



# The Manchester Briefing on COVID-19: International lessons for local and national government recovery and renewal

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## 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: The Renewal of Community Resilience: A new local and national resilience capability?**

**Briefing B: Lessons you may find helpful from across the world**

**Briefing C: Strategies to address vaccine hesitancy**

**Briefing D: Useful webinars**

**Please register at  
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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](mailto: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.

## Briefing A: The Renewal of Community Resilience: A new local and national resilience capability?

### Introduction

***“We’re here to support you”*** – words which, over the last year and across every nation, have offered assurance, built confidence, responded to concerns, brought us together, and made us realise that we are not alone. These words have united national and local government colleagues, shielded persons, friends and family, volunteers, businesses, associations and networks, supply chains, neighbours, Facebook groups, and so many others as they experience the pandemic. This has formed the backbone of community resilience.

In some places, local and national community resilience has been nurtured for years at a strategic level which has built deep and far-reaching partnerships to enhance community resilience within, and across, individuals, groups, organisations and networks. This briefing considers if community resilience has been enhanced during COVID-19 more widely across the UK to the extent whereby it has emerged as a local and national resilience capability. We ask – is community resilience a new local and national resilience capability?

### Risk and resilience

The Resilience Capabilities Programme<sup>1</sup> identifies the need for resilience capabilities to respond to, and recover from, civil emergencies. It uses the National Risk Assessment to identify the generic capabilities needed to respond to many sorts of disruptive events e.g. mass evacuation and shelter, resilient telecoms, mass fatalities. So, no matter how disruptive an event is, there are generic capabilities to deal with it. This enables responders to manage any risk – to cope with any surprise – by harnessing these generic capabilities. Each capability provides enough flexibility in its systems and processes that allow creativity and innovation to adapt to unforeseen impacts on the people, places and processes involved. The National Assets Register records the availability of assets to support these capabilities and can be deployed during disruptive events.

Thinking about local and national risks needs to be done alongside thinking about the local and national resilience that we have to deal with those risks – that is, the capabilities and assets available to address the disruptive events, and their effectiveness. This focus on risk and resilience aims to develop an accurate picture of the likely impact of disruptive events to build understanding of the fragility of our systems to such events, and the measures in place to resist their impacts.

In this briefing we focus on one measure that can help to resist impacts – a capability that is not formally recognised as a resilience capability – that is, community resilience. We question if the likelihood and impact of disruptive events may have changed recently as we better understand our communities and their role in resilience, and as we gain more confidence in how to involve them in resilience and their appetite for this. We also question if the likelihood and impact of disruptive events may have lessened in some communities as we learn more about how communities build resilience.

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<sup>1</sup> <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-the-capabilities-programme>

## Community Resilience

Community resilience “is all about working with civil society to create social value and achieve a more resilient UK”<sup>2</sup> and “is enabled when the public are empowered to harness local resources and expertise to help themselves and their communities”<sup>3</sup>.

A **community is formed of** many constituents, including:

- Individuals, e.g. addressing the needs of marginalised or vulnerable people, or supporting the involvement of volunteers who can provide capacity
- Groups, e.g. people who share a characteristic such as geographic co-location, demographic, identity
- Organisations that need support, e.g. public, private, and third sector
- Networks, e.g. associations, partnerships, and groups of groups such as the local economic partnerships, healthcare partnerships, or networks of faith-based organisations

For risk, these constituents can **build community capability and capacity** to:

- Proactively tackle the causes of risk, impact and likelihood
- Identify local needs
- Reduce vulnerabilities
- Harness the capacity of communities

Here, the aim for community resilience can include **lessening the impact of an emergency** by these constituents:

- Raising awareness
- Adopting resilient behaviours
- Sustained ability and action
- Learning and improving

However, this needs coordination and will rarely emerge without some encouragement. Government has a role to encourage and coordinate community resilience – for example, by working with communities to **co-develop community processes** through helping to:

- Manage capabilities and capacities of the community
- Coordinate community capacities
- Co-produce knowledge through sharing experiences
- Deliver resilience building activities by working with communities capacities

Working even more closely with communities can help us to understand risk at source (not treat it as a distant assessment conducted centrally) and can reduce the severity of impacts from disruptive events by understanding vulnerabilities better, building community capabilities, enhancing community preparedness to act, exploiting new/sustained capacity, and learning and improving collaborations.

This can also reduce the likelihood of impacts by having communities that are aware of hazards and risks, that adopt resilient behaviours, are engaged, and are on standby with governance, knowledge, and resources to enable them to act safely and effectively.

