The Manchester Briefing on COVID-19

International lessons for local and national government recovery and renewal

Twenty-eighth briefing: 22nd January 2021

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The University of Manchester, UK

What is 'The Manchester Briefing on COVID-19'?

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers.

We bring together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic. The lessons are taken from websites (e.g. UN, WHO), documents (e.g. from researchers and governments), webinars (e.g. those facilitated by WEF, GCRN), and other things we find.

We aim to report what others have done without making any judgement on the effectiveness of the approaches or recommending any specific approach.

This week We have provided four briefings: **Briefing A: Psychological support to healthcare workers during COVID-19: Considerations for healthcare providers** **Briefing B. Lessons you may find helpful from across the world** **Briefing C: The risk of fake vaccines** **Briefing D: Useful webinars**	**Please register at ambs.ac.uk/covidrecovery to receive future briefings**

Other information

If this is the first briefing you have received and would like to access the previous ones, they can be found here

If you would be willing to contribute your knowledge to the briefing (via a 30-minute interview) please contact Duncan.Shaw-2@manchester.ac.uk

We also produce a blog series which you can access here along with other news about our team and our work.

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Briefing A: Psychological support to healthcare workers during COVID-19: Considerations for healthcare providers

Written by Alexander Kreh, MSc and Prof. Dr. Barbara Juen, University of Innsbruck

Introduction

Research on several disease outbreaks in recent decades has found that frontline healthcare workers show high stress levels and are more at risk of developing symptoms of depression, anxiety and burn-out in the short and long-terms [1–4]. Initial research on COVID-19 replicates those findings [5,6].

Stressors that healthcare workers are confronted with can be numerous. While being exposed to the same societal and emotional stressors as the general population during the COVID-19 pandemic, health care workers are additionally exposed to stressors that are unique to their work environment, for example, from taking on new roles and responsibilities, working in Personal Protective Equipment, the risks of infection and infecting others, and moral distress.

High stress levels over prolonged periods can negatively affect the wellbeing of healthcare workers, so organisations must balance these stressors with the demands on services such as a surge in patient care over an extended period. Considering these factors, healthcare organisations should support staff no matter what their role, seniority, or experiences. This means that healthcare organisations should provide access to support structures that workers can approach individually, while also including psychosocial support. Good leadership and psychosocial support go hand in hand to build resilience. In this briefing we discuss stressors and then report on results of a survey of healthcare personnel and the stressors they experience. We end by suggesting how organisations can build and maintain personal resilience among their frontline workers during COVID-19.

Moral Stressors and Challenges

Moral stressors have been experienced by most healthcare workers during COVID-19 [7]. This can lead to moral injury, which occurs when there is a betrayal of 'what is right' by a person in legitimate authority, or when a worker's own acts transgress their moral beliefs [8]. Both forms of moral injury have reportedly been experienced by healthcare staff over the first months of the pandemic [9]. Examples of acts that transgress moral beliefs during COVID-19 include: making triage decisions, not allowing relatives to approach patients, and death management without normal religious rituals. An example of such transgression by an authority is failure to provide access to sufficient adequate personal protective equipment. Such transgressions may lead to reduced trust in oneself or in others.

Further stressors have included:

- Reduced patient contact with relatives, which increased healthcare worker contact with patients and relatives and made it more difficult for healthcare personnel to keep a professional distance and not become emotionally involved.
- Staff experiencing heightened feelings of personal vulnerability, because they and their families are also at risk of infection and transmission of the disease
- Staff concern about infecting others with the virus within the healthcare setting, or outside of it (e.g. relatives in the family home) – the paradox of healthcare workers being, simultaneously, helpers, patients, and carriers of the disease [10,11]

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Our survey of stressors on healthcare workers

To understand more about the stressors, we conducted a study of healthcare professionals in European countries, between June and August 2020. The study included qualitative research involving interviews and focus group discussions with 15 experts (doctors, nurses, psychologists). We also collected quantitative survey data from 130 participants: 72 nurses, 19 doctors, 8 administrative staff, 12 psychologists, and 19 other professionals. The survey included experts from emergency organisations, hospitals, nursing homes and social services across Europe: 83 participants from Austria (64%), 39 participants from Germany (30%), 3 participants from Italy (2%), and 5 participants from other European countries (4%).

