Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Uncoupling vaccination from politics: a call to action

Political polarisation in the USA is impeding vaccination of the population against SARS-CoV-2. Today, the lowest COVID-19 vaccination rates in the USA are overwhelmingly in Republican-leaning states and counties.[1] At a time when the delta variant is spreading, these are also the areas experiencing surges in admissions to hospital and intensive care.[1] If political divides on COVID-19 vaccination become ingrained, the consequences could include greater resistance to all vaccination and outbreaks of other vaccine-preventable diseases. Understanding and countering this trend are urgent public health priorities.

Historically, anti-vaccine rhetoric has had minimal policy impact because bipartisan political leadership strongly endorsed the safety and effectiveness of vaccines. However, in recent years, anti-vaccine activism has received support from some state-level Republican officials during legislative debates over bills to improve vaccine uptake.[2] Today, anti-vaccination groups have successfully married their cause to opposing other COVID-19 mitigation measures, including masking and physical distancing.[3,4] Misinformation is spreading through right-leaning media programmes and platforms, and on social media. Republican elected officials in multiple states have accepted the framing of vaccination as a matter of personal liberty, with several states passing laws prohibiting private businesses from requiring COVID-19 vaccination.[5]

Once a public health issue becomes politicised, walking back the partisanship becomes difficult, while addressing the challenge head on risks exacerbating the problem. Public and private sector leaders may fail to speak out, afraid of alienating a sceptical base.

This is a moment to prioritise health over short-term political calculations. SARS-CoV-2 is agnostic in whom it infects, and COVID-19 vaccines protect liberals and conservatives alike. Leaders across sectors of every ideological stripe should work together to promote vaccination.[6]

We recommend five short-term steps. First, diversify messengers. Public officials should recognise that when promoting vaccination, the messenger is as important as the message. Promotion efforts will be most effective when communicated from an array of trusted speakers and perspectives, especially outside of government.[7] Encouraging and supporting Republican leaders to amplify pro-vaccine messages are important priorities.

Second, draw on broad expertise. As COVID-19 vaccine hesitancy is not just a public health problem, public officials need to convene experts from the social, behavioural, and communication sciences to create comprehensive response strategies. Routine public health messaging alone will be insufficient.

Third, invest in research. Recognising that the politicisation of vaccines is now a problem of unprecedented scope and the dominant driver keeping down vaccination rates, public and private funders should invest in social and behavioural research to systematically monitor the phenomenon and develop solutions.

Fourth, counter purveyors of misinformation. Policy makers and professional organisations should examine available legal, regulatory, and private sector options to reduce the impact of well-financed organisations spreading misinformation. The US Government should solicit the expertise of agencies outside the health sector, including the Departments of Homeland Security, Commerce, Justice, and State.

Fifth, stop the misinformation. Conservative media outlets must stop amplifying falsehoods about COVID-19 vaccines. Advertisers should pull funding from programmes and websites that promote misinformation, as they put the lives of Americans and the health of our economy at risk. Social media platforms should enhance efforts to track, disclose, and stop the spread of misinformation.

The *Lancet* Commission on Vaccine Refusal, Acceptance, and Demand in the USA is co-hosted by the Yale Institute for Global Health and the Baylor College of Medicine. JMS has served as a health official in Democratic administrations at the state, local, and federal level. RMC has received research grant funding from the Novo Nordisk Foundation. RL reports grants from Pfizer, GlaxoSmithKline, SanofiPasteur, and Merck, and personal fees from BIO. DRR's family own stocks in GlaxoSmithKline, and she served in an unpaid, volunteer capacity on Moderna's ethics allocation committee. DAS reports grants from Merck, personal fees from Pfizer, and consultant fees from Janssen. PJH is a developer of a COVID-19 vaccine construct, which was licensed by Baylor College of Medicine to Biological E, a commercial vaccine manufacturer. All other authors declare no competing interests.

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COVID-19 research in LMICs

We read with interest the Correspondence by Irene Torres and colleagues,[1] and agree that the current scarcity in low-income and middle-income countries (LMICs) of vaccine to combat the COVID-19 pandemic is a failure of local governments, global solidarity, and multilateral instruments. However, regarding Torres and colleagues' comment that approving placebo-controlled trials in LMICs "sets the wrong precedent because approving such a trial should show that evidence can only be reached with this design",[1] we would like to extend this extremely important discussion. We note an unfruitful divide between the medical and public health communities on how to prioritise resources to address the pandemic; Torres and colleagues' comment feeds this scenario, especially in LMICs. Historically, LMICs are poor generators of their own biomedical research, and this pandemic is no exception (appendix). COVID-19 research produced in LMICs has been weak for reasons such as funding, ethical, and regulatory issues.[2] Therefore, being able to host and catalyse the local execution of cutting-edge and socially valuable research could have a positive effect in the long term across the fragile health systems of LMICs. This approach would also enable doing other kinds of much-needed research, such as clinical trials on repurposed commonly used drugs, disease surveillance through genomic studies, short-term and long-term effects of COVID-19 on all-cause morbidity and mortality, and policy evaluation studies of implemented strategies in LMICs to contain the COVID-19 pandemic. These efforts should be led by LMIC researchers, who should be given global scientific support.[3] As of May 28, 2021, the US Food and Drug Administration and the European Medicines Agency have granted an Emergency Use Authorisation (EUA) to five COVID-19 candidate vaccines.[4,5] Importantly, regulators issue EUAs on the basis of promising early interim data only; thus long-term safety and effectiveness monitoring phases are crucial to the final registration or licensure of a candidate vaccine. Furthermore, according to the Declaration of Helsinki (article 33), Council for International Organizations of Medical Sciences (article 5), and WHO Expert Panel, an EUA candidate vaccine cannot yet be considered a gold standard or the best-proven intervention.[6]

We recognise the ethical dilemma about doing blinded, placebo-controlled trials in the middle of having EUA vaccines. Nevertheless, technically speaking, an alternative research design would provide suboptimal evidence and could even delay the accumulation of pivotal data to properly tackle the COVID-19 pandemic. Overall, there are more benefits than drawbacks in promoting COVID-19 research in LMICs, even if using a placebo-controlled trial design. It is key that LMICs should be able to do high-quality clinical trials to be less dependent on high-income countries. Also, doing high-quality clinical trials could lead to important projects of innovation and the transfer of health-related technologies, which would make LMICs increasingly self-sufficient. We must learn from our current national and global failures in tackling the COVID-19 pandemic; otherwise, we will have wasted invaluable lessons learned for the next pandemic.

We declare no competing interests.

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