These enhancements can speed up community recovery, raise what is possible through a Renewal Strategy, and influence the risk assessment by accounting for the changing information we have on how resilient are

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<sup>2</sup> HM Government “Community Resilience Development Framework”, Cabinet Office, July 2019. Page 3.

<sup>3</sup> Ibid. Page 2.

communities. However, this requires a focus on maintaining our newfound community resilience beyond COVID-19 – an issue that is important right now.

### Why community resilience now?

Around 15 years ago the narrative of resilience could be summarised as **“We’re here to save you”** – suggesting that responders would come to assist every individual, group, organisation or network in each community. Then, around 8 years ago, appreciating that some emergencies are just so big that the responders could not, on their own, save everyone or everything (e.g. flooding of the East Coast), the narrative changed towards **“We’re prepared, are you?”**. This puts pressure on individuals, groups, organisations and networks to share responsibility for resilience with responders and raises important questions about how resilient communities are, for example: Will communities really react? How many? Will they be collaborative? Do they understand risk? How do we ensure no-one is left behind? COVID-19 partly answered these questions.

During COVID-19, our communities were a national capability. We witnessed community response on a scale and diversity that was previously unthinkable. From the invisible acts of good neighbourliness, to the visible donations by large and micro businesses, as well as hundreds/thousands of mutual aid groups swiftly self-organising and conducting life-affirming activities, and many more responses from pre-organised voluntary sector organisations.

We have seen communities at the heart of first (and prolonged) response, proving that communities have both planned and hidden resilience. Planned resilience comes from tangible structures and mechanisms which we can negotiate with before an emergency happens. Hidden resilience emerges and may become known during the response, but may never be fully appreciated in its diversity and volume (e.g. the hidden acts of neighbours).

Some areas have measured the impact of this community resilience by assessing the number of: volunteers registered, volunteer hours, supported people, services provided, organisations involved, donations received and their monetary value, deliveries made, partners involved, unmet needs remaining, etc.

The response to COVID-19 has enhanced the importance of communities during response – perhaps even as an equal to one of our technical national resilience capabilities. What could be the next narrative ... **“What can we do to support you?”** – suggesting that, for some types of emergencies, responders work in complete partnership with communities.

### An adjusted mind-set

**“What can we do to support you?”** requires an adjustment of mind-set. It requires communities and responders to recognise that individuals, groups, organisations and networks in our communities are resilient capabilities as part of the first line of attack (of defence) alongside responders. This adjustment of mind-set is possible now because COVID-19 has brought the realisation of vulnerability to everyone’s doorstep. Communities have a prolonged experience of understanding, assessing, living with, mitigating, communicating, and responding to risk. However, for the first time for most communities, they have felt direct government intervention to mitigate risk by the curtailment of their freedoms, liberties, and imposition of new behaviours enforceable by law.

COVID-19 has also given us much more clarity about community resilience. It has helped us to:

- Pinpoint some of the most vulnerable individuals, groups, organisations and networks in our communities and their needs
- Identify the capacity of communities to meet society’s and system’s needs
- Understand risks from the perspectives of our individuals, groups, organisations and networks

However, critically, the response to COVID-19 has shown that it is communities that can help provide this clarity, for it is the individuals, groups, organisations and networks in our communities that have provided knowledge of

local vulnerabilities, needs, and capacities. Also, it is communities that have pinpointed the identification of, and answers to, vulnerabilities. Positively speaking, we have witnessed a masterclass in the resilience of our communities as a local and (even) national resilience capability. Now it is incumbent on us to sustain it.

### Community resilience is now about embedding mind-sets

Previously, the community resilience agenda focussed on the significant challenge of changing mind-sets, behaviours, and community culture towards understanding risk and resilience – an intractable and mountainous task.

But, COVID-19 has changed mind-sets. The focus for community resilience now has to be on maintaining, refining and embedding this new mind-set post-COVID-19 – perhaps a more manageable activity than starting it from scratch. This raises the important questions of:

- How can community resilience be supported by local governments as staff who were redeployed during COVID-19 to community-focused roles revert back to their regular postings, potentially leaving a void?
- How can community resilience maintain its presence in our architecture of resilience capabilities?
- How can we maintain community resilience as far more than voluntary sector and volunteers – to focus on the resilience capabilities from, and support needed by, individuals, groups, organisations and networks?
- What partnership approach and support is needed to maintain the renewal of community resilience?
- How can community resilience continue to work across the whole system – the people, places, processes, power and partnerships – so that we can better understand what it means when we ask ***“How can we support you?”***

### Conclusion

Not all communities are in the same place or have the same capacities – some have true community resilience already whilst others struggle with the notion of community. This puts local government and partnerships at the heart of community resilience governance – occupying a supportive role.