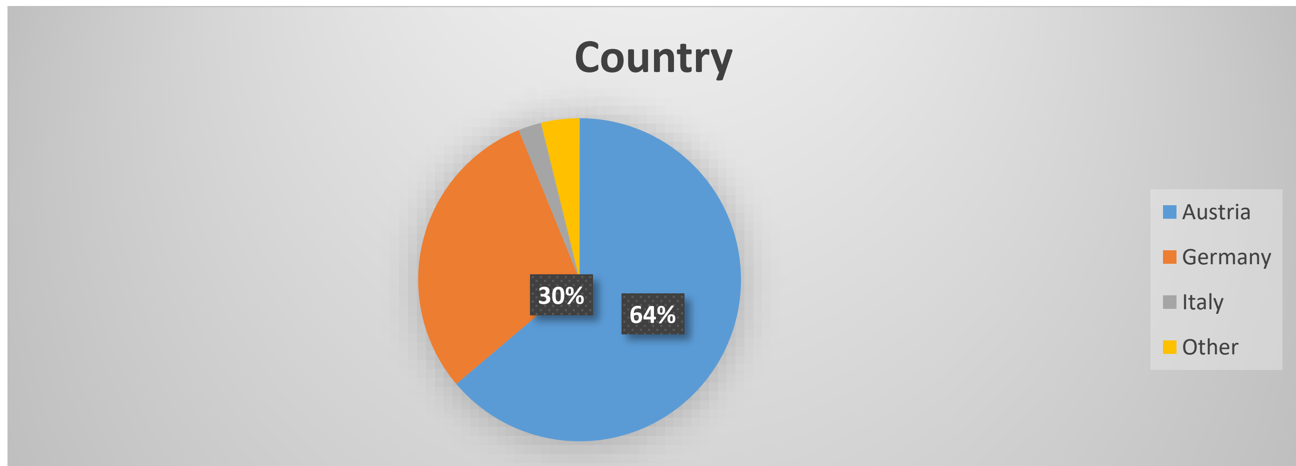

Figure 1. Country responses to the survey

Questions were asked about:

- Perceived stress (using the Perceived stress scale PSS, [12])
- Well-being (using the WHO-5 Well-Being Index, [13])
- Traumatic stress (using the Impact of Events Scale Revised, IES-R, [14])
- Sense of coherence as a resilience factor (using the Sense of Coherence Scale, SOC-13, [15])
- Changes in the work environment, risk perception and other challenges regarding the pandemic (using WHO-5 COVID-19 survey tool [16])

The following results are from a first analysis of data from participants.

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Results

Participants were asked whether they are afraid of infecting others and also whether they were afraid of being infected themselves on a scale from 0-4 (strongly disagree to strongly agree).

45% of respondents reported being afraid of infecting others, while only 17% reported fear of being infected themselves (see Figure 2).

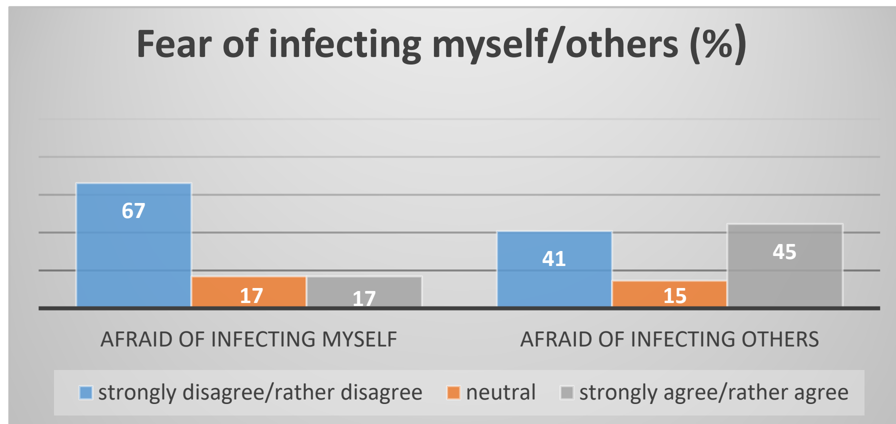

Figure 2. I am afraid of infecting myself with COVID-19/I am afraid of infecting others with COVID-19

In some cases, feeling stigmatized can be a stressor for health care workers during pandemics [17,18]. 44 respondents had direct, regular contact with COVID-19 patients. Around one third of those 44 workers felt excluded by others or felt that they were treated with exaggerated caution (see Figure 3). In comparison, of the 86 respondents who had no, or limited contact with COVID-19 patients, only 8% felt excluded by friends and relatives, and only 14% felt treated with exaggerated caution.

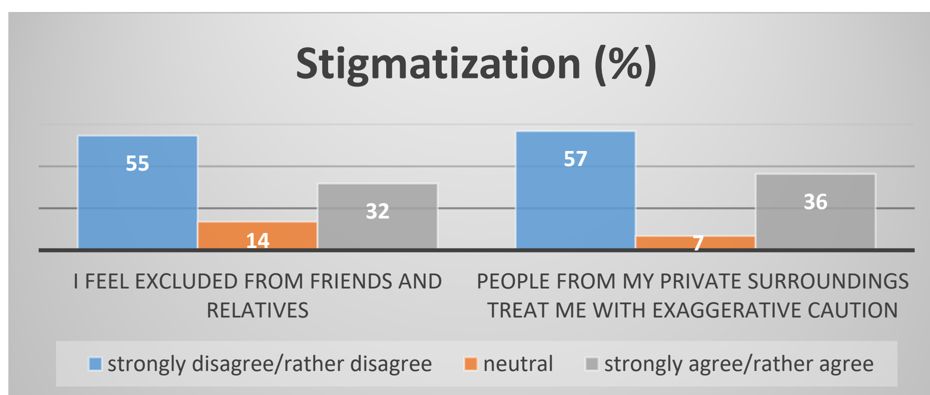

Figure 3. Stigmatization among workers having direct, regular contact with COVID-19 patients

Another stressor was the difficulty of making arrangements to meet personal commitments (e.g. nursing own relatives, providing childcare, or maintaining partner relationships) when schools were closed and usual care services and supply chains were not available. This stressor was made more difficult by high workloads in hospitals, and exposure to COVID-19 at work [19]. 43% of respondents who had direct, regular contact with COVID-19 patients reported finding it difficult to meet personal commitments (see Figure 4). Reasons for this included fear of infecting a loved one. By comparison, only 26% of workers who had no, or limited contact with

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patients reported such difficulties. These initial results support findings from previous pandemics (H1N1, SARS 1, Ebola) [1,18,20].

