

COVID-19 VACCINES – THE WORLD VIEW

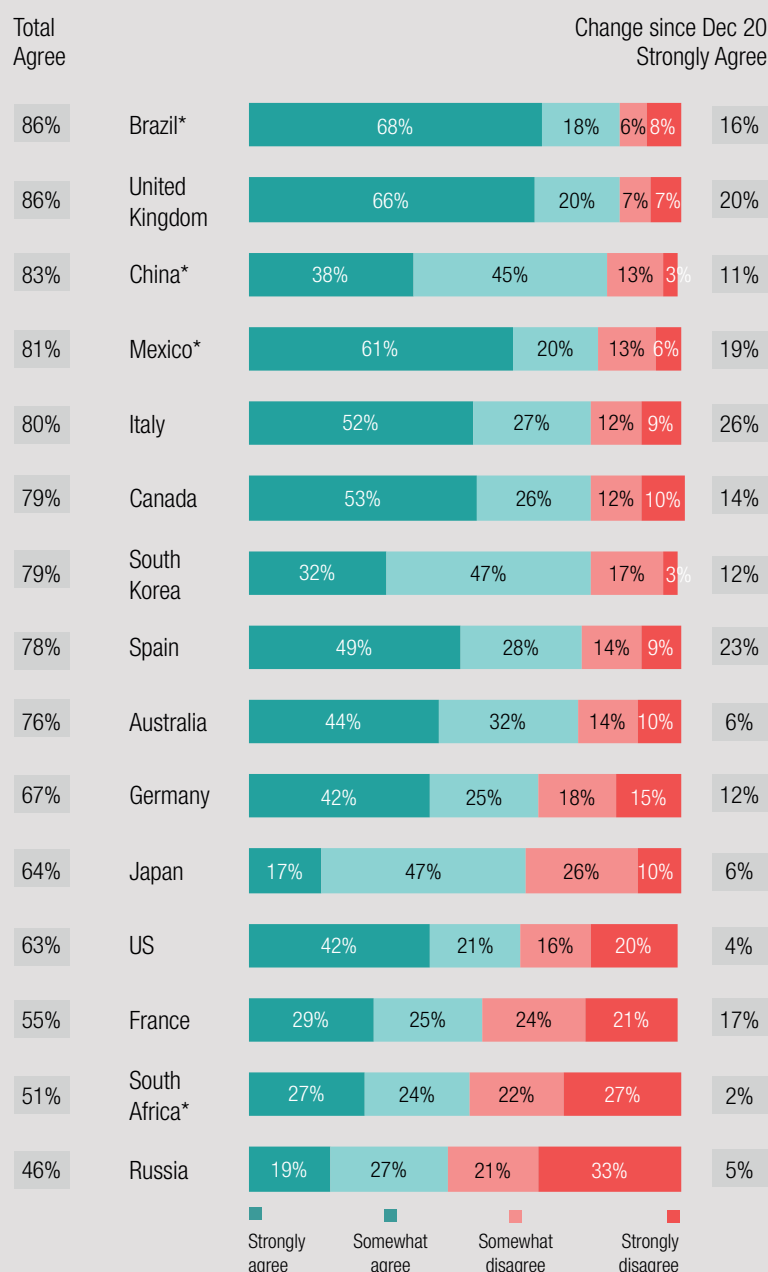
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FIG 1: IF A VACCINE FOR COVID-19 WERE AVAILABLE, I WOULD GET IT

Q. To what extent do you agree or disagree with each of the following: If a vaccine for COVID-19 were available, I would get it

(base in January excludes those who report receiving the vaccine)



Base: 9,348 online adults aged 16-74 across 15 countries who agree somewhat or strongly that "if a vaccine for COVID-19 were available, I would get it", conducted January 14 to 17, 2021* Online samples in Brazil, China, Mexico, Russia, and South Africa tend to be more urban, educated, and/or affluent than the general population

Until recently, most polling supported the view that hesitancy could become a significant challenge for vaccine rollout. But it seems we were getting the wrong signal from the data. **Hesitancy wasn't being driven by the public buying into conspiracy theories, it was more likely to be reasonable, thoughtful people being hesitant because they didn't know what they needed to know to make the right decision.** Many of the world's citizens reported they were worried about the speed at which new vaccines have been approved and their potential health risks, both immediate and longer-term. For the more cautious among us this was an honest, logical reaction to an information and experience deficit. **We simply didn't know what we needed to know to make the decision to get vaccinated.**

What we now see is that early success with vaccines is building confidence among the public to roll up their sleeves. **Every day of success is building confidence in vaccines and increasing demand.**

Our most recent polling on willingness to get the vaccine shows a remarkable increase in the percent of respondents across 15 countries who strongly agree that "if a vaccine were available to me, I would get it." Unlike in the prior waves, the January 2021 results exclude those who indicate they have received either one or both doses (if required) of the vaccine which tops out at 13% among respondents from China, followed by 10% of those in US who indicate they have been vaccinated.

