate the development, manufacturing, and deployment of vaccines against Covid-19. It has concluded [several agreements](#) with individual vaccine developers on behalf of EU countries.³ In an [October 2020 communication](#), the Commission set out the key elements that Member States should take into consideration in their Covid-19 vaccine deployment and vaccination strategy plans, with a view to preparing the EU and its citizens for when one or more vaccines became available. These elements included plans on how to communicate on the benefits, risks and importance of Covid-19 vaccines. In a [December 2020 communication](#), the Commission asked Member States to coordinate efforts to tackle misinformation and disinformation around Covid-19 vaccines, in coordination with international bodies and online platforms. The Commission committed to working closely with Member States to support their communication efforts so that citizens can make informed decisions. In a [January 2021 communication](#), the Commission noted that 'clear and continuous communication on the importance and safety of vaccines remains essential to address vaccine hesitancy and combat disinformation and misinformation'.

During the 10-11 December 2020 [European Council](#) meeting, Commission President Ursula von der Leyen [reportedly](#) outlined the Commission's plans for a vaccine communication campaign, to be rolled out in two phases: the first would provide explanations in all languages, and the second would encourage people to get vaccinated and aim to dispel scepticism.

The Commission's Covid-19 vaccines [website](#) provides a range of information about vaccination and Covid-19 vaccines, including short testimonial [videos](#) from 'experts' and 'the people'. The need to check the facts and [fight disinformation](#) is also highlighted (see text box below). Moreover, the Commission has released several factsheets:

- [Securing future COVID-19 vaccines for Europeans](#);
- [How Covid-19 vaccines work](#);
- [The health benefits of vaccination](#);
- [COVID-19: from authorising a vaccine to putting it on the market](#);
- [Making sure Covid-19 vaccines are safe](#);
- [Vaccines and vaccination: the way out of the coronavirus pandemic](#).

Covid-19 disinformation and online platforms

In April 2018, the Commission published a [communication](#) on tackling online disinformation, (defined as 'verifiably false or misleading information that is created, presented and disseminated for economic gain or to intentionally deceive the public, and may cause public harm'). In its wake, several online platforms subscribed to a self-regulatory [Code of practice](#). As a further step, a June 2020 [joint communication](#) by the Commission and the High Representative set out a European approach on coronavirus-related disinformation. The Commission notes that it has been [working closely](#) with the platforms, encouraging them to promote authoritative sources, demote content that is [fact-checked](#) as false or misleading, and take down illegal content or content that could cause physical harm.

Online falsehoods about Covid-19 vaccines can be especially damaging. According to a December 2020 [EPRS briefing](#), an analysis by digital risk firm CounterAction has shown that the rise in vaccine hesitancy parallels growth in the volume of Facebook posts involving potentially harmful disinformation about the vaccine in all EU languages. At the same time, as explained in a December 2020 [article](#) from *Politico*, the Covid-19 vaccine roll-out is presenting social media sites with 'fresh and daunting challenges' – partly owing to the limited data available on the vaccines, which makes it harder to refute certain unfounded claims, and partly because the outbreak occurred at a time when 'enormous communities distrustful of government have been growing online', producing 'a new breed' of vaccine opponent.

Meanwhile, various platforms have taken, or announced, measures. In October 2020, [YouTube](#) expanded its [medical misinformation rules](#) to prohibit Covid-19 vaccine claims that contradict the consensus among local health authorities or the World Health Organization, and said that it had removed Covid-19 anti-vaccination videos. [Facebook](#) announced in a 3 December 2020 post on its website that it would, over the following weeks, start removing false claims about Covid-19 vaccines 'that have been debunked by public health experts'. The removals would apply to Facebook and Instagram. [Twitter](#) announced on 16 December that it would take down Covid-19 vaccine misinformation starting the following week, and might begin labelling posts with potentially misleading claims about the vaccines from early 2021.