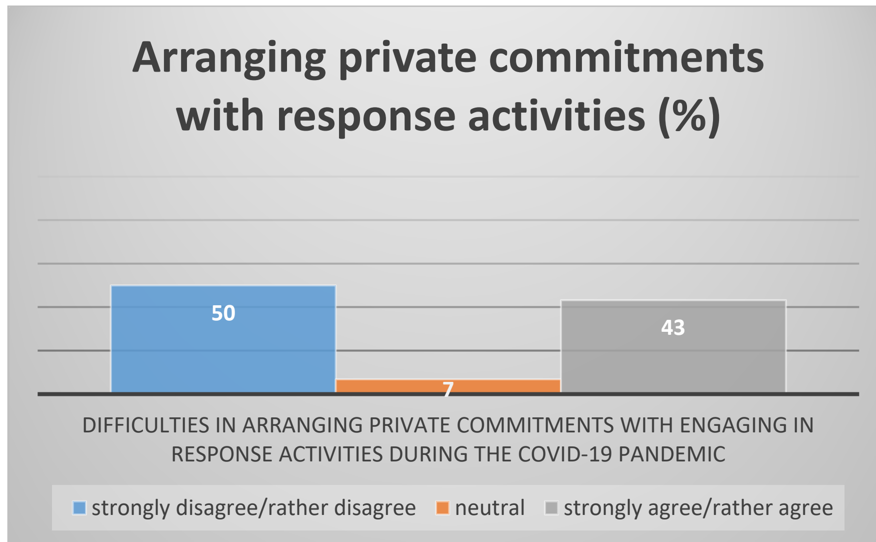

Figure 4. Difficulties in arranging private commitments for workers in regular contact with COVID-19 patients

Participating healthcare workers who had regular contact with COVID-19 patients also showed higher perceived stress levels (Figure 5), higher traumatic stress levels (Figure 6) and lower levels of well-being (Figure 7) than those healthcare workers who had no, or limited contact.

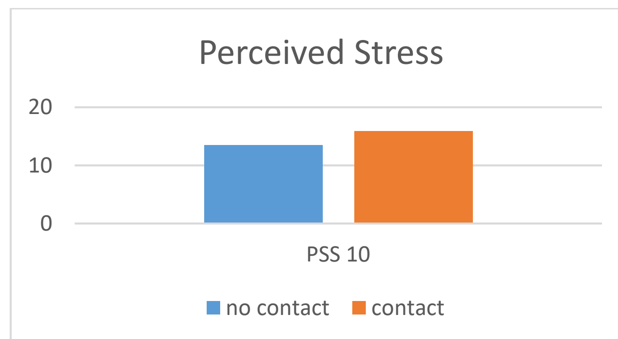

Figure 5. Comparison of perceived stress levels in workers who had regular contact with COVID-19 patients and those who had no/limited contact

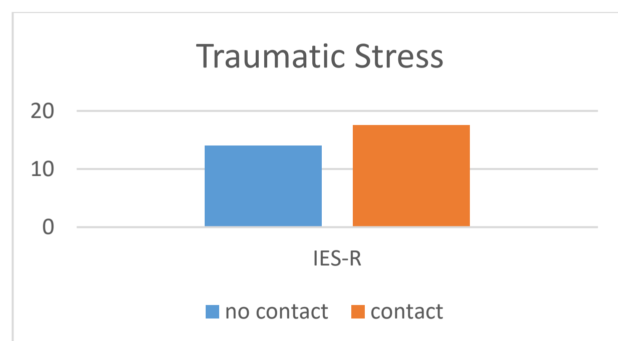

Figure 6. Comparison of traumatic stress levels in workers who had regular contact with COVID-19 patients and those who had no/limited contact

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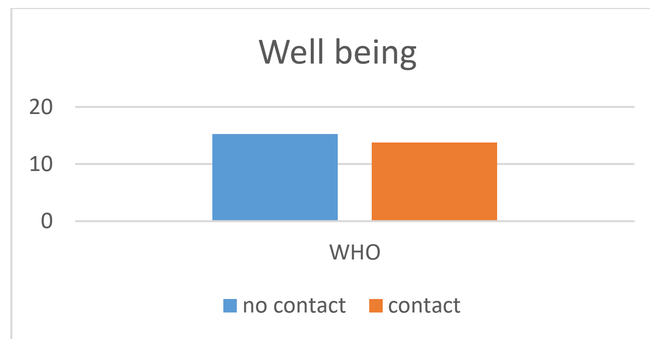

Figure 7. Comparison of wellbeing in workers who had regular contact with COVID-19 patients and those who had no/limited contact

A needs-orientated approach to building personal resilience among healthcare workers

In order to set out a needs-orientated approach to resilience building which addresses stressors experienced by frontline healthcare workers, in this briefing we use Jackson et al's (2007)[1] definition of personal resilience: "the ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment, and continue to move on in a positive manner"– a personal trait describing the interaction of a person with their environment. Resilience therefore refers to a person's capacity to:

- Resist and withstand stress
- Recover and adapt after an adverse experience
- Grow and learn from critical events [21]

Advice to organisations and their leaders to promote resilience

Maintaining the resilience of healthcare organisations and workers during COVID-19 requires that organisations better integrate healthcare workers into decision-making and review processes, and that psychosocial support is built into this.