Not all individuals, groups, organisations or networks are interested in supporting community resilience. This means that working through motivated members of communities is critical to galvanise the progress already made.

Not all communities want to express their resilience through a collaboration with local government. This reminds us of a facilitative role of community leaders – and changes the role of government perhaps to one of removing barriers for others to flourish, rather than requiring collaboration and development inside a partnership.

Not all community resilience is voluntary sector or volunteer-specific. This reminds us of individuals, groups, organisations and networks working to understand the reduction of risk, vulnerability and their role in enhancing resilience of their communities.

Community resilience has become the bedrock for our local response to the pandemic – providing capabilities and capacities that were not universally appreciated as being present and available to resilience professionals. The response has taught us that communities can be relied upon to respond when asked, to deliver activities, and many will stay for a prolonged term.

In future weeks we will explore what actions should be sought to maintain this new capability. Action is needed to stop bouncing back to the pre-COVID-19 situation where community resilience is re-boxed into a “too hard” category. The opportunity to renew community resilience and establish it as a permanent national resilience capability is actually the opportunity to continue what has already been created. It was created by communities,





local government, community groups, small businesses, neighbours, individuals, social enterprises, national enterprises, the voluntary sector, and so many more hidden networks. The future may challenge the funding of resilience capabilities which may challenge current levels of resilience. Community resilience can ensure that communities are not left behind as these challenges bite.

In many places, community resilience as a **local resilience capability is 'here today'** – renewal is needed to ensure it is 'here to stay', not 'gone tomorrow'.

Embedding community resilience as a local and national resilience capability is a main interest for our *Recovery, Renewal, Resilience* funded project (see TMB 27). In the coming months we will be working with several local authorities in England, Scotland, Chile, Canada and Palestine to support the progress they have made on this – aiming to explore community resilience as a local and national resilience capability.

## 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 process of recovery and renewal although many also relate to the response phase, and the likely overlap between response, recovery, and renewal.

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Recovery: Categories of impact	Actions
<b>Humanitarian assistance</b>	
<p><i>Vulnerable people</i></p> <p>Indonesia, Cambodia, Laos, Thailand, Vietnam, Philippines: <a href="https://tinyurl.com/1h9tdn7f">https://tinyurl.com/1h9tdn7f</a></p> <p>Europe: <a href="https://tinyurl.com/lfo7z82q">https://tinyurl.com/lfo7z82q</a></p> <p>UK: <a href="https://tinyurl.com/yob5dmnp">https://tinyurl.com/yob5dmnp</a></p>	<p><b>Consider how to support children who have reached the age of leaving care during and after the pandemic.</b> Data from the EU shows that 18 year olds who are in care are more likely to be not in employment, education or training, and experience higher levels of social exclusion or homelessness. COVID-19 has exacerbated their financial insecurity, poor mental health, and limited support networks as they transition to independent living. In addition to assessing the capacity of social work provision (<a href="#">TMB Issue 6</a>), consider:</p> <ul style="list-style-type: none"> <li>▪ Formally designate people who are leaving care as belonging to a vulnerable group</li> <li>▪ Extend social protection programmes to make support services, such as financial support for food and accommodation, immediately available to those who leave care</li> <li>▪ Ensure social services maintain regular personalised contact with those who leave care to advise them of what support is available during COVID-19</li> <li>▪ Increase the capacity and flexibility of online communication with those who leave care, including availability of support forums</li> <li>▪ Increase the capacity of mental health services, including outreach services and crisis support teams, by drawing on trained volunteers and enhance training in psychological first aid and safeguarding</li> <li>▪ Partner with private care agencies, non-governmental organisations, corporate partners and care professionals to establish support and training/employment programmes <ul style="list-style-type: none"> <li>○ Establish a mentor programme to strengthen the support network of care leavers during their transition from care to independent living</li> <li>○ Provide employment advice to those who leave care, such as guidance on CV writing via an online workshop</li> <li>○ Host virtual career or industry insights days to support those who leave care in making decisions on their next steps regarding education and employment</li> <li>○ Establish targeted education and employment support for those who leave care, such as practical skills training on computing, email writing, giving presentations, and interviews; plus volunteering opportunities, work experience and apprenticeships for when lockdowns and restrictions end</li> </ul> </li> </ul>