Among those who agree they would get the vaccine for COVID-19, a majority would opt to receive it within a month, with 44 percent indicating they would get it “immediately”. The Japanese seem to be the most hesitant to be vaccinated. This is a trend we have seen in previous surveys. Also, while France continues to be below average on willingness to get vaccinated, those who are willing are ready to roll up their sleeves quickly.

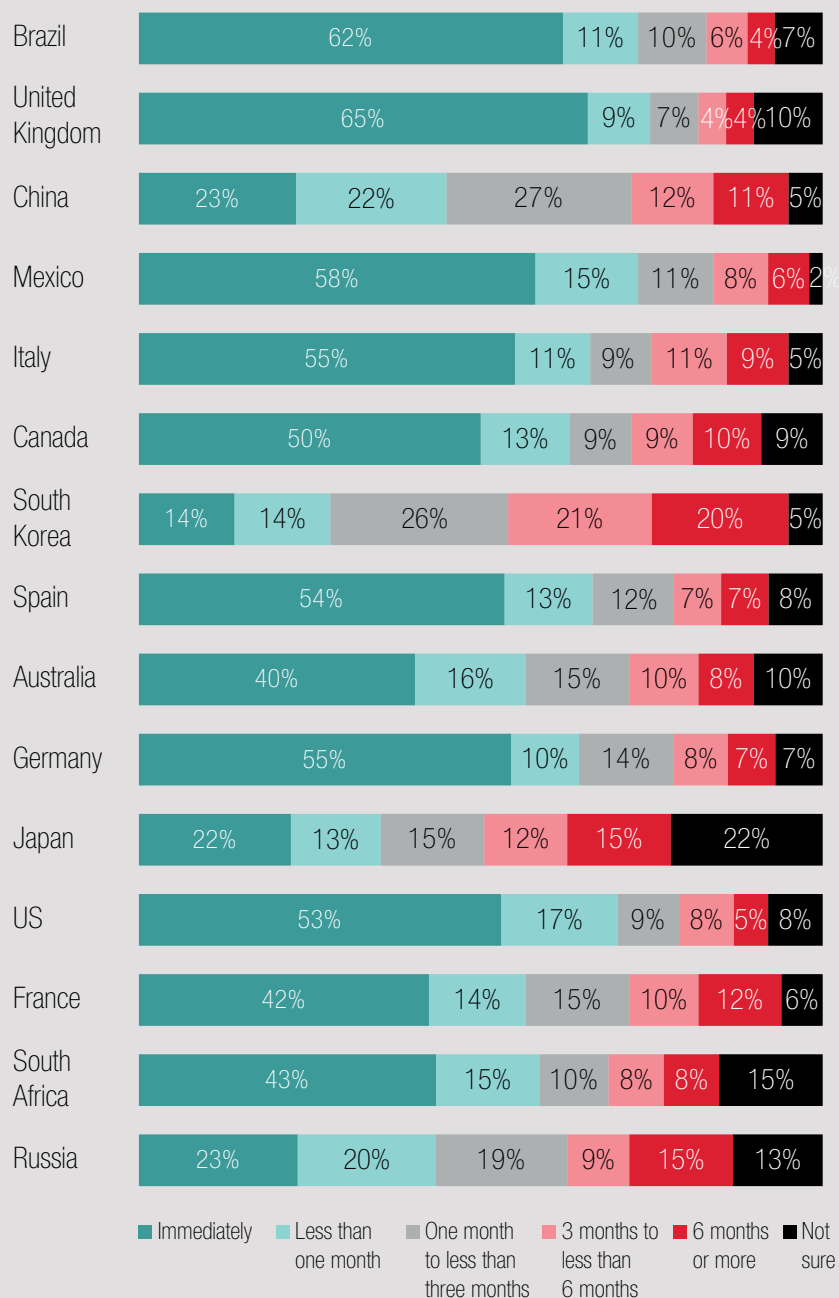
Groups most interested in getting to the front of the line for vaccines **include older citizens, the more affluent and those who have higher trust in government.** We find overall that men are more likely than women to be willing to get the vaccine, although among younger age groups, the gap evens out.

Where to from here?