At an organisational level, during pandemics resilient hospitals should:

- Encourage decentralized decision making by caregivers
- Include nurses who know what is needed "at the frontline" among the hospital executive staff
- Schedule staff shifts flexibly
- Invest in continuing education and unit-level self-government [23]
- Ensure leadership promotes organisational justice

Such leadership that promotes organisational justice can include:

- Demonstrating perceived justice at a relational level, such as taking concerns and needs of staff seriously
- Demonstrating perceived justice at a strategic level, such as making transparent and comprehensible decisions
- Evaluating decisions that had to be taken quickly, by including healthcare professionals' views on those decisions

[1] Jackson, Firtko & Edenborough (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-2648.2007.04412.x

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- Transparent communication, plus dialogue and feedback loops between leadership and staff, to build trust with staff

This can help workers to understand what purpose certain orders serve, and to find out if and how certain orders can be adapted into less stressful ways of achieving the same goal.

The resilience of an organisation is also supported through the increased personal resilience of workers, which includes their mental health. Psychosocial support and peer systems are a central facet of building resilience, and also play an important role in evaluating processes and experiences. Resilience-building actions that include psychosocial considerations can include:

- Coaching leadership in mental health support and listening to the concerns and needs of healthcare workers
- Providing extra support for patients and relatives and thereby taking an extra burden off the shoulders of healthcare personnel
- Grounding support in integrated, needs-oriented approaches (e.g. see IASC guideline on Mental Health and Psychosocial Support in Emergencies).

To facilitate personal and organisational resilience, psychosocial support should be integrated into the overall support system. Mental health professionals should work with other staff [24], so as to be:

- An integral part of the whole approach to the pandemic, i.e. not only be present as a telephone number to be called when a worker is stressed
- Visibly present in the wards, and available via telephone or online
- Directly interacting with all staff and medical leadership
- Included in preparation meetings such as hygiene training
- Willing to engage in (protected) face to face support of patients and relatives

Specifically in pandemics, Shanafelt et al. (2020) recommend that healthcare organisations should support mental health by:

- *Hearing staff,* e.g. by creating feedback mechanisms and taking concerns and needs into account
- *Protecting staff,* e.g. by reducing infection risks and providing adequate protective equipment
- *Preparing staff,* e.g. by provision of training that allows for adequate patient care and clear guidance regarding new challenges
- *Supporting staff,* on a physical level (e.g. food, hydration) and on an emotional level (e.g. webinars for all staff, individual approaches for those who show greater signs of distress)
- *Caring for staff,* e.g. by provision of lodging for those who live apart from families, meeting other needs such as support in child care or if quarantined, plus psychosocial support and mental health care if needed [19]

Hobfoll and colleagues (2007) present five essential principles of building resilience during and after a crisis:

- *Safety,* e.g. fast and honest information and transparency, providing possibilities for dialogue between staff and management, adequate personal protective equipment
- *Connectedness,* e.g. virtual possibilities of being together in teams, finding ways to compensate for reduced informal interaction opportunities, weekly meetings outside
- *Calm,* establishing a feeling of normalcy, promoting and supporting self-care, providing break rooms that are adequate regarding special hygiene criteria, taking into account the personal situation of staff at home, providing rituals for special events like death and dying or certain holidays

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- *Self and Collective Efficacy,* maintaining regular contact with staff, letting them participate in decision making (such as discussing ethical guidelines and making decisions together - pre-triage), supporting staff and departments to be prepared for new tasks, providing coaching in how to cope with dead bodies without losing the "human" touch and finding new rituals to deal with death adequately
- *Hope,* recognition of efforts, positive feedback by management and team leaders, anticipating and discussing next steps regularly, reflecting on lessons learned and adapting emergency plans [25]

Juen et al. give more detailed recommendations on how Hobfoll's criteria can be translated into the concrete context of supporting staff in hospitals during the pandemic. [26]

Maintaining resilience in healthcare workers and hospitals during COVID-19

Moral distress threatens resilience of frontline workers in the pandemic. Moral stressors can lead to a professional's loss of trust in the healthcare system, and can disrupt beliefs about one's own role within that system. Leadership and psychosocial support measures should focus on creating and maintaining trust at individual and organisational levels.

To maintain resilience, the framework in which healthcare workers do their work should be considered. To support healthcare staff, all three aspects of personal resilience must be taken into account:

- *Resistance* can be built by, for example, providing protection for personnel, relatives and patients
- *Recovery* can be promoted by, for example, providing enough space for rest and recreation, as well as social contact between team members
- *Growth* can be promoted by, for example, giving opportunities to reflect and learn from the crisis, through processes such as debriefs

This kind of support can only be provided via close cooperation between leadership and professionals who provide "on scene support" [22] e.g. support provided by team leaders, technical advisors, mental health professionals, clergy. This kind of support aims to provide a safe and healthy working environment that offers protection, information and organisational and relational justice.

The principles identified in this briefing offer guidelines for how organisations, through leadership, management, and partnership working with mental health professionals, can support the psychosocial wellbeing of healthcare workers in extremely difficult contexts [25].

These recommendations are also available via the No-Fear portal: http://www.no-fearproject-portal.eu/

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RECOVERY RENEWAL RESILIENCE

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Centre for Crisis Studies and Mitigation

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Briefing B. Lessons you may find helpful from across the world

We provide the lessons under six categories, with sub-categories for ease of reference. We have selected lessons that are of specific interest to the recovery process although many also relate to the response phase, and the likely overlap between response and recovery.

