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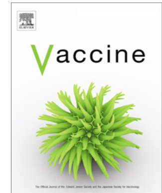

Commentary

# Marketing the COVID-19 vaccine and the implications for public health

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ABSTRACT

COVID-19 vaccines are new brands of consumer health technology being introduced to the market. Considering consumer behaviour approaches in this time of crisis, the risk of vaccine hesitancy, the call for more transparency and effective messaging to gain trust, and equitable distribution of this vaccine, this is unexplored theoretical terrain. This commentary takes a multidisciplinary approach to understand and theoretically explore the marketing, distribution, and acceptance of the COVID-19 vaccine. The paper integrates marketing principles, including advertisement and branding of consumer health technology with supply chain management, public affairs, and public health. A theoretical framework was presented to illustrate this relationship and key areas of concerns. The practical implications relevant to equity, ethics, education, employment, and the economic impact was presented.

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## 1. Introduction

With any new product coming to the market, there is an intense advertisement to counter the customers' doubt about its quality. Over seven effective vaccines have shown promising results in protecting people against COVID-19. From a marketing perspective, these are new products designed and purchased by various governments worldwide. These vaccines are made of assorted components and strengths—like many competing products in the market. Consumers (governments) must critically evaluate which product/vaccine offers the best protection at the cheapest possible rate. This presents an emerging global implication for the marketing of the COVID-19 vaccines and public health implications.

As a matter of urgency and public concerns, the pandemic has been presented as a well-recognised brand [7]; there are growing concerns around the risk of vaccine hesitancy, politicisation, and the public's attitude toward the vaccine [10]. There has been a call for more transparency to enable scrutiny and earn public trust [5]. Accurate messaging is required to overcome uncertainty and improve attitudes towards vaccination (Chen et al., [11]), as well as its equitable distribution among higher- and lower-income countries [8].

This piece is positioned within consumer behaviour construct using the AIDA hierarchy of effects model [3] to understand and theoretically explore the marketing, distribution and acceptance of these vaccines. This paper adds to the ongoing discussion around the provision, distribution, and administration of the vaccination. It provides thought-provoking insights for policymakers in managing the distribution, pharmaceutical companies in marketing their vaccine brands, businesses ensuring they effectively support their stakeholders and customers are supported n making an informed decision. The following section addresses this paper's theoretical positioning, followed by the implication for stakeholders and the conclusion.

## 2. The theoretical positioning

AIDA, a widely applied hierarchy of effects model which stands for Attention, Interest, Desire and Action, has often been adopted as a basic framework to explain consumer behaviour and how persuasive communication worked [3]. This commentary postulates a need to create awareness about vaccination, which primarily lies with the pharmaceutical companies, government, and other health organisations. This awareness is anticipated to raise interest in the vaccine, with individuals seeking information and hoping to make an informed decision. The desire to get vaccinated is increased by access to information and vaccines.

Extending AIDA to this present study, Fig. 1 provides a theoretical framework highlighting the pharmaceutical companies' role in providing vaccines for the government. There are several types of vaccines, and the governments of individual countries must negotiate the best deal, and the safest vaccines to meet their needs. What can be considered the best may not be measured by quality

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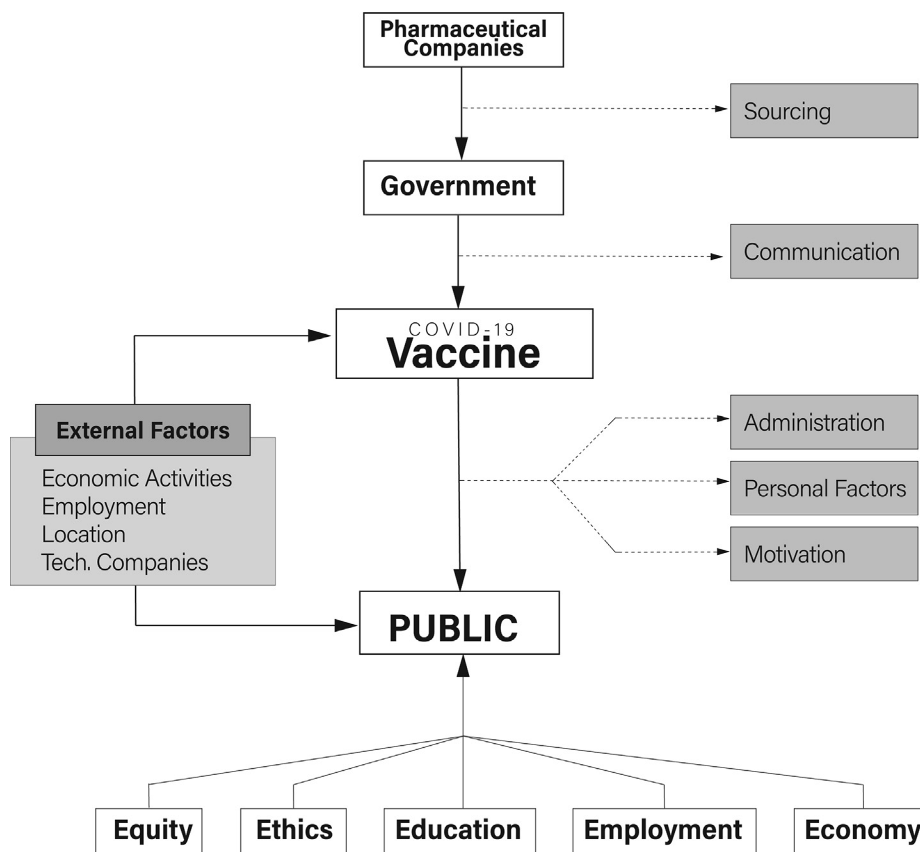


**Fig. 1.** Conceptual framework for marketing the COVID-19 vaccine and the implications for public health.

but the quantity and delivery time. The sourcing of these vaccines is important to consider.

