COVID-19 Recovery: Building Future Pandemic Preparedness and Understanding Citizen Engagement in the G7

Summary and policy synthesis of a British Academy research programme on COVID-19 vaccine engagement

The British Academy

COVID-19 is one of the most challenging health crises in decades, impacting individuals, communities, families and countries. The pandemic has unfolded in differing and dynamic contexts, interplaying with longstanding structural inequalities and historical injustices, with long-term impacts expected to take place across a range of societal areas, including health and wellbeing, communities, culture and belonging as well as knowledge, employment, and skills.[1] These challenges call on policymakers to seize the opportunity for change across these issues and across levels of governance.

Evidence from SHAPE disciplines[2] is critical to addressing these challenges and to individual and societal recovery, with lessons to be learned from history and experience with past epidemics and from other global vaccine campaigns such as polio. SHAPE disciplines offer invaluable insights into understanding vaccine engagement and confidence, and into how policies and practices can work sensitively and effectively with diverse communities to address this health crisis and build future pandemic preparedness.

As part of its wider response to the pandemic, since November 2021 and funded by the Department for Business, Energy & Industrial Strategy, the British Academy has supported seven G7-focused studies on COVID-19 vaccine engagement. They have examined COVID-19 vaccine engagement across the G7 countries, deepening our understanding of the factors affecting vaccine engagement across diverse cultural, social, political and economic contexts and developing recommendations to strengthen community confidence and setting out vaccine deployment programmes. They involved a range of SHAPE disciplines and sub-fields, took different theoretical lines and framing assumptions, and deployed a diverse range of methods – from surveys and the use of large quantitative datasets, to ethnography, qualitative interviews and innovative digital and experimental techniques. The result is a rich and exciting set of studies that inevitably display a diverse range of findings and conclusions, reflecting the particular ways they chose to ask and answer their questions.

The research projects follow the establishment of a virtual forum of SSH7, which brought together SHAPE representative bodies of every country in the G7[3] and led to the publication of joint statements on (i) community engagement,[4] (ii) education, skills and employment,[5] (iii) trust, transparency and data gathering,[6] (iv) inequalities and cohesion[7] as well as (v) fiscal policy[8] and recovery urging governments to "seize the moment" and lead a "globally equitable" recovery from the long-term societal impacts of COVID-19.

1   See here: https://www.thebritishacademy.ac.uk/projects/covid-decade/
2   SHAPE is an acronym for our disciplines, the Social sciences, Humanities and the Arts for People and the Economy.
3   See here: https://www.thebritishacademy.ac.uk/publications/ssh7-overview/
4   See here: https://www.thebritishacademy.ac.uk/publications/community-engagement/
5   See here: https://www.thebritishacademy.ac.uk/publications/education-skills-employment/
6   See here: https://www.thebritishacademy.ac.uk/publications/trust-transparency-data-gathering/
7   See here: https://www.thebritishacademy.ac.uk/publications/inequalities-cohesion/
8   See here: https://www.thebritishacademy.ac.uk/publications/fiscal-policy/

In this policy-focused summary, we have brought together some of the rich findings and new knowledge bases developed in the studies and outlined a set of key insights and lessons for policymakers across four themes: (i) Accessibility of vaccines, (ii) Patterns of vaccine hesitancy, (iii) Addressing historical injustices and structural vulnerabilities and (iv) Building trust and trustworthiness.

Accessibility of vaccine and engagement with communities strengthen community confidence and accelerate vaccination take-up

Vaccination decision making is a complex and ongoing process. Access to vaccines has been facilitated through a range of measures, including mass vaccination centres, drop-in vaccination centres and the expansion of vaccine providers across healthcare centres. This has all been done with the aim of overcoming practical barriers to accessibility, changing the framework for vaccination decisions and facilitating engagement with underserved communities. For example, one of the research projects examining COVID-19 vaccine engagement in France and the United Kingdom highlighted the critical role of local authority engagement, local health providers, community groups and other local actors in how they helped close vaccine uptake gaps, particularly amongst low income, minoritised and racialised communities.[9] Local authorities' strong knowledge of local context and their existing relationships with community groups helped support more tailored responses to diverse local populations. Decentralised autonomy for decision-making made leveraging decisions and actions easier and, when decentralised power was limited, local authorities carved out space for tailored action. Relevant policy insights from across the projects include:

- Providing flexibility to individuals, control over the vaccination process and positive incentives facilitate engagement and equitable vaccination access.