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Recovery: Categories of impact	Actions	Country/ Region	Source
Humanitarian Assistance			
Vulnerable people	**Consider how to prioritise and promote humanity, dignity and respect through food programmes.** COVID-19 has created new uncertainties that challenge the provision of critical support services to vulnerable families and children. Food programmes need to ensure that vulnerable children receive nutritious food, both inside and outside of school. They also need to facilitate access to other support services, and be delivered in ways that maintain the dignity and respect of recipients, their families and communities. Consider the need to: ▪ Integrate access to sufficient, nutritious food as part of an overarching plan to combat COVID-19, promote healthy societies, and mitigate long-term health issues ▪ Establish an assurance programme with service level agreements to increase confidence in emergency food provision, create feedback systems, and enable rapid amendment to services ▪ Provide guidance to parents so they know what services they are entitled to access ▪ Ensure parents are aware of "wrap-around" services e.g. anti-poverty schemes ▪ Analyse the impacts of food programmes on children's diets ▪ Consult parents and community groups about how to build dignity and choice into emergency and ongoing food provision, and develop opportunities for active involvement planning and delivery ▪ Develop community-based nutrition awareness and home-based cooking training programmes to support parents in providing balanced meals on a low budget ▪ Strengthen working partnerships with local government agencies, civic groups, voluntary sector, and social arms of corporations to improve implementation of food programmes ▪ Remove financial barriers to receiving food support and minimize stigma about 'handouts' e.g. by using a 'pay-as-you-feel' system	Turkey Philippines UK	https://www.aljazeera.com/opinions/2020/4/8/we-must-keep-our-humanity-in-the-time-of-coronavirus https://www.pressreader.com/philippines/manila-bulletin/20210109/281565178394080 https://www.magonlinelibrary.com/doi/pdf/10.12968/johv.2020.8.9.370 https://www.sustainweb.org/coronavirus/local_recovery_resilience/

Recovery: Categories of impact	Actions	Country/ Region	Source
Care home volunteers	**Consider training requirements when deploying volunteers into care homes.** Across the world there are ambitious targets to vaccinate staff and residents in care homes. However, this will take time and, meanwhile, the pressure on care homes may build as staff become sick and residents need additional support. At critical points, volunteers may be expected to provide additional capacity inside care homes, but this requires preparation and planning e.g. training volunteers in core skills and knowledge to work in such settings. Consider the need to: ▪ Work with care home professionals to identify appropriate tasks that volunteers may be able to perform with adequate training and supervision ▪ Design appropriate volunteer training programmes that are proportionate to the risk, including e-learning packages on, for example: o Infection prevention and PPE o Medication awareness o Vaccine administration o Assisting care home residents e.g. moving and handling, legislation, risk awareness, first aid o Communication with residents o Confidentiality, dignity, and respecting individuals o Equality and diversity, and person-centred care o Health, safety, food hygiene, risk assessments o Safe equipment moving and handling ▪ Train sufficient volunteers so they can be safely deployed inside care homes to relieve staff shortages ▪ Ensure appropriate supervision is provided to volunteers inside care homes, and appropriate debriefing is offered on completion of shifts ▪ Vaccinate trained volunteers before they are deployed to care homes ▪ Capture learning from volunteers for continual improvement ▪ Consider the Cabinet Office guidance on involving spontaneous volunteers ▪ Encourage and support suitable volunteers who wish to transition into the paid workforce in the medium term	UK	https://www.skillsforcare.org.uk/Learning-development/Guide-to-developing-your-staff/Core-and-mandatory-training.aspx https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme-extra-workforce

Recovery: Categories of impact	Actions	Country/ Region	Source

Education and learning	**Consider how other organisations can help school children with resources to learn.** Schools have an increased need for support during lockdowns to provide children with the resources they need to learn effectively. Many other organisations are also under significant pressure during COVID-19, but some are coping particularly well as customer demand has increased hugely. Such organisations may have the capacity, capability and willingness to support the parents of schoolchildren in their local community. Consider encouraging local organisations and others to:
	▪ Coordinate community activities on behalf of a school, for example, to:
	  o Collect unused computers from businesses and the public so they can be reformatted and given to school children to enable them to access online learning support
	  o Provide computer training and skills for local parents so they can assist their children, particularly young children
	▪ Offer free printing of schoolwork for parents of school children who do not have printing services at home
	▪ Make servers available to host school content which can be downloaded by parents
	▪ Contribute financially to support schools to pay for new forms of online schooling, new content, and access to privileged services
	▪ Work with schools to support them to build capability, for example, to:
	  o Evaluate and learn the technology that is available and how to use this in online learning
	  o Convert materials to make them suitable for online learning
	  o Remap donated computers to enable them to be distributed to school children
	▪ Provide specialist services to schools, e.g. readers of braille, sign language, adapting written materials into the spoken word, supporting children with disabilities
	▪ Provide COVID-19 hygiene supplies to schools (e.g. facemasks and hand sanitising stations)
	▪ Actively help Head Teachers in their role, for example, to interpret guidance and its application in their schools, and to support networking and mutual aid between schools
		Global Business Coalition for Education
		
		Papua New Guinea
			https://gbc-education.org/covid19needs/
			
			https://www.globalpartnership.org/where-we-work/papua-new-guinea
			
			http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/papua_new_guinea_covid-19-education-response-and-recovery-plan-final-draft-04-05-2020.pdf