Recovery: Categories of impact	Actions
<b>Economic</b>	
<p><i>Personal finance</i></p> <p>World Bank: <a href="https://tinyurl.com/47y6tnsj">https://tinyurl.com/47y6tnsj</a></p> <p>Republic of Ireland: <a href="https://tinyurl.com/y5br8xnz">https://tinyurl.com/y5br8xnz</a></p>	<p><b>Consider how your organisation can prepare to address the financial concerns of communities and individuals.</b> Many individuals and families have experienced negative economic impacts from COVID-19 as a result of business closures, job losses and reduced working hours. Globally, governments have introduced financial stimuli through small business loans and furlough schemes, in an effort to mitigate the consequences of financial losses caused by the pandemic. As many stimulus packages are scheduled to end in the coming months, business owners are concerned that they will be unable to continue to pay staff, and employees are concerned that they may be made redundant. Consider:</p> <ul style="list-style-type: none"> <li>▪ The need to quickly increase the capacity of local financial support and advice systems <ul style="list-style-type: none"> <li>○ Partner with and commission community advice services, e.g. <a href="#">Citizens Advice Bureau</a> (CAB)</li> <li>○ Build capacity and train volunteers to increase the range of specialist and generalist welfare and debt advice that is available</li> <li>○ Seek support from local businesses that can provide financial and other advice</li> </ul> </li> <li>▪ Increase community and business awareness of how to access support services: <ul style="list-style-type: none"> <li>○ Run information campaigns targeted at groups that need support</li> <li>○ Bring together sources of good advice from trusted partners into a single location/source to make information easy to find</li> <li>○ Sign post and onward refer members of the community to services</li> </ul> </li> <li>▪ Integrate debt and financial advice and budgeting support with forms of direct financial support</li> </ul>
<p><i>Economic strategy</i></p> <p>USA: <a href="https://tinyurl.com/1eln2fw1">https://tinyurl.com/1eln2fw1</a></p> <p><a href="https://tinyurl.com/2pg23kut">https://tinyurl.com/2pg23kut</a></p> <p>Thailand, Philippines, Indonesia, Australia: <a href="https://tinyurl.com/12a1j3rj">https://tinyurl.com/12a1j3rj</a></p>	<p><b>Consider a targeted contact tracing programme to support the regeneration of live entertainment events.</b> The live music and entertainment industry has been heavily affected by the pandemic, with the majority of live events cancelled in 2020. A targeted contact tracing programme could enable the return of live entertainments events and keep the public safe, by identifying and containing a spread of the virus quickly. The contribution of the live entertainment industry to the economy is vast, and critical for GDP, generating employment and attracting tourism. Consider:</p> <ul style="list-style-type: none"> <li>▪ Contact tracing as a targeted initiative to enable the return of live entertainment</li> <li>▪ Scope costs of such an initiative and assess affordability <ul style="list-style-type: none"> <li>○ Consider regional collaboration to lower costs</li> <li>○ Seek funding or grant support, e.g. Arts Councils</li> </ul> </li> <li>▪ Establish and train a dedicated events contact tracing team to <ul style="list-style-type: none"> <li>○ Provide contact tracing services</li> <li>○ Develop educational materials for events companies, their employees, and customers</li> <li>○ Provide on-site environmental health consulting to assist events businesses and venues in being COVID-safe</li> <li>○ Support businesses in scheduling appointments at testing facilities</li> </ul> </li> <li>▪ Design an incentive and enforcement scheme to encourage commitment to a contact tracing programme and the implementation of COVID-19 safety measures</li> <li>▪ Introduce an audit and certification programme to approve live events (<a href="#">see TMB Issue 28</a> for guidance on certification programmes)</li> </ul>