European Centre for Disease Prevention and Control

To increase vaccine acceptance, the European Centre for Disease Prevention and Control (ECDC) supports [communication on immunisation](#) by providing guides, a toolkit and a collection of resources on research. The ECDC's 2017 [catalogue of interventions](#) provided a practical tool to address the problem, showcasing examples of practices to be adapted according to national and local needs. According to an [October 2020 report](#), key components for successful national and EU-level Covid-19 vaccine deployment include monitoring of vaccine acceptability, behavioural research and communications plans. In a December 2020 [overview](#) of Covid-19 vaccination strategies and vaccine deployment plans in the EU/European Economic Area (EEA) and the UK, the ECDC provided an update of Member States' communication plans. The overview found that, according to a survey conducted by the European Commission's Directorate-General for Health and Food Safety (SANTE) with members of the EU Health Security Committee (HSC) in November 2020:

- Of the 26⁴ EU Member States that responded to the survey, 14 (Belgium, Bulgaria, Denmark, Greece, Spain, Croatia, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Austria, Portugal and Romania) were in the process of developing their communication plans;
- 7 countries (Belgium, Czechia, Germany, Malta, Slovenia, Slovakia and Finland) mentioned that their ministries of health, in some cases with the close cooperation of other entities, would be responsible for communication on Covid-19 vaccines;
- 2 countries (Estonia and Hungary) reported having plans to coordinate their communication centrally with the help of experts and healthcare workers;
- Poland indicated that it had started to develop a specific plan to coordinate communication to the public centrally with the help of experts and healthcare workers, and that this was an ongoing process;
- Sweden reported having a group of different agencies responsible for communication;
- Ireland has had a clear communication system since the start of the pandemic.

European Medicines Agency

In a December 2020 interview with the news outlet [Euractiv](#), the European Medicine Agency (EMA) Executive Director Emer Cooke said that the EMA took everything related to communicating the benefits and risks of vaccines 'very seriously'. She added the EMA would work to ensure that it was 'the definitive and reliable source of information on vaccines', and would implement a communication strategy.

During a 10 December 2020 video-conference with Members of the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI), Cooke highlighted the EMA's efforts regarding transparency and communication. According to Cooke, the EMA would publish the full assessment reports within three days of the Commission decision on whether or not to authorise a vaccine. All the clinical trial data – once commercially confidential and personal information had been redacted – would also be made available as soon as possible after authorisation. As Cooke stated, the EMA is also committed to publishing the risk management plans (the vaccine developers' plans to manage the risks once marketing authorisation is granted), not usually made public.

Transparency from vaccine developers

On 18 November 2020, the AstraZeneca/University of Oxford consortium were the first Covid-19 vaccine developers to publish their data in a scientific journal ([The Lancet](#)), thereby making them available for public review and scrutiny, including by the scientific community. Other vaccine developers, such as [Sanofi/GSK](#), [CureVac](#) and [Moderna](#), had until then published only preliminary data via press releases. On 10 December 2020, BioNTech/Pfizer published their data in the [New England Journal of Medicine](#).

Making good on its above-mentioned commitment to [exceptional measures](#) on transparency for Covid-19 medicines and vaccines, on 23 December 2020 the EMA published the assessment report and the risk management plan for the [BioNTech/Pfizer vaccine](#), which the Commission had [authorised](#) on 21 December following the EMA's [recommendation](#) a few hours earlier. (On 20 January 2021, it then published the assessment report and the risk management plan for the [Moderna vaccine](#), authorised on 6 January 2021.) Cooke noted that communication was 'intensely important', especially post-authorisation. Moreover, on 11 December 2020, the EMA had held a public meeting to inform citizens on Covid-19 vaccines and on the agency's role in the regulatory process for vaccine authorisation, and to listen to their questions and concerns. A public meeting about the vaccines or their roll-out was hosted on 8 January 2021.

European Parliament

Already during its previous term, in an April 2018 [resolution](#) on vaccine hesitancy and the drop in vaccination rates in Europe, Parliament called on the Member States and the Commission to take effective steps against the spread of unreliable, misleading and unscientific information on vaccination, to further develop awareness and information campaigns aimed at restoring confidence in vaccines, and to enhance education and dialogue. It emphasised the need to provide citizens with inclusive, factual and science-based information, and called on the Commission and the Member States to facilitate dialogue with stakeholders from civil society, grassroots movements, academia, the media and national health authorities with a view to combating misinformation on vaccination.

