

COVID-19 Vaccine Rollout: CHF Position Statement

January 2021

The COVID-19 pandemic has presented a broad range of challenges for the Australian community. In May 2020, CHF released a position statement titled [Ethical Issues Arising from the COVID-19 Pandemic](#)¹ which outlined the key elements of an ethical decision-making process and the pathway to recovery from a consumer perspective. The rollout of COVID-19 vaccines is a significant step in the recovery journey and many of the same principles must be applied to this process.

With the release of [Australia's COVID-19 vaccine national roll-out strategy](#) on 7 January 2021, details of how the rollout will occur are starting to emerge. This position statement outlines the key considerations from a consumer perspective that need to be incorporated into the planning processes for vaccine distribution. CHF has consulted interested parties from our member organisations and special interest groups in developing this statement.

CHF calls for the Australian government, working collaboratively with state and territory governments, to provide timely access to safe and effective COVID-19 vaccines for all Australian residents at no cost to the consumer. Noting that evidence about different vaccines is continuing to emerge, the Australian Government should continue to proactively assess and source new COVID-19 vaccines as and when appropriate to best protect the Australian community from the COVID-19 pandemic.

PRINCIPLES

From the consumer perspective, the following principles should form the basis of a decision-making framework for the equitable distribution of a COVID-19 vaccine across the Australian population:

1. **Fairness:** Australians have a fundamental right to healthcare and principles of fairness, justice, reasonableness, accountability and transparency must apply even when resources are scarce.
2. **Accessibility:** COVID-19 vaccines should be made easily accessible to all Australian residents at convenient services and locations, at no cost and on a voluntary basis. We recognise that not all versions of the COVID-19 vaccine will be available to all consumers, but all consumers should have access to a vaccine that meets appropriate safety and efficacy standards through the national rollout program.
3. **Quality:** Consumers should have access to COVID-19 vaccines that are both safe and effective in a timely manner. The production, distribution and administration of all vaccines should ensure best practice in terms of training, use of equipment, disposal, data collection and provision of information to consumers. It will also be critical to undertake an evaluation of the vaccine rollout and how consumer behaviour changes as a result.
4. **Co-design:** Consumers must be partners and co-designers at all stages of decision-making and involved in the ongoing governance of the COVID-19 vaccine distribution plan. The meaningful involvement of diverse voices is vital.
5. **Equity:** Every effort should be made to address existing inequalities through the vaccine rollout, noting that public health restrictions have placed the greatest burden on those with the greatest

¹ CHF. (2020). *Ethical Issues Arising from the COVID-19 Pandemic: Consumer Position Statement*. CHF: Canberra. Accessed 18 December 2020: https://chf.org.au/sites/default/files/docs/consumer_position_statement_-_ethical_issues_arising_from_the_covid-19_pandemic_final.pdf

need for social and structural supports. Consumers also recognise that equitable access to vaccines requires a risk-based approach where those who are most vulnerable to COVID-19, including older Australians, people who are immune-compromised and health care providers, should be prioritised in the rollout.

6. **Communication and engagement:** Clear information and messaging about the vaccine, its characteristics and effects, and its distribution must be open, honest, transparent, respectful, accessible, non-judgemental and targeted where appropriate to ensure all consumers can make informed decisions about receiving a COVID-19 vaccine. Specific attention must be paid to providing information to people with complex communication needs, including those who have limited capacity to make decisions about their healthcare.

KEY CONSIDERATIONS

CHF recognises that the vaccination rollout will be a complex task and it will be important that the Australian community understands and has trust in the process. We know that changes at the system level such as amending policies, changes to health service provision and optimising logistics are critical for supporting COVID-19 vaccination behaviours.² Additionally, effective consumer and community engagement will be critical at all stages of the process as a successful rollout will only be achieved by building local vaccine acceptability and confidence and overcoming cultural, socioeconomic, and political barriers that lead to mistrust and hinder uptake of vaccines.³

