GREAT EXPECTATIONS

Developments & Dynamics of a COVID-19 Vaccine

By Jackie Ilacqua | November 2020

IPSOS VIEWS

GAME CHANGERS

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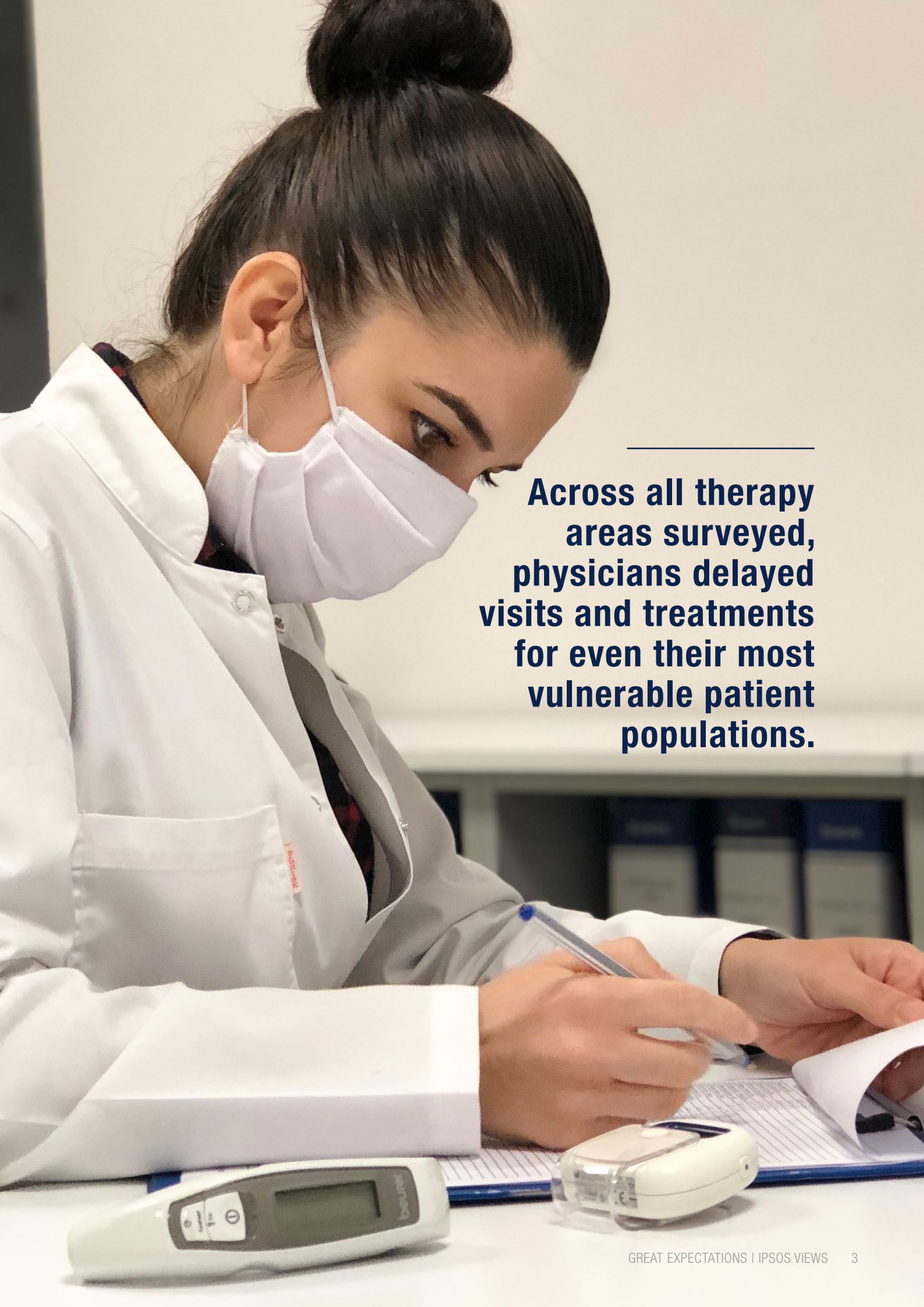
Never has the general public been more aware of, or more opinionated about, a vaccine in development than of those in the pipeline for COVID-19. But no vaccine in living memory has had the potential to effect such a transformational shift in society. As we explore the developments, dynamics and challenges of a COVID-19 vaccine, it becomes clear that 'When will we have a vaccine?' is just the first of many questions for the actors involved in the most anticipated vaccine in modern history.