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Recovery: Categories of impact	Actions	Country / Region	Source
Economic			

Economic strategy	**Consider how to support young people in accessing employment opportunities.** Research shows that young people experience more long-lasting labour market impacts due to economic crises than adults, including being the first to lose jobs, working fewer hours, taking more time to secure quality income, and wage scarring where earning losses recover slowly**.** The International Labour Organisation reported that 17% of young people employed before the pandemic had stopped working entirely, and 42% reported reduced incomes. Additionally, it is widely reported that it is becoming increasingly difficult to source workers with the right skills in sectors where job opportunities exist. Consider developing youth employment initiatives, aimed at promoting domestic employment, skills development, capacity building and enabling equal access opportunities for vulnerable youth:
	▪ Assess your own organisation's operations and capacity to understand where youth employment opportunities may be protected or enhanced
	  ○ Recognise the contribution of people who joined your organisation as young people in entry-level roles and try to ensure that restructures do not remove roles that provide a talent pipeline into your organisation.
	  ○ Monitor for age in any furlough and redundancy plans to ensure young people in your existing workforce are not disproportionately affected
	▪ Map labour market information of unemployed young people such as knowledge, skills and abilities, with potential sectors of employment, including consideration for the supply and demand aspects of the labour market
	  ○ Establish a working plan with employment services centres to support registration, profiling, referral, temporary work placements and on-the-job training
	▪ Collaborate with local government and private and public organisations to establish sectors in which temporary employment opportunities for young people could be created e.g. public works and infrastructure maintenance (Nepal)
	▪ Align vocational education and training aimed at up-skilling young people with employment initiatives such as apprenticeships and work experience programmes
	▪ Provide youth-targeted wage subsidy programmes to help young people enter, re-enter or remain in the labour market by reducing costs of recruitment, retention and training
	▪ Continue to provide careers advice in schools, colleges and universities to help young people navigate their employment options during COVID. Ensure careers advisors understand the current labour market and options open to young people so that they can provide timely advice
		Nepal
		
		Asia
		
		UK
		
		ILO
			https://projects.worldbank.org/en/projects-operations/project-detail/P160696
			
			https://www.adb.org/sites/default/files/publication/626046/covid-19-youth-employment-crisis-asia-pacific.pdf
			
			https://www.bitc.org.uk/wp-content/uploads/2020/07/bitc-factsheet-employment-covid19andyouthemployment-june20.pdf
			
			https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_753057.pdf

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Recovery: Categories of impact	Actions	Country/ Region	Source
Infrastructure			
Digital services	**Consider establishing an audit programme to certify and assure the COVID safe technology adoption of hospitality venues.** As hospitality venues prepare for a safe re-opening, technology can support customer safety and rebuild client confidence. For example, the necessity of contactless service delivery has accelerated and motivated the wider adoption of new technologies across hospitality venues. Consider developing an audit and certification process that supports and guides hospitality venues in the adoption of new technology: ▪ Identify actions that can make hospitality venues more COVID-safe using technology e.g. replace tangible menus with an ordering app, use scannable QR codes, replace room keys with mobile keys, contactless communications using customer-facing technology tools, guest communications via chatbots/messaging platforms, contactless temperature checks at entrances, air quality improvement and ventilation via bipolar ionisation technology ▪ Use the identified actions to establish a checklist of practices that hospitality venues may be audited against ▪ Identify the minimum requirement for hospitality venues to be eligible for certification of COVID-safe technology adoption and service provision ▪ Identify how the hospitality venue protects its customers by using secure platforms ▪ Use the checklist and minimum requirements as part of an audit process to certify the safety of hospitality venues ▪ Apply the audit process to hospitality venues ▪ Use the audit process to identify further actions that hospitality venues can implement to increase their COVID-safety ▪ Publicise a list of certified hospitality venues ▪ Provide certified hospitality venues with certificates/logos that they can display in their window and online ▪ Have a whistleblower procedure for staff and customers to report serious breaches	Monaco Switzerland USA Asia	https://en.service-public-entreprises.gouv.mc/Covid-19/MonacoSafe-Certification https://hospitalityinsights.ehl.edu/covid-affected-customer-experience https://hospitalitytech.com/elevating-hotel-guest-experiences-facial-recognition https://www.ttgasia.com/2020/07/21/leveraging-technology-to-thrive-in-hospitalitys-new-normal/

Recovery: Categories of impact	Actions	Country/ Region	Source
Environmental			
Green spaces management	**Consider deploying COVID Marshals to engage, explain and encourage compliance with COVID-19 rules.** During national lockdowns and tiered restrictions, visitation to public spaces such as parks has increased dramatically. This increased concentration of people in particular areas poses risk of virus transmission from those who are not abiding by COVID rules. Despite their best efforts, Police have limited capacity to respond to breaches of COVID-19 regulations. As a result there are many breaches going unchallenged and reports of a culture of breaches taking hold. Volunteers, namely COVID Marshals or Ambassadors, can create more capacity to engage, explain and encourage compliance and, when combined with a public app to report breaches, can target deployment to breach hot spots. Consider: ▪ Identify the types of breaches it may be appropriate to deploy COVID Marshals to so they can engage, explain and encourage compliance ▪ Identify, select, and train people who may be suitable as COVID Marshals (follow ISO22319) ▪ Identify safe working practices for the COVID Marshals e.g. deployment in pairs ▪ Using reports from the public to identify public spaces where breaches are likely to occur ▪ Develop a system to deploy, monitor, support, and debrief COVID Marshals	Philadelphia UK	https://patch.com/pennsylvania/philadelphia/social-distancing-ambassadors-coming-philly-parks https://www.cheshire.police.uk/tua/tell-us-about/c19/v7/tell-us-about-a-possible-breach-of-coronavirus-covid-19-measures/