With the first COVID-19 vaccines due to be available in Australia in early 2021, the process must begin now to provide accessible and relevant information to the Australian community about which vaccines will be available, their levels of efficacy, how they can be accessed and what getting a vaccine will mean for consumers' day to day lives. Consumers must be meaningfully involved in the planning and development of communication materials to ensure they are respectful and minimise any potential for community division. The vaccine distribution strategy should include transparent information about each of the following elements:

Process element	Key questions	Consumer perspective
<i>Vaccine approval (including safety and quality)</i>	<ul style="list-style-type: none"> • Which vaccines have been approved for use in Australia? • Are there any safety concerns or contraindications for the general population or specific cohorts? • How effective are each of the vaccines at preventing COVID-19 infection and disease? • How do the different vaccines work and how are they manufactured? 	<p>Many consumers will have valid questions about the safety and efficacy of the different vaccines and ensuring there is easy access to information to answer these questions is the best way to reduce vaccine hesitancy and instil confidence in the vaccine rollout.</p> <p>Informed consent needs to be obtained prior to the administration of a vaccine including information that enables consumers to understand the risks and benefits involved. The manner in which consent is obtained must consider the health literacy of diverse members of our community.</p> <p>Additionally, governments must ensure that there are transparent early warning and monitoring</p>

² Seale H, Leask J, Danchin M, Attwell K, Clark K, Cashman P, Frawley J, Kaufman J, Wiley K, for the Collaboration on Social Science in Immunisation. (November 2020). A COVID-19 vaccination strategy to support uptake amongst Australians: Working paper. Accessed at: <https://www.ncirs.org.au/colssi/colssi-reports-and-publications>

³ Burgess et al. (2020). The COVID-19 vaccines rush: participatory community engagement matters more than ever. *The Lancet*. Published online 10 December 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)32642-8](https://doi.org/10.1016/S0140-6736(20)32642-8)

		systems in place to ensure safety and provide assurance to the community about any adverse reactions and how they are being managed.
<i>Prioritisation</i>	<ul style="list-style-type: none"> • How many phases will there be for vaccine rollout in Australia? • Which population groups will be eligible for vaccination in each phase? Who will get access to which vaccine? • Will Australia be able to provide access to a vaccine for all eligible members of the population? If so, what is the timeline for full rollout? • How was the prioritisation process determined and what is the rationale for determining priority access? 	<p>Consumers understand that not everyone will be able to be vaccinated in the first round. Governments must ensure there is clear information about when and how people can get access to which vaccine and to ensure that those criteria are being applied consistently at a national level. Consumers should be consulted in a timely and appropriate fashion on the criteria that will be drawn upon to determine the prioritisation of access, as well as the decision-making on prioritisation.</p> <p>Noting that much of the data around COVID-19 and its effect on different population groups is still emerging, the prioritisation criteria should include evidence from specific studies as well as other reasonable clinical indicators.</p>
<i>Access and logistics</i>	<ul style="list-style-type: none"> • Where will consumers need to go to get access to the vaccine? Will this vary across states and territories and if so, how? • How many doses of the vaccine does each person need to get and how far apart should those doses be? • Is the vaccine likely to be an annual vaccine like the flu or are we still waiting to find out if it is a vaccine that will last a lifetime? • Which healthcare professionals can administer the vaccine? • Do consumers need to get all doses from the same location or healthcare professional? • What preventative measures should consumers continue to take once they have been vaccinated? 	<p>There is a balance to be achieved between maximising access and ensuring safety and quality standards are maintained. Given the accelerated approval process⁴ and the possible need for multiple doses, healthcare settings and providers that deliver the vaccine might include fit-for-purpose clinics and general practices as well as provision for vaccines to be administered by qualified health professionals in the home when needed. After hours and weekend access is also critical and services that are targeted to meet the needs of communities with poorer health access should also be considered to overcome issues of stigma and discrimination.</p> <p>Services must provide the following:</p> <ul style="list-style-type: none"> • A safe waiting area that allows for physical distancing • A dedicated monitoring area staffed by appropriately qualified healthcare professionals to check for any adverse reactions • An appropriate record-keeping system to track who has received the vaccine and how many doses • A contact system for follow-up reminders to receive a second dose • A commitment to provide the vaccine at no cost to consumers

⁴ CHF notes the Therapeutic Goods Administration (TGA) is not providing an emergency use authorisation akin to those being used in the USA and UK and instead is providing approval through the regular provisional approval pathway. To register a COVID-19 vaccine in Australia, a sponsor is required to submit a comprehensive dossier that includes specific information on clinical studies, non-clinical/toxicology studies, chemistry, manufacturing, risk management and other information. The decision to approve a vaccine is always made on the basis that the benefits outweigh the risks.