THE PANDEMIC SO FAR

When we look back on 2020, it's likely that the only thing we will remember clearly is the impact of COVID-19. Since its onset and ongoing resurgence, the impact on people's ability to function in society has been unprecedented – with the closure of businesses and schools, travel and entertainment coming to a virtual standstill and all services struggling to return to pre-pandemic levels. Even essential needs like healthcare remain impacted. According to Ipsos' COVID-19 impact studies in EU5, physicians across all therapy areas surveyed delayed visits and treatments for even their most vulnerable patient populations.[1] Elective procedure volumes have also been crushed.

Over time, people have slowly returned to travel, hospitality and healthcare but COVID-19 cases have risen again, causing governments in many markets to reinstate stronger restrictions. At the time of writing, second lockdowns are in place in multiple countries.

Attitudes towards these restrictions vary greatly. In our ongoing 16-country *Ipsos Essentials* study, we found that participating consumers' anxiety about resuming normal activities had slightly decreased overall (between May and November) and the percentage of respondents who believed the economy should be reopened had gone up.[2] Conversely, and no doubt in response to rising cases and corresponding lockdowns, we saw an overall increase from September to November in the perception that "things in my country are out of control right now". These seemingly contrasting findings may indicate agreement with the stance of opinion leaders like Dr David Nabarro, World Health Organization Envoy on COVID-19, who cautioned against using lockdowns as a primary control method for the virus, citing excessive economic and health consequences.[3] In other words, where some see restrictions as a necessary evil, others see a solution that's worse than the problem.



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ALL EYES ON A VACCINE

Against this backdrop, it's not surprising that people, governments and businesses across the globe are eagerly awaiting news on the development of a vaccine. Despite cautions that none will be a 'silver bullet' even if proven safe and effective, vaccines are still widely perceived as the only real solution to the current pandemic, or at least a big part of it. Between May and September 2020, Ipsos tracked a staggering 93% increase in social media activity surrounding a COVID-19 vaccine, second only to a 103% increase attributed to the US election.[4]

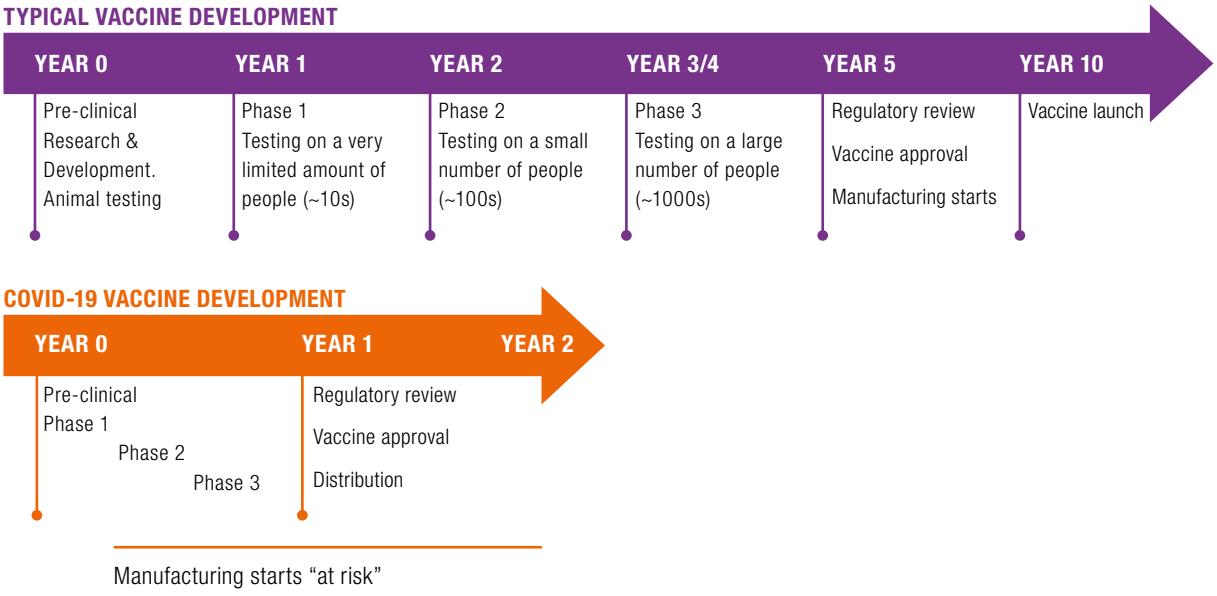
Since the outbreak of coronavirus, the pharma industry has moved with unprecedented speed to progress vaccines through clinical trials safely, while simultaneously ramping up production on the chance of success. At the time of writing, preliminary analysis is emerging from vaccine candidates in Phase III trials (the final stage before possible implementation in most markets), from manufacturers including Pfizer-BioNTech, Sputnik, Moderna and Oxford University/Astra Zeneca[5]. It's still early days, but the news so far is unanimously positive in terms of the vaccines' ability to produce an immune response in trial participants, with some suggesting a potential efficacy rate as high as 95%.