Recovery: Categories of impact	Actions
<b>Infrastructure</b>	
<p><i>Welfare/ workforce</i></p> <p>UN: <a href="https://tinyurl.com/ybf8shak">https://tinyurl.com/ybf8shak</a></p> <p>UK: <a href="https://tinyurl.com/ieysd08p">https://tinyurl.com/ieysd08p</a></p> <p><a href="https://tinyurl.com/ynyck93t">https://tinyurl.com/ynyck93t</a></p>	<p><b>Consider how workforce planning addresses women's experience of work.</b> The pandemic has had a disproportionate impact on women's experience of work. Women are more likely to work in low-paying and informal jobs, and also constitute a significant proportion of healthcare professionals and essential workers at the frontlines. Women working in these areas, e.g. cleaners, carers, catering staff and early learning and childcare workers, and frontline workers, have had to cope with the immense pressures of providing essential services during the pandemic while also caring for children and relatives. Employers should recognise and address the adverse impacts of COVID-19 on women's experience of work, including groups of women who have been badly affected by job disruption, such as BAME women, single parents and young women. Changes to workplaces are also a direct consequence of the pandemic, meaning that some women may be at higher risk of violence or abuse. Employers play a vital role in helping women who experience abuse to access support, and should recognise that sexual harassment doesn't just occur face-to-face, but also through online platforms. <a href="#">Close the Gap</a> offer guidance on an intersectional approach to workforce planning, to support local government to develop gender-sensitive employment practices. They advise to consider:</p> <ul style="list-style-type: none"> <li>▪ Participate in an employer accreditation programme, e.g. Equally Safe at Work</li> <li>▪ Collect new intersectional, gender-disaggregated data on the impact of COVID-19 on employees, e.g. access to childcare, well-being, the experience of employees at work during COVID-19:             <ul style="list-style-type: none"> <li>○ Conduct a gendered analysis to identify varying experiences of women and men during COVID-19</li> <li>○ Use this data and analysis to inform any return to work plans/policies and to promote staff well-being</li> </ul> </li> <li>▪ Conduct an equality impact assessment prior to the implementation of new workplace policies</li> <li>▪ Engage with women working in lower paid roles to ensure their experiences are used to inform plans for recovery</li> <li>▪ Offer support to women who are working at home, including:             <ul style="list-style-type: none"> <li>○ Conduct risk assessments to determine support needs for working from home</li> <li>○ Assess working arrangements and their sustainability</li> <li>○ Offer flexible working to staff with caring responsibilities</li> <li>○ Regularly check in with employees to see how they are managing</li> </ul> </li> <li>▪ Available support for female employees who are more likely to be affected by COVID-19, including those who are disabled, pregnant, returning from maternity leave, BAME</li> <li>▪ Raise awareness of Violence against Women (VAW) policies in view of the rise in domestic violence during lockdowns:             <ul style="list-style-type: none"> <li>○ Communicate zero tolerance of VAW</li> <li>○ Signpost to local specialist services, e.g. Women's Aid</li> <li>○ Raise awareness of reporting processes for VAW</li> </ul> </li> </ul>

Recovery: Categories of impact	Actions
<b>Environment</b>	
<p><i>General environment</i></p> <p>IIED: <a href="https://tinyurl.com/oaemr26">https://tinyurl.com/oaemr26</a></p> <p>Indonesia: <a href="https://tinyurl.com/1i7zca93">https://tinyurl.com/1i7zca93</a></p> <p>Egypt: <a href="https://tinyurl.com/3dzryehf">https://tinyurl.com/3dzryehf</a></p> <p>Columbia: <a href="https://tinyurl.com/2hezz85z">https://tinyurl.com/2hezz85z</a></p> <p>New Zealand: <a href="https://tinyurl.com/32hiay3r">https://tinyurl.com/32hiay3r</a></p>	<p><b>Consider post-COVID solutions to climate change that are people-led, community-focused, and nature-based.</b> Concurrent incidents during the COVID-19 pandemic, such as locust swarms destroying farms in Africa, forest fires devastating the US, flooding in the UK, show us that climate change actions are crucial when considering renewal strategies. Communities that are more vulnerable to natural disasters are disproportionately challenged during a pandemic. Natural climate solutions protect and restore nature, which can help mitigation of (and adaption to) the impacts of climate change, e.g. coastal wetland can defend communities from storm surge and sea level rise, well-managed forests can protect water supplies, reduce wildfire risk and prevent landslides. Consider:</p> <ul style="list-style-type: none"> <li>▪ Raise awareness locally of the value and potential benefits of nature-based solutions for communities in mitigating risks of future natural disasters</li> <li>▪ Engage with local businesses as potential sponsors of nature-based solutions</li> <li>▪ Establish a volunteering scheme with employees of local businesses to support nature-based initiatives <ul style="list-style-type: none"> <li>○ Partner with local voluntary groups and community based organisations to establish community-led conservation efforts</li> <li>○ Establish a 'plant a tree initiative', to build and enhance local forestry</li> <li>○ Encourage roof top gardens and balcony gardens – create online gardening tutorials for creating mini urban gardens</li> </ul> </li> <li>▪ Work with local land owners to identify appropriate actions that support nature-based approaches, e.g. planting marram grass to stabilise sand dunes or peatland restoration</li> </ul>