- Developing inclusive digital platforms and involving cultural mediators and translators in public health services can help build vaccination take-up.

- Easing registrations for vaccination and offering guidance across languages and formats benefit vaccination confidence and take-up, particularly among migrant communities.

Vaccine hesitancy is embedded in social, political, cultural, geographical, and economic contexts

Vaccination uptake is determined by a range of factors, including age, community experiences of marginalisation, employment, immigration status, and deprivation as well as family and peer influence. Differences exposed through the research were not only found across countries, but within different regions, cities and local neighbourhoods within countries. Another project examining COVID-19 vaccine engagement in Germany, France, and the United Kingdom examined how age, gender, personal networks, immigration status, religious affiliation, income and education are associated with the decision to be vaccinated.[10] For instance, being older was positively associated with the decision to get vaccinated in all three countries.

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9   See here: https://www.thebritishacademy.ac.uk/international/affiliations/ssh7/covid-recovery-in-the-g7/vaccine-equity-multicultural-urban-settings-toronto-marseille

10 See here: https://www.thebritishacademy.ac.uk/international/affiliations/ssh7/covid-recovery-in-the-g7/mapping-roles-divisions-risk-norms-overcome-vaccine-hesitancy-united-kingdom-germany-italy

Income and education, however, only positively affected a decision to get vaccinated in Germany. Specific policy insights from across the projects include:

- Understanding and recognising anxieties, concerns, and uncertainties about vaccination are critical to engaging with communities and ensuring vaccination confidence.

- Building social capital, investing in social infrastructure as well as providing support to mentors, teachers, parents, and community leaders can help build community confidence in vaccines.

- Communicating the value of vaccination should highlight the benefits to other community members and address vaccine hesitancy.

Addressing historical injustices and structural vulnerabilities is critical to vaccine engagement and pandemic preparedness

The projects demonstrate that COVID-19 has affected communities differently, disproportionately impacting minority groups. These findings highlight disparities in access to healthcare, historical discriminatory practices, restrictions to vital care services and their legacies, constraining the capacity to mobilise behaviours that support public health. One research project exploring COVID-19 vaccine engagement in Canada and Italy, showed that longstanding social inequality and its effects directly impacted vaccine participation among Roma communities in Italy and reactivated histories of blame.[11] Critically, the findings indicate that contradictions in state pandemic responses coupled with continuous forms of exclusion can increase Roma distrust in government initiatives and prevent vaccine participation. Prior disparities and structural harm can become normalised, and thus rendered invisible, in public discourses on vaccine uptake.

Specifically, insights from across the projects include:

- Recognising that ethnicity and race, migrant status, gender, class as well as nature, and conditions of work have determined access to and the quality of healthcare will help broaden engagement across communities and strengthen trust in vaccination.

- Tackling broader structural inequalities, strengthening social protection and developing a fair provision of services in partnership with diverse communities can increase community outreach and help build pandemic preparedness.

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11   See here: https://www.thebritishacademy.ac.uk/international/affiliations/ssh7/covid-recovery-in-the-g7/ethnographies-disengagement-vaccine-rejection-neglected-communities

Building trust and trustworthiness effectively can restore community confidence and encourage vaccination take-up

Peoples' trust in scientists and institutions is strongly shaped by considerations of competence, expertise, integrity, and transparency, as well as by historical and social contexts. Another research project examining COVID-19 vaccine engagement in Canada and the United Kingdom showed how mistrust in government and healthcare systems can be seeded or reinforced by policy change at the expense of clarity.[12] Policy changes, even emergency policies, need to be clearly justified, as the repeated refining of policies to optimise an outcome may have unintended costs and consequences.

- Targeted and community focused approaches to uncertainty reduction and working durably with community members can help redress mistrust.

- Leveraging trust relationships within communities and developing networks with cultural and linguistically diverse communities will help reinforce trust in vaccination.

- Using trustworthy message senders such as GPs and family physicians are effective ways to engage across different communities and build trust in vaccine.

- Developing governance frameworks in online digital frameworks to reduce misinformation online can help tackle misinformation about vaccines.

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12   See here: https://www.thebritishacademy.ac.uk/international/affiliations/ssh7/covid-recovery-in-the-g7/diffusion-covid-19-
          vaccines-building-confidence-diverse-communities-canada-united-kingdom

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