Importantly, some candidates have demonstrated the potential for greater effectiveness in specific patient populations. This is crucial because it will take more than one vaccine to inoculate the world, both logistically and medically; variability of age groups, co-morbidities and patient characteristics means this can't be a one-size-fits-all approach. It is therefore encouraging that the tracker set up by The Vaccine Centre at the London School of Hygiene & Tropical Medicine lists a total of 260 current COVID-19 vaccine candidates (as of 19th November).[6] Around a fifth of these are in clinical testing stages, with 11 specifically in Phase III. The position of all candidates hinges, of course, on favorable efficacy and safety outcomes of clinical trials.

The next step for those manufacturers whose candidates have already demonstrated successful trial outcomes is to seek emergency approval (albeit a small number of markets, including Russia and China, have already authorized and used experimental vaccines on specific groups of citizens). Under the circumstances, regulators may well accept positive results from Phase III trials in order to expedite production and distribution.

However, as the world now knows, vaccine development is a highly complex business that usually spans a decade or more. Figure 1 shows an approximation of the development period of a typical vaccine versus the timeline of the vaccines in progress for COVID-19. This expedited development means that pharma will need to track the safety and durability of any COVID-19 vaccine post-launch in observational trials for months and years to come.

Figure 1 Typical vs COVID-19 vaccine development process



Source: Vaccines Centre of Excellence, Ipsos

VACCINATING POPULATIONS – IT TAKES MORE THAN A VACCINE

No matter which manufacturer is first to market, all companies will face similar challenges concerning adoption and distribution. Downstream considerations relating to the impact of early launches, their effect on patient populations and the implications for reopening strategies and economic recovery are very real. Understanding demand for a vaccine has never been more important.

In an Ipsos/World Economic Forum survey released in November, 73% of the 18,000 adults surveyed in 15 countries said they would get a vaccine for COVID-19 if it were available.[7] While this appears to be a strong indication of sentiment towards vaccine uptake, the level of strong agreement (33%) is actually four percentage points lower than it was three months earlier (37%) and intentions to get vaccinated had dropped in 10 of 15 countries surveyed.[8] What's more, only 52% in the October-November study said they would become vaccinated within three months of a COVID-19 vaccine becoming available to all, citing concerns about side-effects and expedited development. Interestingly, a US Axios/Ipsos poll also conducted in October asked which factors would make people more likely to take a vaccine – for 62% of respondents, a doctor's blessing would make it more likely.[9]

All of this said, the following comments from consumers participating in Ipsos' five-country ethnographic study, *Voices of Vaccines*, suggest that we may not really know what decision people will actually make until the moment of truth arrives:[10]

> **I feel like I'm happy for other people to have it first and see how they get on. I don't think me and the girls are high-risk so we wouldn't rush to have it.**

> **We should not get vaccinated now. They have found a COVID-19 vaccine… there are too many, I think… but their efficacy is unknown.**

> **I don't really know what I'm going to do, and I don't think many people do.**

Will vaccination even be a choice? Many governments have talked about making COVID-19 vaccines mandatory, and even about creating a vaccine passport that allows people to travel and essentially resume everyday life. Australia's Health Minister, for one, has said he "wouldn't rule out" making vaccine passports mandatory for anyone travelling to the country, including returning Australians.[11] Some health policy experts envision that vaccine mandates could be instituted and enforced by local governments or employers – similar to the current vaccine requirements for school-age children, military personnel and hospital workers.[12] Even now, at least one airline today requires all passengers to present a negative COVID-19 test certificate. Once a vaccine is available, airlines could put in place such regulations across the board. While this will undoubtedly be accepted in many countries, in others, this government-led directive will likely be treated as the current guidelines have been – with some people sheltering at home, wearing face masks and diligently washing their hands and others going about their business as normal. Ultimately, government policy will impact success.

VACCINE HESITANCY AND TRUST – OTHER POTENTIAL BUMPS IN THE ROAD

The potential for mandatory vaccinations will be further complicated by a growing anti-vaccination movement across the world. *The Lancet* recently reported that there are currently 31 million people who follow anti-vaccine groups on Facebook and another 17 million people subscribing to similar accounts on YouTube.[13] Anti-vaccine campaigns directed at the vaccines in development for COVID-19 have already begun to spread, even before a vaccine has been approved for use. Vaccine mandates could certainly trigger aggressive campaigns from groups concerned with the safety and efficacy of a vaccine developed at record speed.