Recovery: Categories of impact	Actions
<b>Communication</b>	
<p><i>Targeted communication</i></p> <p>OECD: <a href="https://tinyurl.com/yo2s6zqy">https://tinyurl.com/yo2s6zqy</a></p> <p><a href="https://tinyurl.com/dkp3635a">https://tinyurl.com/dkp3635a</a></p> <p><a href="https://tinyurl.com/2s5c6odm">https://tinyurl.com/2s5c6odm</a></p> <p>UNHCR: <a href="https://tinyurl.com/15x75bzs">https://tinyurl.com/15x75bzs</a></p>	<p><b>Consider how to communicate with migrants and refugees about migration policies and re-settlement/community integration policies during COVID-19.</b> Due to lockdown measures and temporary breaks to in-person public service provision, communicating specific information to migrants and refugees on their rights and obligations has been challenging. This includes communications on re-settlement programmes to support their integration into communities (see <a href="#">TMB Issue 29</a> for guidance on national resettlement programmes). Some countries have introduced temporary policy changes and targeted communication of such changes is crucial so that migrants are aware of the essential services that are available to them during the pandemic, e.g. Spain suspended the obligation to have valid documents in order to access essential public services such as healthcare and vaccination. National information strategies can be complemented locally by reaching out directly to migrants living in communities.</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>▪ Identify and establish contact with the leaders of refugee and migrant groups to communicate important messages</li> <li>▪ Collaborate with migration support services, NGOs and local volunteers to develop a targeted online communications platform for migrants and refugees, e.g. <a href="#">“Migration Information Hub”</a>, Leeds City Council, UK             <ul style="list-style-type: none"> <li>○ Use the platform to inform migrants about COVID-19 related issues and guidelines; access to health care, food, housing, work rights, visa status, signpost immigration services and detail any changes to policy measures</li> <li>○ Ensure alternative communication strategies are explored, such as information leaflets through migrations support services reach those who do not have access to the internet</li> <li>○ Provide information on how victims of discrimination can get help and support</li> </ul> </li> <li>▪ Collect further data and information on reaching specific groups through consultation with the relevant communities, to improve future preparedness for crisis communication with migrants and their families</li> <li>▪ Ensure easy access to information by translating key material into the languages of migrant communities:             <ul style="list-style-type: none"> <li>○ Recruit translation volunteers to support the translation of information and development of multilingual media for the platform, e.g. YouTube videos</li> </ul> </li> <li>▪ Organise free workshops for migrants and refugees via Zoom, e.g. ‘How to access health services’, to inform on free services, including mental health facilities</li> <li>▪ Develop and deliver targeted communication strategies to influence communities’ perceptions of migrants, working with local community leaders and groups, and organisations that support and advocate for migrants:             <ul style="list-style-type: none"> <li>○ Tackle and counter misinformation online to prevent prejudice against migrants and mitigate the negative impact of the health crisis on immigrant integration</li> <li>○ Set up a social media campaign that directly addresses the prevention of discrimination and spread of misinformation, e.g. <a href="#">“Somos Panas”</a>, Columbia</li> <li>○ Invite the public to help counter the spread of misinformation by sharing fact-based information with their own communities</li> </ul> </li> </ul>

Recovery: Categories of impact	Actions
<b>Governance and legislation</b>	
<p><i>Planning for recovery</i></p> <p>Australia <a href="https://tinyurl.com/4tuxsou4">https://tinyurl.com/4tuxsou4</a></p> <p>Denmark: <a href="https://tinyurl.com/7ssycvma">https://tinyurl.com/7ssycvma</a></p> <p>WHO: <a href="https://tinyurl.com/e1wzrgmb">https://tinyurl.com/e1wzrgmb</a></p>	<p><b>Consider the ethics of vaccine passports for COVID-19.</b> Vaccination certification for COVID-19, sometimes referred to as immunity/vaccine passports, are being considered by some countries as a strategy to relax the strict measures that have been imposed on society over the last year. The document is designed to certify people as immune to COVID-19 based on vaccination. Consider the ethical issues associated with varying restrictions on individual liberties based on possession of a vaccine certificate.</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>▪ If a vaccination certification programme could cause unequal treatment of individuals by segregating members of society into different tiers of infection risk and contagiousness, for example:             <ul style="list-style-type: none"> <li>○ Members of groups who live with systemic discrimination and marginalization may face more barriers to accessing particular areas of society or activities if they are not certified as vaccinated</li> <li>○ Differences in exposure, access to health care and vaccination certification may lead to some groups having higher or lower proportions of vaccine-certified people</li> </ul> </li> <li>▪ If the application of vaccination certification should only be used with existing precautions and should not prevent non-vaccine certified people from accessing areas or activities, e.g. people who have not received a vaccination certificate should not be prevented from travelling but may be required to take a test/quarantine on arrival as per the existing precautionary measure</li> <li>▪ Whether vaccinations certifications should:             <ul style="list-style-type: none"> <li>○ Impact a person's ability to exercise fundamental rights such as voting, accessing and social care or education</li> <li>○ Cause an increase in cost or burden for vaccine-certified individuals, e.g. frontline healthcare workers who are vaccination certified should not be expected to manage more work</li> </ul> </li> <li>▪ If the perceived benefits of vaccine certifications could increase the risk of people increasing their exposure to intentionally become infected and receive a certificate, which poses risks to an increase in community spread and could potentially cause harm to others</li> <li>▪ The perceived value of vaccine certificates and counterfeit market activity/certificates</li> <li>▪ How to mitigate implementation risks, e.g. certification being managed by certified bodies, results being processed and confirmed by licensed laboratories, and certificates being issued by health authorities</li> <li>▪ To protect personal data and minimize breaches of confidentiality, legal and regulatory measures should be put in place to limit the access to data by governmental authorities</li> </ul>