Unmet demand threatens to increase public anxiety. **The emerging challenge will be convincing large segments of the public it is reasonable and acceptable to patiently wait their turn.** This mismatch between the public’s expectations and the capability to deliver vaccines isn’t a significant problem yet. Most global citizens are content for now to wait for the most essential and most vulnerable among us to go first. But this patience won’t last. At some point the public will begin to wonder when their turn will come. That’s when the questions about how vaccines

FIG 2: TIMEFRAME FOR GETTING VACCINATED

Q. Once the COVID-19 vaccine becomes available to you, when would you get the vaccine?



Base: 12,777 online adults aged 16-74 across 15 countries (excludes those who report receiving the vaccine), conducted January 14 to 17, 2021* Online samples in Brazil, China, Mexico, Russia, and South Africa tend to be more urban, educated, and/or affluent than the general population

have been managed by our public authorities will get sharper.

Adding to these worries is that **most people are looking at vaccines from a local perspective**. Warnings from global authorities about the lack of access for developing countries have fallen on deaf ears. This could quickly turn into a zero-sum game in which vaccines going to other countries could be seen as vaccines being denied to your local family and neighbours. This could especially be the case in countries blessed with their own vaccine manufacturing capacity.

Stages of vaccine rollout

We envision three main stages in the process of rolling out COVID-19 vaccines for the world:

Phase 1: Demand over supply

Phase 2: Activating the hesitant

Phase 3: Reaching herd immunity/sustaining behaviours

The first stage will be how to manage the temporary shortage of vaccines as demand escalates. Focusing on the vulnerable and the most necessary is key to keeping the public on side in the short-term. But in the not too distant future vaccinations will move out to the wider public. That's when clarity about process and managing expectations about access at a

very personal level becomes most important. Stated simply, **knowing exactly how long it will be until you roll up your sleeve is better than any general statement about timely access**.

As initial demand subsides there is a strong **behavioural science-based route** to bringing the 'reasonable reluctant' on side with vaccination. To summarise, it is a combination of **regretting** what not getting vaccinated could do to others, **trusted information sources** addressing specific concerns, and **creating identities and social norms** associated with getting vaccinated. Personal choice is also an important part (reasonable people like you are **choosing** to be vaccinated against COVID-19).

The last mile for vaccines will be convincing those who are especially reluctant and unlikely to participate. Our analysis in Figure 1 suggests this remains a sizeable number (20%-30%) in many countries. Of the countries in our study this wave, **citizens of Russia (54% disagree they would get the vaccine), South Africa (49%) and France (45%) are the most reluctant to be vaccinated, followed by the US (37%) and Japan (36%)**. However, given the strong early demand for vaccines, focusing communications on this group at this time may not be a priority.



Vaccine messaging: Using a behavioural science approach

Using a behavioural model that looks at motivation, ability, processing (information) and social context, our research explored which messages are most strongly related to willingness to get vaccinated. The four areas of messaging that emerged are:

- Messages that focus on safety and efficacy of these ‘new’ vaccine technologies: across all groups, regardless of likelihood of getting vaccinated, there remains a sense of anxiety around the vaccine. An effective way to manage anxiety is to facilitate seeing other people that are known and trusted get vaccinated: building strong social norms around vaccination can help manage this effectively. Note that although anxiety does not correlate highly with likelihood to get vaccinated, it is at high levels across all groups (which is understandable but of concern).
- Creating momentum around vaccines as ‘normal behaviour’/ acceptability and consistency with past actions. In many countries, less than a majority chose to be vaccinated for the flu last year; therefore, vaccination can’t be regarded as a normal part of most personal health protection routines. Changing this by **showing vaccination as part of normal health routines** for relevant members of a person’s community is critical to help forming and maintaining positive outcomes.
- Addressing regret: anticipated regret is a proxy for risk – this is true for not getting vaccinated but also for getting vaccinated – both need to be considered. Note that people may have low anticipated regret for not getting vaccinated if they consider incidence and severity of COVID-19 to be low (despite public health information sources suggesting otherwise).
- Build positive social identities and play to moral obligation: strong majorities consider vaccination to be their personal choice – it is important to weave this sense of autonomy into a wider pro-social identity where it is recognised that they have a choice, but their identity as a member of a wider community requires them to participate. The perception of moral obligation is held by a majority regardless of demographic profile and has a strong relationship to uptake.
- Confidence in decision versus needing more information: those with low likelihood to take up the COVID-19 vaccination are much less likely to trust information sources, with 59% overall saying they need to think hard about getting a vaccine. Public health bodies and other institutions need to understand how they can align in a way that is part of their community of understanding and builds trust, creating an environment to support critical thinking.

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**YOU ACT BETTER
WHEN YOU ARE SURE.**

Essentials

Data from the report are drawn from Essentials which tracks the public's latest attitudes, behaviours and future intentions as the world emerges from this crisis.

The study has been designed to help businesses adapt, plan and execute in these turbulent times. It offers fast, cost-effective answers to help you navigate as consumer attitudes and behaviours continue to evolve.

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