With regard to Covid-19 vaccines, Members of the European Parliament have been consistently calling for more [transparency](#) and [clarity](#) on the terms of the contracts concluded between the EU and vaccine developers, as well as the decision-making process at EU level. In response, the European Commissioner for Health and Food Safety, Stella Kyriakides, [announced](#) that, as of 12 January 2021, the contract with [CureVac](#) was available for Members of the Parliament to review. Director-General for Health and Food Safety, Sandra Gallina, [told Members](#) of Parliament that other contracts would be released pending the agreement of the companies concerned. In the plenary

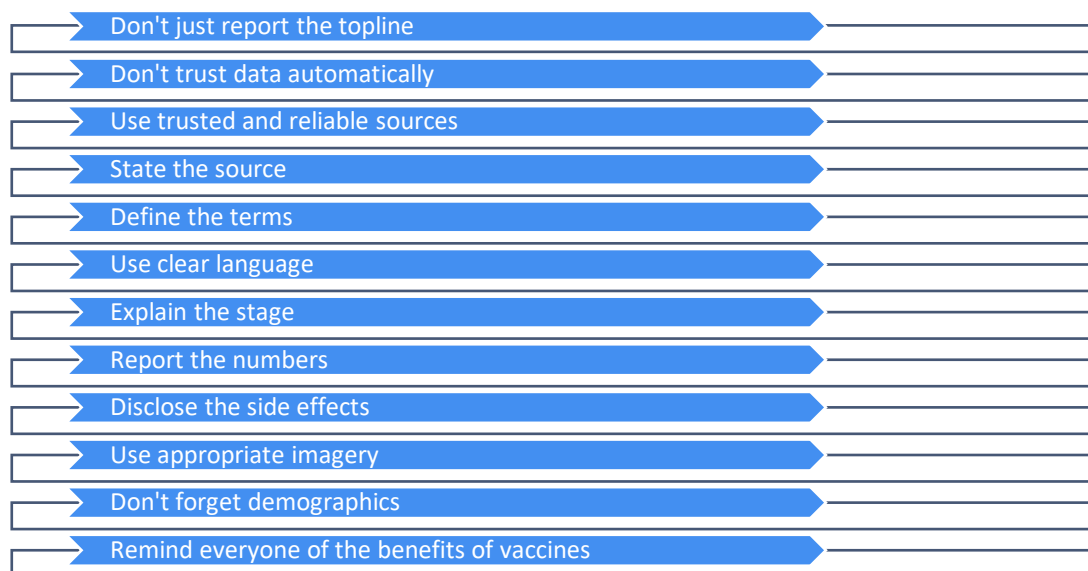
debate on 19 January 2021, Members [again stressed](#) that only complete transparency could build trust in the vaccination campaigns across Europe. The Commission's efforts to allow Members to consult 'one incomplete contract', with several passages redacted, were deemed insufficient. Soon afterwards, the Commission surprisingly published the [redacted](#) CureVac contract online.

International bodies on optimising Covid-19 vaccine uptake

World Health Organization

As early as February 2020, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus [stressed](#) that the world was fighting not just an epidemic but also an 'infodemic'. Acknowledging that journalists play a vital role in informing the public on scientific developments, specifically as regards vaccines in these unprecedented times, the WHO published [general guidelines](#) for professional media reporting on Covid-19, which 'should be followed whenever possible' (see Figure 1).

Figure 1 - Tips for professional reporting on Covid-19 (World Health Organization)



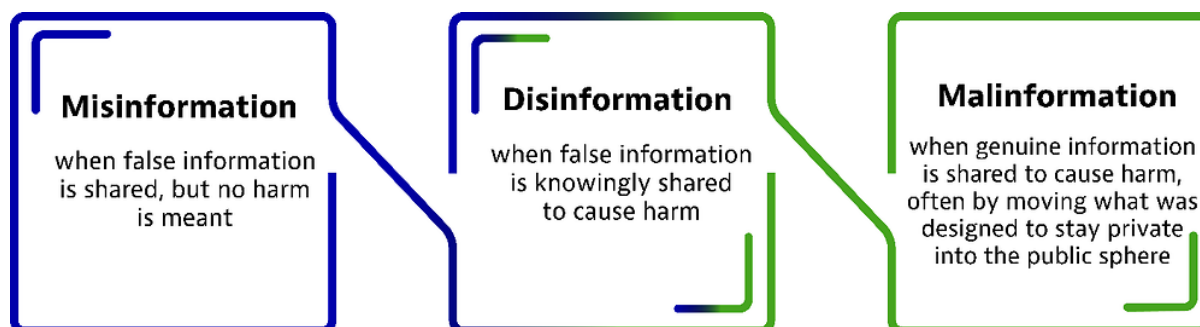
Data source: [World Health Organization](#).

Moreover, as outlined in a [meeting report](#) released by the WHO's Behavioural Insights Unit in December 2020, the factors that drive people's behaviour in relation to Covid-19 vaccine acceptance and uptake include an enabling environment, social influences and motivation.