Recovery: Categories of impact	Actions
<p><i>Emergency planning</i></p> <p>UNHCR, Jordan: <a href="https://tinyurl.com/p9qdtl62">https://tinyurl.com/p9qdtl62</a></p> <p>Canada: <a href="https://tinyurl.com/2odwsm3l">https://tinyurl.com/2odwsm3l</a></p>	<p><b>Consider how the vaccine will be delivered to unregistered people.</b> While the vaccine programme may be in its early stage in many countries, thought is required on how to access people who are not on any social services list or registered in any location. This includes homeless people, illegal immigrants, stateless people and refugees who are not in the 'system'. Excluding such people from the programme risks the virus continuing to affect them, and then spreading into other parts of society. Consider:</p> <ul style="list-style-type: none"> <li>▪ Take a national perspective on how to involve people who are marginalised from mainstream public services in the vaccine programme</li> <li>▪ Establish who is responsible for vaccinating unregistered people</li> <li>▪ Decide whether all vaccination centres are open to vaccinating unregistered people</li> <li>▪ How partners that have strong community links can disseminate the vaccine message to unregistered people</li> <li>▪ Assess the consequences of unregistered people not being vaccinated</li> <li>▪ When the first vaccination of an unregistered person should take place and a target time frame in which to vaccinate all unregistered people</li> <li>▪ Identify challenges for the vaccination programme in vaccinating unregistered people</li> <li>▪ Recognise that un-registered people may be fearful or hesitant to come forward to receive the vaccine: <ul style="list-style-type: none"> <li>○ Consider a moratorium/amnesty on those who regard themselves to be illegally resident in the country to receive the vaccine</li> <li>○ Work with partners and external organisations who have links to un-registered people to communicate that they can register to receive the vaccine without fear of immigration enforcement activities</li> </ul> </li> </ul>



## Briefing C: Strategies to address vaccine hesitancy

As COVID-19 vaccine delivery programmes gain pace, attention has turned to vaccine hesitancy and the associated challenges to achieving optimal vaccination goals<sup>1</sup>. Public hesitancy has developed as people are anxious and uncertain about the safety and regulation of the vaccine<sup>2</sup>. Vaccination hesitancy has been found to relate to the public perception of risk, connected to two factors:

- The risk of morbidity or mortality
- Elements of an event that cause fear, worry, mistrust or upset to the public<sup>3</sup>

Recent studies have identified three predominant groups that are at higher risk of COVID-19 vaccine refusal, requiring targeted strategies and communications to address their concerns and hesitancy:

- Women aged 30-39<sup>4</sup>
- Low-income groups<sup>5</sup>
- Socioeconomically disadvantaged groups and BAME communities<sup>6</sup>

### *Potential causes of COVID-19 vaccine hesitancy:*

- The speed at which the available COVID-19 vaccines were produced and approved may lead to scepticism or mistrust relating to their benefit, effectiveness and long-term side effects<sup>7</sup>
- Pregnant women were not included in the majority of COVID-19 clinical trials, so there was little data available to evaluate vaccine safety relating to fertility, pregnancy and young children<sup>8</sup>
- Misinformation through social media and the challenges caused by the anti-vaccination movement in developing and communicating scientific expertise and building public trust in the effectiveness of COVID-19 vaccines<sup>9</sup>

### *Strategies to address vaccine hesitancy*

Although the WHO advise that there is no specific reason for risks that would outweigh the benefits for pregnant women in some vaccines<sup>10</sup>, the inclusion of pregnant women in COVID-19 therapeutic trials is crucial to ensure the identification of efficacious and safe treatment<sup>11</sup>. The Behavioural Science and Public Health Network<sup>12</sup> and the European Centre for Disease Prevention and Control<sup>13</sup> offer the following recommendations to address COVID-19 vaccine hesitancy:

<sup>1</sup> [https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762\(20\)30016-8/fulltext](https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762(20)30016-8/fulltext)

<sup>2</sup> <https://www.ecdc.europa.eu/sites/portal/files/documents/Catalogue-interventions-vaccine-hesitancy.pdf>

<sup>3</sup> <https://oxfordmedicine.com/page/measles%20and%20the%20hesitancy%20to%20vaccinate/measles-and-the-hesitancy-to-vaccinate>

<sup>4</sup> <https://www.smh.com.au/politics/federal/covid-19-vaccine-advertising-campaign-to-target-specific-fears-20210109-p56svi.html>

<sup>5</sup> <https://www.sciencedirect.com/science/article/pii/S2666776220300120?via%3Dihub>

<sup>6</sup> <file:///C:/Users/r66633rj/Downloads/COVIDvaccinePaper4.pdf>

<sup>7</sup> <https://www.ox.ac.uk/news/science-blog/covid-19-vaccine-hesitancy-uk#>

<sup>8</sup> [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30484-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30484-8/fulltext)

<sup>9</sup> <https://www.bma.org.uk/news-and-opinion/pushing-back-tackling-the-anti-vax-movement>

<sup>10</sup> <https://www.who.int/news-room/feature-stories/detail/the-moderna-covid-19-mrna-1273-vaccine-what-you-need-to-know>

<sup>11</sup> [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30484-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30484-8/fulltext)

<sup>12</sup> [https://www.bsphn.org.uk/\\_data/site/54/pg/675/COVID-19-Vaccination-Reducing-Vaccine-Hesitancy.pdf](https://www.bsphn.org.uk/_data/site/54/pg/675/COVID-19-Vaccination-Reducing-Vaccine-Hesitancy.pdf)

<sup>13</sup> <https://www.ecdc.europa.eu/sites/portal/files/documents/Catalogue-interventions-vaccine-hesitancy.pdf>

- Increase trust and confidence in the safety and effectiveness of the COVID-19 vaccine by:
  - Clearly communicating its rigorous development and testing process
  - Provide details of the COVID-19 development and testing process, highlighting the way in which the same rigour has been applied for previous vaccines
- Train health care workers to respond to hesitant patients, e.g. their common concerns, addressing those concerns
- Design community-level interventions to target high risk vaccine refusal groups by supporting the development of community networks:
  - Leverage and support existing channels that have influence on decision making, such as; community and faith leaders of ethnic minority and low-income communities; teachers and youth/sport club leaders who interact with the parents of young children; online communities and networks<sup>14</sup>, e.g. Mumsnet
  - Establish community educational and promotional activities to inform on the safety and benefits of vaccination (via talks, videos, presentations and discussions)
  - Launch advocacy campaigns supported by community members to promote vaccine safety and counter anti-vaccination messages, to mitigate the prevalence of misinformation in BAME communities<sup>15</sup>
  - Establish an on-line decision aid for parents
- Use information from trusted health agencies to produce online information and vaccine information pamphlets for pregnant women and new mothers:
  - Detail different vaccines in full, relative to their available safety data, to ensure women can make a factually informed decision
  - Raise awareness of online information and disseminate pamphlets

<sup>14</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32642-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32642-8/fulltext)

<sup>15</sup> <https://socialcare.blog.gov.uk/2021/01/27/overcoming-vaccine-hesitancy-in-our-diverse-communities/>

## Briefing D: Useful webinars

Taken place	Webinar Title	Link to presentation
28/01/2021	Covid-19 and schools: #CovidUnknowns	<a href="https://tinyurl.com/1q4efo9h">https://tinyurl.com/1q4efo9h</a>
01/02/2021	Offering compassionate bereavement support	<a href="https://tinyurl.com/yv7kd3gm">https://tinyurl.com/yv7kd3gm</a>
05/02/2021	Cities on the Frontline, Speaker Series #02: Scaling up climate resilience	<a href="https://tinyurl.com/3j7h9kgI">https://tinyurl.com/3j7h9kgI</a>
<b>Coming up</b>		
Date	Webinar Title	Link to registration
23/02/2021	COVID Vaccine Webinar: Overcoming Vaccine Hesitancy	<a href="https://tinyurl.com/5c8lvduw">https://tinyurl.com/5c8lvduw</a>
24/02/2021	Nursing a Pandemic: Mental Health	<a href="https://tinyurl.com/2c82jc8x">https://tinyurl.com/2c82jc8x</a>
24/02/2021	Vulnerable Migrants & Covid19 in Japan and the UK	<a href="https://tinyurl.com/9g1h0ssh">https://tinyurl.com/9g1h0ssh</a>