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Recovery: Categories of impact	Actions	Country/ Region	Source
Communications			
Targeted communication	**Consider how public messaging can protect individuals against vaccination fraud.** As the roll out of the COVID-19 vaccine gains pace, there has been reporting of a rise in criminal activity targeting people who await information about their vaccine. Examples of how fraudsters are exploiting the vaccine launch includes: scam text messages that request personal information such as bank details; fraudsters turning up at peoples' houses posing as National Health Service employees and offering vaccination for immediate payment. Fraud undermines public confidence in official programmes and contribute to a negative narrative around the vaccine programme. Consider public messaging to: ▪ Use a range of communication channels to build public awareness of fraudsters' tactics to encourage vigilance regarding vaccination communications ▪ Ensure communications about fraud awareness are available in different languages and different media e.g. to support migrants or support people with disabilities such as via informational videos: https://signhealth.org.uk/resources/coronavirus/ ▪ Publish a list official government and health websites/social media channels that are authorised to provide official information on the vaccine ▪ Include in fraud communications information on the ways in which people will be invited for an official vaccine, and ways that they will not be invited ▪ Identify partnering organisations that can distribute messages about vaccine fraud e.g. organisations that run befriending schemes, check-in and chat services, vaccination partners ▪ Disseminate consistent information to these partnering organisations to advise them of how to provide information about fraud without concerning people about the safety of the vaccine itself	UK France - Interpol Taiwan USA	https://www.actionfraud.police.uk/vaccine https://www.interpol.int/en/News-and-Events/News/2020/INTERPOL-warns-of-organized-crime-threat-to-COVID-19-vaccines https://www.degruyter.com/view/journals/mult/39/5/article-p597.xml https://patientengagementhit.com/features/striving-for-inclusivity-in-covid-19-public-health-messaging

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Recovery: Categories of impact	Actions	Country/ Region	Source
Governance and legislation			
Election campaigns	**Consider how candidates can run safe election campaigns during the COVID-19 pandemic.** Conventional campaigning tactics, such as door-to-door visits and town hall meetings to connect and talk to constituents, are not currently possible in many countries due to COVID-19 guidelines and concerns over risk of virus transmission. Clear guidelines that have the agreement of major parties are needed to ensure appropriate electioneering keeps election candidates and voters safe. Consider the need to: ▪ Develop an agreement between major political parties on the rules they commit to follow to ensure the safety of their election campaigns ▪ Identify alternative campaigning methods that are appropriate, such as: ○ Increased use of telephone and postal campaigning ○ Online platforms to support webinars and online town hall meetings with candidates to interact with voters ○ Increased involvement of volunteer helpers in constituencies ▪ Identify campaigning methods that are not appropriate, for example ○ Driving voters to voting booths ○ In-person public appearances in places where crowds may then gather ▪ Appoint an arbitrator to advise on the adherence to agreed rules and the appropriateness of campaigning methods ▪ Consider how positive and negative campaigning may affect public mood at an already stressful time ▪ Communicate rules to campaign offices well in advance to allow preparation ▪ Communicate the campaign rules to the public	South Korea USA	https://www.idea.int/publications/catalogue/managing-elections-under-covid-19-pandemic-republic-korea-crucial-test https://thehill.com/homenews/campaign/488097-how-campaigns-are-adapting-to-coronavirus https://www.kuer.org/politics-government/2020-10-22/candidates-look-for-new-ways-to-connect-with-voters-during-pandemic

Recovery: Categories of impact	Actions	Country/ Region	Source

Vaccine programmes	**Consider how to initiate a COVID-19 vaccine programme.** Vaccine programmes will need to source sufficient vaccine, notify recipients of their eligibility, and arrange processes to administer the vaccine. Vaccine wastage, recipient confusion over invitations, and inefficient processes will risk undermining the programme's efficacy. To build early confidence in vaccine programmes:
	▪ Agree the current aim for the vaccine programme e.g. to reduce immediate risk to life
	▪ Identify the priority groups to vaccinate to achieve the current aim
	▪ Identify individual citizens who belong to those priority groups
	▪ Disseminate public information on current priority groups to manage expectations
	▪ Explain to agencies that lobby for their staff to be given higher priority why they are currently prioritised as set out in the priority groups – and explain how this achieves the current aim
	▪ Establish a national register of healthcare staff who are qualified to administer the vaccine – including volunteers and other staff who have been recently trained and approved
	▪ Identify suitable facilities that can act as vaccine centres e.g. doctor surgeries, schools, public buildings, mass vaccine centres
	▪ Identify the demand for vaccine at each vaccine centre (based on estimated throughput) and ensure that sufficient supply is available when it is needed
	▪ Identify how the vaccine will be transported to centres and stored appropriately
	▪ Maintain close communication with each vaccine centre to share information, for example, on:
	  ○ Stock levels, delivery schedules, and projected demand
	  ○ Which patients have received the vaccine
	  ○ Which patients have been refused the vaccine and for what reason
	▪ Track the performance of vaccine centres to analyse programme risks and capacities, for example, implement an inventory management system to reduce vaccine waste such as by tracking expiry dates (continued)
	▪ Consider future aims for later in the vaccine programme and the timing of vaccinating different priority groups to achieve those aims e.g. to re-open non-essential business
	▪ Seek process-related advice from countries that have already established vaccine centres e.g. Germany
		New Zealand
		