Organisation for Economic Co-operation and Development

The Organisation for Economic Co-Operation and Development (OECD) has created a [Covid-19 Hub](#) with data, analysis and recommendations to address the coronavirus crisis. A July 2020 [policy brief](#) on transparency, communication and trust provides an overview of the role of public communication in responding to the wave of disinformation about the new coronavirus (see Figure 2). It gives examples of OECD member countries' responses to the 'infodemic' through public communication initiatives, and offers guidance on engaging with citizens to help address this challenge. According to the brief, disinformation is also expected to be used by the anti-vaccination movement once a Covid-19 vaccine is available, which could undermine its effectiveness.

Figure 2 – Definition of the main types of problematic content spreading online (OECD)



Source: [Transparency, communication and trust: The role of public communication in responding to the wave of disinformation about the new Coronavirus](#), OECD, updated 3 July 2020, adapted from C. Wardle and H. Derakhshan, [Information Disorder: Towards an interdisciplinary framework for research and policy making](#), Council of Europe report, DGI(2017)09.

On its Forum Network [webpage](#), the OECD features a series of articles by OECD experts and thought leaders that address the coronavirus crisis. Two November 2020 articles specifically deal with Covid-19 vaccines. An [article](#) by Jonathan Berman on Covid-19 vaccine hesitancy argues that an effective communication plan will focus not on 'anti-vaxxers', but on those who are hesitant to get vaccinated. According to the article, appropriate messaging is key to persuading the vaccine hesitant to get vaccinated. It argues for a community focus, urging decision makers to focus quickly on working together toward a 'vaccine confidence project' with a unified communication strategy. An [article](#) by Sandra Kanthal argues that communicating clearly and honestly with vaccine-hesitant groups, before they become 'anti-vaxxers', will be crucial to a successful Covid-19 vaccination effort. It puts forward three recommendations (see Figure 3).

Figure 3 – Clear and honest communication on Covid-19 vaccines (OECD Forum Network)

Manage expectations

- Explain what side effects are possible, and what level of effectiveness is reasonable and likely. The publicity involved in this vast undertaking is an opportunity to teach people about the importance of vaccines, and how crucial they are to global health.

Take people's concerns seriously, and don't dismiss their worries as trivial

- Listening to and respecting people's anxieties encourages them to ask questions. People are justified in wanting as much information as possible. However, if those same people feel judged, or dismissed for raising their concerns, the risk is they will lose trust in the institutions involved with in the vaccination effort.

Don't make anyone with honest curiosity feel ignorant or defensive

- Take the time to listen respectfully to their questions, and let them say, 'I don't understand, please can you explain it to me again'. If that means coming up with several different ways to answer the same question, that is an effort worth making. Otherwise, anyone can easily turn to myriad sources of information, and those outlets may end up being more engaging, but wrong.

Data source: S. Kanthal, [Novel Virus, Novel Vaccine: Communicating clearly and honestly around a COVID-19 vaccine](#), OECD Forum Network.

Stakeholder views

A 2018 [guide](#) to vaccine safety communication by the Council for International Organizations of Medical Sciences (CIOMS) laid out considerations for vaccine safety communication. As the guide stated, the challenge for communication is to operate efficiently in a field of tension between public expectations and concerns, scientific evidence and uncertainty. Vaccine safety communicators should pay attention to the relationship between communication, transparency and public trust.

In an August 2020 [statement](#), the European Patients' Forum (EPF) stressed that transparency and trust in public authorities is vital to ensure acceptance of the coronavirus vaccine once available.

In a September 2020 [joint statement](#), European and international organisations representing not-for-profit healthcare insurers, healthcare professionals and public-interest organisations⁵ presented recommendations for more transparency around the Commission's EU vaccines strategy and the accompanying advance purchase agreements with vaccine developers. Key points raised include transparency on both the amounts and the destination of the EU's spending on Covid-19 vaccines, high standards of regulatory assessment of Covid-19 products, transparency of the vaccines joint procurement process, and transparent liability clauses to make sure responsibilities are shared fairly between manufacturers and the public sector.

The importance of transparency around the advance purchase agreements on vaccine candidates was also highlighted in a [joint statement](#) by a group of 39 civil society organisations. According to the statement, contracts signed with vaccine developers should be accessible to any citizen, on the basis of the right of access to EU documents, with any commercially sensitive details redacted. National parliaments should have access to these contracts in their entirety.

