

Global Pharmacovigilance The Safety of COVID-19 Vaccination in Pregnancy in LMICs Working Group Meeting: Coordinator Meeting

Minutes of the above meeting held on **Mon 30st May**, 10.00 UTC (11.00am BST) via Zoom.

Present

Ryan Walker, Akinmade Adepoju, Noon Ibrahim, Abdourahamane Diallo

Note: All working-group members who have expressed an interest in a co-ordinating role in this group were invited

Agenda

- 1 Introduction of New Members and Apologies
Participants of the meeting introduced themselves and their backgrounds. No apologies were noted.
- 2 Confirm Minutes of Previous Meeting
These minutes were agreed by the previous meeting attendees via email prior to this meeting.
- 3 Discussion

At the previous meeting, 'communication' was identified as a key area of concern. Do you still feel that this is an important topic for this working group to focus on?

It was agreed amongst all participants that that 'communication' relating to the safety of COVID-19 vaccination in pregnancy in LMICs remained a key area of concern and a topic for focus (as identified in the previous meeting).

Between which groups of pharmacovigilance stakeholders is communication a key concern?

It was acknowledged that communication can be improved at all levels of the pharmacovigilance ecosystem. At an individual level, good communication is an essential tool to reduce vaccine hesitancy in the general public. Organizations also have a responsibility to provide accurate safety information to healthcare professionals. Nevertheless, the general consensus was that face-to-face communications, in the community between healthcare worker and the general public, was the most important area for focus.

Why is improved communication relating to COVID-19 vaccination in pregnancy a priority?

Improving trust in healthcare professionals and systems was identified as an important reason to improve safety communication. This lack of trust in health systems in LMICs stems from multiple reasons, which can include a lack of accountability, and poor co-ordination.

It was also noted that poor communication skills can directly impact on vaccine hesitancy and vaccination coverage. Healthcare professionals must be empathetic, and take the time to explain the details of vaccine safely considerably. Listening to patients, and responding to their questions appropriately, is especially important.

Additional Comments

N. Ibrahim identified that environmental and political factors can affect perceptions of Healthcare Professionals and Ministries of Health, which in turn can affect vaccine hesitancy. A good knowledge of cultural, social and religious factors is important when considering safety communications. These considerations are important across all levels of the healthcare system.

A. Adepoju raised the importance of considering culture when communicating scientific and medical information. Communication and messaging must be tailored depending on the culture and background of the intended recipients. Literacy is also an important consideration. Effective communication is essential in raising confidence and trust amongst the general public in healthcare professionals, systems and medical interventions. Good face-to-face communication is especially important. In addition, it is important to educate healthcare workers regarding vaccination safety in pregnancy so that they are well-informed and able to respond to patient's questions and concerns.

A. Diallo offered experience from the SOLIDARITY and Ebola vaccine trials. Experts must pitch their language at the correct tone during community vaccinations, to remove trust barriers. Simple communications, good interpersonal skills and offering time to participants, are essential. Where possible, engaging community leaders in safety messaging is also important.

4 Next Steps

It was proposed that the group seeks to arrange a series of online training sessions, webinars, workshops or similar, given by experts or those with experience in pharmacovigilance communications in LMICs, and with particular consideration of vaccination in pregnancy.

In addition, a KAP analysis was suggested to identify knowledge gaps amongst the group, which will allow better targeting of training sessions and interventions when gaps are identified. Nevertheless, it was suggested that initial video sessions be organised regardless of whether a KAP analysis had been undertaken.

5 Group Merge

R.Walker identified that two of GPVs working groups, namely this group (Pregnancy) and another group (Children/Adolescents) discussed many overlapping themes in their initial meetings (communications/awareness of vaccination safety in these groups). There is also a large overlap in membership between the two groups. It was proposed that the two groups merge to create an overarching 'Safety of COVID-19 Vaccination in Children and Pregnancy' group.

It was agreed that the two groups could be merged, following agreement from members of the Child/Adolescent group. Good management of the overarching group will be important to ensure that activities for either of the initial groups are not neglected. It was suggested that on the GPV pages being developed for these groups, separate 'areas' could be featured for the two initial groups under an umbrella page.

6 Set Action Points for Next Meeting

- Identify individuals with experience to give presentations. A. Diallo has kindly offered to provide one of these presentations.
- Create an online space on Global Pharmacovigilance for group information
- R. Walker to suggest group merge to children and adolescent group.
- R. Walker to disseminate meeting minutes to all working group members and welcome further involvement in the coordinating group.

7 Agree date and time of the next meeting

The next virtual meeting will be held in approximately one month's time (w/c 27th June 2022, exact date to be decided closer to the time).