<p><i>Data collection</i></p>	<ul style="list-style-type: none"> • Where will the record of my COVID-19 vaccination be kept? • Who will have access to that information? • Will the record of my COVID-19 vaccination be linked to My Health Record? 	<p>The Australian Government has committed to improving critical capacity requirements for the Australian Immunisation Register (AIR) as the central resource for recording COVID-19 vaccinations. Any health professional who is qualified to deliver COVID-19 vaccines should have access to the AIR to ensure that accurate records can be kept and access is not restricted.</p> <p>The funding provided for this work in the MYEFO update should also enable the record of COVID-19 vaccination to be linked to an individual’s My Health Record with the consumer’s consent.</p>
<p><i>Consumer and community engagement</i></p>	<ul style="list-style-type: none"> • How will local communities be involved in planning for information and vaccine distribution at the local level? • What provision has been made for developing resources and vaccine delivery locations that are accessible for people with low health literacy, English as a second language, disability and other specific needs? • What activities or actions may be restricted if people are not vaccinated and how will this be communicated to the community? 	<p>All governments and service providers need to adopt comprehensive local approaches that give communities a voice and enable their active participation in the vaccine rollout.</p> <p>Consumers are best placed to understand the needs of their local community and should be provided with the necessary resources to put ideas into action. We can learn from past successes such as public health campaigns to address HIV and influenza.</p>

Across each stage of the process, all information should be pitched at a level that is understandable for the general community, including people with low levels of health literacy. Specific resources should be developed to be appropriate for Culturally and Linguistically Diverse (CALD) communities, Aboriginal and Torres Strait Islander people and people with a disability. These resources should be developed in partnership with representatives from these communities as well as communication experts. Additionally, meaningful engagement with healthcare providers from diverse communities is likely to be an effective way to achieve high coverage by providing culturally respectful vaccination services.

COMMUNICATION STRATEGY

Alongside the technical and logistical considerations, the communication strategy is a critical element for ensuring the community has confidence in any COVID-19 vaccine. Funding of \$23.9 million has been made available in Commonwealth’s 2020-21 MYEFO update to support an information campaign to explain the regulatory processes, the priority groups, timing and rollout to assist people in understanding how the vaccines work, and to be ready for when they can receive the vaccine.

CHF supports the Australian Government’s commitment that the communication plan will include a national advertising campaign and communication specifically targeting priority groups, culturally and linguistically diverse (CALD) groups and Aboriginal and Torres Strait Islander people. As there are

roles for the Commonwealth and states and territories in the vaccine roll out there needs to be high levels of cooperation, coordination, and effective governance between governments. The communication strategy must include provision for the use of different communication forms and mediums, principles for open, clear and respectful communication, and how the strategy will adapt as the COVID-19 pandemic evolves and the situation changes.

We also highlight the need for community-led strategies that use diverse media and communication platforms to ensure diverse local voices are heard, map local concerns and alliances, and co-design programmes to maximise vaccine uptake from the ground up. We know that participatory community engagement is cost-effective, increases uptake of vaccines, and substantially reduces health-care resources needed to achieve high vaccination coverage.⁵ To implement a community-led approach, policy makers must accelerate dialogue and support the development of community networks, leveraging and supporting existing local channels that influence decision making, such as community and faith leaders, teachers, sports and youth clubs, and online communities and networks.⁶

⁵ Burgess et al. (2020). The COVID-19 vaccines rush: participatory community engagement matters more than ever. *The Lancet*. Published online 10 December 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)32642-8](https://doi.org/10.1016/S0140-6736(20)32642-8)

⁶ Ibid.