The European Consumer Organisation BEUC noted in its November 2020 [recommendations](#) that ensuring adequate public communication on Covid-19 vaccines would be crucial to boosting vaccination confidence and upholding consumers' rights.

Going forward

In his [statement](#) in the December 2020 plenary debate, Commission Vice-President Margaritis Schinas said that the Commission would encourage Member States to continue with their national plans and public information campaigns on vaccination, but would have its own European campaign that could provide 'a useful complement'. In addition to explaining the benefits of the vaccines that are put on the market factually, this would involve mobilising important known European role models, such as Union of European Football Associations (UEFA) players.

Considering that, in time, several different Covid-19 vaccines will be on the market, there is currently a debate over whether people will be able to choose which vaccine they will take, or at least be aware of which vaccine they get. According to a Commission spokesperson cited in a December 2020 Euractiv [article](#), EU citizens should be aware of all necessary information related to the Covid-19 vaccine roll-out so as to ensure transparency and build trust. This will be all the more crucial in light of the current discussions on ways to make the best use of the (for now) still limited number of vaccine doses available by tweaking the vaccines' dosing schedules in a bid to get as many people vaccinated as possible. Beyond the [scientific concerns](#), some argue that this could [shake public confidence](#), possibly resulting in [reduced willingness](#) to get vaccinated.

A December 2020 [article](#) in *Foreign Affairs* points to the danger of 'vaccine disillusionment' among people. According to the article, once it becomes clear that a vaccine will not mean 'immediate deliverance' from the crisis, popular disillusionment could set in, thereby deepening the 'creeping scepticism' towards vaccines in some parts of the world. Governments should therefore 'guard against popular frustrations by communicating clearly and tempering expectations', the article suggests, while at the same time 'pushing forcefully ahead with immunisation campaigns'.

Finally, inoculating the public against misinformation is crucial. As a January 2021 [article](#) from the European Parliament's Science-Media Hub explains, people can rebut arguments from science deniers adequately if they learn to formulate counterarguments in advance. Science deniers tend to use the same five rhetorical techniques to persuade others (fake experts, conspiracy theories, false logic, impossible expectations and cherry-picking), and these techniques are also likely to be used around the Covid-19 vaccine. According to the article, 'knowing this in advance can help design communication strategies to warn the public and equip them with solid counterarguments'.

MAIN REFERENCES

[Cary Funk: 'It is important to engage with people who have a low level of trust in scientists'](#), European Science-Media Hub, EPRS, European Parliament, 21 October 2020.

[Covid-19: ensuring a safe and effective vaccine](#), European Science-Media Hub, EPRS, European Parliament, 8 December 2020.

[Interview with Philipp Schmid on science denialism, misinformation and the importance of public confidence in the safety and effectiveness of the Covid-19 vaccine](#), European Science-Media Hub, EPRS, European Parliament, 6 January 2021.

[Vaccination policy in times of Covid-19](#), European Science-Media Hub, EPRS, European Parliament, 15 December 2020.

[What measures is the European Parliament taking to tackle vaccine hesitancy in Europe?](#), Ask EP, EPRS, European Parliament, 16 December 2020.

ENDNOTES

- ¹ The Strategic Advisory Group of Experts (SAGE) on immunisation is charged with advising the WHO on overall global policies and strategies linked to vaccination.
- ² Individual country data can be viewed on the [report website](#) using an interactive results viewer.
- ³ Two Covid-19 vaccines – by [BioNTech/Pfizer](#) and [Moderna](#) – have so far been authorised in the EU.
- ⁴ All except Cyprus.
- ⁵ International association of mutual benefit societies (AIM), Standing Committee of European Doctors (CPME), European Cancer Leagues (ECL) Access to Medicines Task Force, European Public Health Alliance (EPHA), European Social Insurance Platform (ESIP), European Alliance for Responsible R&D and Affordable Medicines.

DISCLAIMER AND COPYRIGHT

This document is prepared for, and addressed to, the Members and staff of the European Parliament as background material to assist them in their parliamentary work. The content of the document is the sole responsibility of its author(s) and any opinions expressed herein should not be taken to represent an official position of the Parliament.

Reproduction and translation for non-commercial purposes are authorised, provided the source is acknowledged and the European Parliament is given prior notice and sent a copy.

© European Union, 2021.

Photo credits: © jessicagirvan / Adobe Stock.

eprs@ep.europa.eu (contact)

www.eprs.ep.parl.union.eu (intranet)

www.europarl.europa.eu/thinktank (internet)

<http://epthinktank.eu> (blog)