		Germany
			https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-vaccine-planning
			
			https://home.kuehne-nagel.com/-/services/pharma-healthcare-logistics/vaccine-response-temperature-pod

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RECOVERY RENEWAL RESILIENCE

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Briefing C: The risk of fake vaccines

COVID-19 vaccination rollout is taking place in many countries, with many more planning to implement mass vaccination strategies for in the near future. The widespread nature of the pandemic has meant that huge numbers of people require vaccination, and a result, demand for vaccines currently far outstrips supply in some countries[2]. Fear surrounding COVID-19 has led to criminals utilising black markets to develop and sell fake vaccinations on the dark web[3]. The demands on government vaccination programmes has also promoted the online sale of other fake medicines such as the malaria drug hydroxychloroquine and the steroid dexamethasone[4] as these have been associated with COVID-19 treatment. In other cases, some online vendors were claiming to sell vaccinations or medicines that would have never been shipped to buyers[5],
And in the UK, there were incidents of scammers turning up at people's doorsteps offering a vaccine for payment, following a spate of fake text messages[6].

Vaccines are a financially lucrative commodity, and while the pharmaceutical industry is prepared with regular audits and vetting of supply chains, minimising human contact, stops and handovers during distribution, and real-time digital devices which measure temperature and location, there are other risks. Some of those at risk include:

- Desperate consumers believing they can purchase the vaccine online
- Hospitals and healthcare facilities that have been hit with a barrage of phishing and ransomware attacks which can try to sell fake vaccines
- Vaccination centres which may be points of vulnerability; one supply chain security expert stated "we need to tell people at the vaccine centres that they carry gold"[7].

The rise in fake vaccines and medications requires approaches that protect people, and infrastructure.

Protecting people

- Widespread information campaigns that advise people not to buy any vaccines online, with particular focus on informing people with pre-existing health conditions or those in certain vaccine priority groups as these groups may feel an urgency to be vaccinated
- Remind people that they should consult their registered doctor about vaccination, and only be vaccinated at an official vaccination point[8] and that NHS England will never ask for bank details, Pin numbers or passwords, when contacting you about a vaccination
- Monitor online chatrooms and forums that may be regularly used by vulnerable groups to scan for attempts to sell fake vaccines and medications
- Set up and regulate certification organisations which undertake due diligence on sources of drugs (e.g. pharmacies) and medications e.g. pharmacychecker.com to create a transparent solution for the public to check the sources of their online medications to ensure their legitimacy and safety

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[2] https://www.swissinfo.ch/eng/swiss-regulator-warns-of-fake-covid-19-vaccines-online/46279734
[3] https://www.japantimes.co.jp/news/2020/11/27/asia-pacific/covid-19-vaccine-china-black-market/
[4] https://iea.org.uk/will-there-be-a-black-market-in-covid-vaccines/
[5] https://www.ft.com/content/8bfc674e-efe6-4ee0-b860-7fcb5716bed6
[6] https://www.bbc.co.uk/news/uk-england-london-55577426
[7] https://www.ft.com/content/8bfc674e-efe6-4ee0-b860-7fcb5716bed6
[8] https://www.swissinfo.ch/eng/swiss-regulator-warns-of-fake-covid-19-vaccines-online/46279734

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- Work with healthcare professionals to build trust in vaccinations. The spread of fake vaccines may deter people from legitimately being vaccinated

Protecting infrastructure

- Regularly assess cyber security and train staff in recognising and reporting any phishing scams or malware attacks
- Train staff and volunteers administering vaccinations in the safe and careful disposal of empty vaccine vials which could be stolen and used to package fake vaccines that look authentic[9]
- If required, consider security at vaccination centre sites, especially those which have been set up in temporary locations or do not have adequate security systems

Briefing D: Useful webinars

Taken place this month	**Webinar Title**	**Link to presentation**
07.01.2021	Update on COVID-19 Vaccines	https://uicapture.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=46f70c17-4268-411b-96eb-aca90142096f
07.01.2021 14.01.2021	Places We've Never Been Part 1 (Podcast) Places We've Never Been Part 2 (Podcast)	https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-38 https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-39
18.01.2021	Stepping up and supporting working parents	https://www.cipd.co.uk/knowledge/coronavirus/webinars/stepping-up-supporting-working-parents-18-january-2021
Coming up		
Date	**Webinar Title**	**Link to registration**
28.01.2021	COVID-19 and Public Health	https://www.eventbrite.co.uk/e/covid-19-and-public-health-tickets-132978733973?aff=ebdssbonlinesearch&keep_tld=1
03.02.2021	Can do Innovation Summit: An exploration of how businesses can build sustainable growth and resilience after the global impact of COVID-19	https://www.candoinnovation.scot/
15.02.2021	Developing community resilience and social justice practices with young people in the Covid 19 era	https://www.bps.org.uk/events/developing-community-resilience-and-social-justice-practices-young-people-covid-19-era

[9] https://www.dw.com/en/officials-warn-of-fake-covid-19-vaccines/a-56123830

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