Then there are those who are not anti-vaccination per se but are 'vaccine-hesitant'. Their top concern is typically safety and if they can be reassured on this front then they will likely be vaccinated – but of course, this is no small task. The psychology behind vaccine hesitancy is complex, with the need to consider cultural and social influences on individuals' belief formation, not just their innate personal stance. In our recent publication, *Vaccine Hesitancy – Understanding Belief Formation*[14], we explored how the worldview that we apply to danger and risk is shaped both by others in our social sphere (e.g., friends, family, community) and the broader sociocultural, historical and institutional forces present in a society - and that, over time, shared perceptions become internalized by individuals. The fact that attitudes to risk and subsequent vaccine beliefs do not form in a social vacuum adds further complexity to this already multi-faceted topic.

One other issue we must account for in the dynamics of vaccine decision-making is the basic human psychological commodity of trust. A 2019 Ipsos survey of nearly 20,000 adults in 23 countries cited scientists and doctors as the top two trusted professions.[15] As these are two of the primary parties involved in COVID-19 vaccine development and recommendation, this could be considered a promising platform for vaccine uptake. On the flip-side, the same research shows that government ministers and politicians are generally considered the least trustworthy. As these people will ultimately be the ones telling us when and how to get vaccinated, time will tell if this is another societal hurdle to be overcome in the battle against COVID-19.

MORE QUESTIONS THAN ANSWERS

There is really only one certainty during these unprecedented times – that is, that there are more questions than there are answers. Assuming the success of any vaccine in development, manufacturers and governments have a multitude of issues to consider:

- **What will be the demand for a vaccine, once available?**
- **Will this differ for first-to-market vaccines versus later candidates?**
- **Who will get the vaccines first, and how?**
- **How do we make vaccines available in developing countries?**
- **What role will doctors play in vaccine uptake?**
- **How will vaccines be stored and distributed?**
- **Who will pay for them?**
- **How do we monitor and react in the event of adverse effects to a vaccine?**
- **How do we educate the public about the importance of, and expectations for, a vaccine?**
- **How do we educate – and support – physicians and pharmacists on the vaccines?**
- **How do we ensure people come in for booster shots?**
- **And many, many more…**

Businesses and employers across sectors will also have questions about the impact on their workforce, changing demand for their products and services and more. The answers to these questions will require diligent market assessments and population health studies to refine our understanding of the needs, challenges and perspectives of all key stakeholders. We cannot wait for time to pass, we must act now.

Will a successful vaccine taken by a sufficient number of people solve the COVID-19 pandemic? It is unlikely to do so on its own. Earlier in the pandemic, Dr Anthony Fauci, Director of the US National Institute of Allergy and Infectious Diseases, put the likely efficacy of a COVID-19 vaccine at 50 to-60%.[16] However, recent news from the Phase III vaccine trials, the COVID-19 treatments in development and our rapidly growing understanding of this virus surely offer great cause for optimism.

In summary, we believe the impact of a vaccine will be multi-layered and complex. The fervent hope is that they will help facilitate a return to 'normal life', yet they are also likely to raise concerns and divisions around the consequences of 'fast-tracking' our health. It will also be interesting to see if the accelerated development of a COVID-19 vaccine has an impact on drug development in other categories and the provision of healthcare in general. This is an opportunity for pharma to be heralded as saviours, whilst also having little room for failure as the world watches closely. We too will be watching closely as events unfold, and helping our clients answer the many questions that abound in the adoption, distribution and utilization of a COVID-19 vaccine to support the reopening of society.

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IPSOS' GLOBAL VACCINES RESEARCH PORTFOLIO

Ipsos works across a wide range of industries including government, non-government health organizations, pharmaceuticals, retail, hospitality, transportation, financial services and technology and provides a wide variety of custom and syndicated research solutions to answer our clients' key questions related to COVID-19 vaccines. We have also been conducting research in the vaccine market for many years. Although these are unprecedented times, our vast experience in this market can be used to help our clients navigate the complexities ahead. Why ipsos?

- We are vaccines experts, and our global Vaccines Centre of Expertise is comprised of researchers who have devoted their careers to understanding this complex market and helping our clients excel within it. Knowledge from this expert team is cascaded across our business.

- Through our Public Affairs, Healthcare and other global service lines we have a long heritage of working closely with the main actors in COVID-19 vaccinations – governments, NGOs and pharma – and in understanding their unique needs and challenges.

- We have been researching the impact of COVID-19 on society, markets and people since the start of the pandemic. Among the many data sources we have to draw on are our 15-country tracking study of consumers' attitudes towards COVID-19 vaccines, and our Syndicated Vaccines Assessment Study among consumers, physicians and pharmacists.

- We have specialisms in behavioural science (to understand the subconscious drivers shaping vaccination attitudes) and demand forecasting (to predict vaccine uptake), and both of these approaches are consistently applied wherever relevant in our vaccines work.

Learn more at:
https://www.ipsos.com/en/global-vaccines-research

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