Since governments have access to vaccines, it is essential to raise awareness and stir people's interest to get inoculated. The challenges involved in getting this done cannot, however, be overemphasised. People need to be vaccinated. All countries wish to vaccinate their citizens. We have seen efforts towards different priority lists and arrangements, but this still presents an ongoing issue. The personal factor, especially the belief and the conviction to receive these vaccines, is essential. Humans are not all the same—there are many people whose health status may not allow them to take the vaccines. McNeil and DeStefano [6] noted vaccine-associated hypersensitivity reactions and the risk of anaphylaxis after vaccination. It is essential to recognise this, and the side effects may not be fully known yet, especially for pregnant women [1]. Also, the motivation for getting the vaccine is essential. There will be many people who are not motivated nor have yet considered taking it. These people are considered 'vaccine uninformed', a derivative of vaccine non-adopters [9]. These individuals are uninformed about the benefit either because they are not essential workers on the front line or believe they do not need to be vaccinated.

External stakeholders possess a significant challenge, and there are substantial implications for public health. This theoretical framework emphasises businesses as critical stakeholders. Moreover, airlines and other transportation companies may ask people to show evidence that they have been vaccinated [2]. Many compare this mandate to the idea of proving they have been vaccinated against yellow fever, rubella and other diseases to enter certain countries. The airlines face the prospect of massive backlash if they insist on people showing evidence of vaccinations before travelling. There are challenges for other businesses, such as events and hospitality, to ensure that people are safe and control the spread of the infection. All these challenges can influence the individuals' desire to get inoculated.

There is also the possibility of employees being forced to take the vaccine. This primarily involves the health workers and those on the frontline. If the staff does not wish to receive the vaccine, what right does the employer have to force them? This may even apply to workers where the vaccine is not even available. Now, the third external stakeholder, which is the location. Vaccination may be available worldwide, but how equitably are these vaccines distributed [8]? What are the prospects for those living in developing countries or isolated areas having access to the vaccine? The last stakeholders here, according to this framework, are the technology companies that are eyeing the possibilities of presenting an electronic database and a COVID-19 immunity passport to ensure that the information concerning those who have been inoculated are kept up to date and possibly ease their travel restrictions [2].

This framework explains the interconnected relationship between the stakeholders, highlighting the challenges governments may face in sourcing suitable vaccines at the correct quantity to meet their citizens' needs. Ultimately, the individuals need to act – to get inoculated or not. Even when the vaccines are available, the administration, individual motivation and the public's wellbeing present an issue, coupled with many other external stakeholders with a vested interest. The subsequent section presents a critical and practical implication for addressing some of these issues.

## 3. Implications

Equity must be guaranteed. It may be not easy, considering many countries can lobby to receive the vaccine. Still, efforts

should be made to reach out to developing countries that may not have access in time. Nkengasong et al. [8] noted how Africans were left to die in the mid-1990s because they could not access the antiretroviral drugs to treat HIV. This history must not repeat itself. To further ensure impartiality, wealth should not be grounds for accessing these vaccines. There is a priority list, and the plan must be communicated, and people reassured that they would be treated fairly and receive their doses in due time.

Ethical issues also need to be considered. From an individual point of view—what right do they have to reject these vaccines? So far, there are no indications that this is compulsory, and therefore, an individual's wish must be respected as much as possible. It must not be forced on people as it will align with many of the conspiracy theories. This supports Su et al.'s [9] call for a better understanding of the 'customers' (i.e. end-users of COVID-19 vaccines) to ensure satisfactory vaccination rates and safeguard society at large.

Education is essential at this stage. The public must be made aware of the government's effort to vaccinate everyone. They should provide the public with the opportunity to ask questions and explore all the available options. This information should dwarf the ongoing negative narratives about vaccinations. Su et al. [9] advise that the public be provided with evidence-based educational messages before anti-vaxxers present their COVID-19 misinformation or disinformation.

Employers also need to be mindful of the role they play during this period. Many people may wonder how their companies will mandate them to take the vaccines [4]. If an employee does not wish to be vaccinated, an opportunity to discuss and share their concerns should be available. Companies need to update their policies to reflect this inherent challenge and reassure staff about the available support.

Economic implications are also recognised in this commentary, especially for the hospitality and tourism industry. There are growing possibilities that people may be asked to show evidence of vaccination before accessing their services. No doubt there may be a form of backlash and resistance; companies need to put measures in place to manage the situation. There ought to be enough awareness and communication about the company's stance and a justifiable reason.

## 4. Conclusion

The coronavirus vaccine is here. Many circulating conspiracy theories are to discourage and scare people from being vaccinated. There are concerns that many people in developing countries may not have access to the vaccine. This paper addresses the relationship between the stakeholders, presents critical public health implications, and extends AIDA four-step formula to create awareness about the vaccine, attract the public's interest, create desire in the vaccines, and ensure that individuals act accordingly being inoculated.

Ultimately these vaccines need to be marketed; like any other consumer health product introduced to the market, the pharmaceutical companies, health organisations and policymakers should endeavour to communicate and position the vaccine as an effective option to get things back to normal. Campaigns should be intensified to ensure people are reassured and motivated to get vaccinated. Businesses as well should consider their responsibilities towards their customers and employees with regards to enforcing inoculation. Individuals need to take responsibility for their well-being; they need to seek information and decide about taking the vaccine.

Future research is recommended to explore people's perception towards the coronavirus vaccine, the government's role in administering the vaccines; businesses approach towards the idea of 'no jab, no job' and the implication of vaccines passport.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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