

SECURITY IMPLICATIONS OF THE COVID-19 VACCINE ROLLOUT MARCH 2021

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The vaccine rollout will continue to shape not only the trajectory of the COVID-19 pandemic, but also a variety of security risks, including misinformation, social unrest and crime. Our safety and security team have highlighted some of the things your crew need to be aware of over the next few months:



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Overview

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Misinformation

Despite vaccine rollouts in many countries, the proliferation of manufactured facts and conspiracy theories will undermine an effective and co-ordinated global response to the pandemic. Amid such misinformation and disinformation, some segments of the population will remain opposed to immunisation campaigns. This, in turn, will delay economic recovery and the return to normalcy, both of which carry broader security implications that vary across contexts.

In recent years, the proliferation of false information has been aided by several factors, including greater use of social media, increased distrust of government in some locations and technological advances in image- and video-manipulation technology. Within this context, the COVID-19 pandemic has provided fertile ground for conspiracy narratives, capitalising on the isolation, confusion and socio-economic upheavals brought by the virus. The vaccine rollout has expanded opportunities for misinformation and disinformation. Even before the pandemic, the anti-vaccine movement ('anti-vaxxers') had seen a rise in popularity, helping to bolster a resurgence of measles across the US and Europe.

Many people who remain opposed to COVID-19 vaccines have cited misinformation related to testing and side effects. For example, a false rumour spread in Senegal in April 2020 claiming that several children died after being vaccinated against COVID-19, even though vaccines had not yet been administered. That same month, social media posts circulated throughout West Africa claiming that an immunisation campaign was part of a plan by the West to destroy the continent through a poisonous vaccine. Religious concerns may also play a role in influencing a segment of the population to reject COVID-19 vaccines. In the UK, the authorities have collaborated with religious figures to dispel false reports circulating online that COVID-19 vaccines contain animal products, specifically pork and beef.

In addition to misinformation potentially reducing the number of people who get vaccinated, it will also spur protests by conspiracy theorists, so-called 'COVID-sceptics', and groups linked to the anti-vaccine movement. It could also encourage attacks on related infrastructure, such as immunisation centres. During the first few months of the pandemic, conspiracy theories linking the virus to 5G mobile phone networks prompted people in several locations to stage attacks on 5G towers and technicians.

In the US, anti-vaxxers blocked access in January to a mass vaccination site at Dodger Stadium in Los Angeles (California state), shouting verbal abuse at healthcare workers and patients whom they called 'lab rats'. A hospital employee in Wisconsin state the previous month was found guilty of destroying more

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than 500 doses of the vaccine. In the Netherlands, a crude bomb detonated in March at a drive-through COVID-19 testing centre in Bovenkarspel (North Holland province). The blast shattered nearby windows, but did not cause casualties. The bombing was the latest in a series of attacks on infrastructure in the Netherlands dedicated to countering the pandemic. In January, protesters set fire to a COVID-19 testing centre in Urk (Flevoland province), while the authorities discovered explosives in February at a testing site in Hilversum (North Holland).

Further attacks on vaccine supplies will occur **in the coming months**, involving both the physical destruction of doses and disruption of related supply chains, including through cyberattacks. Indeed, healthcare organisations reported a 51% spike in cyberattacks in December 2020 following the vaccine rollout. However, we anticipate this will be limited in scope and not have a significant impact on wider immunisation strategies. Such attacks are also likely to be closely linked to prevailing attitudes towards local governments' management of the crisis. For example, such attacks are less likely in East Asia than the rest of the world.

Social unrest

Immunisation campaigns will augment pandemic-related social unrest **in the coming months**. In locations where the vaccine rollout is well underway, protests calling for an accelerated relaxation of containment measures could occur. A perceived sluggishness or reluctance to match the pace of lifting restrictions to that of vaccination programmes could prompt gatherings, particularly in locations where restriction fatigue has been most prominent.

In Western countries, the most notable protest activity will be driven by far-right and/or anarchist groups. Such groups have organised gatherings in the past year over lockdowns, movement restrictions and the pandemic's economic impact. Although protests have been held in the US and Europe by a variety of groups, there is an increased risk of violence during gatherings by ideological groups, as evidenced by recent protests in Germany, the Netherlands and Spain.

Protests will also occur in countries where the pandemic and related restrictions have had an outsized impact on existing social, economic and political issues. In Senegal, for example, public anger over the arrest of an opposition leader was compounded by frustration with a worsening economy and ongoing movement restrictions, leading to sustained protests in early March. A harsh response from the authorities to crack down on protests will exacerbate unrest in such locations and make it more difficult for governments to enforce lockdowns and organise immunisation campaigns.

The following developments may prompt further disruptive and potentially violent demonstrations:

- **Reports of mandatory vaccination:** Although mandatory vaccination has not yet been implemented in any country, false rumours of imminent legislation have previously sparked protests in Brazil, the UK and the US, among others.
- **Imposition of restrictions for non-vaccinated individuals:** At least in the early stages of immunisation campaigns, it is possible that some workplaces and entertainment venues will require proof of vaccination to enter. International travel may be ruled by similar restrictions. Anti-vaxxer groups, as well as some civil rights advocates, may perceive such measures as an infringement on rights, prompting additional protests.

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- **False rumours of fatalities or significant side-effects of the vaccine(s):** Attempts by social media platforms to restrict the proliferation of such misinformation may be perceived as part of a conspiratorial scheme to suppress the truth. We anticipate that most such claims will instead be shared via private messaging platforms, making them more difficult to contain but ultimately less impactful given the reduced audience and accessibility of the information.

- **Reports of mass vaccination sites opening in a community:** The opening of COVID-19 testing facilities and hospitals has previously sparked unrest by people in surrounding communities in several countries, such as Cote d'Ivoire and the Netherlands. The establishment of mass vaccination sites may similarly provoke objections.

Separately, the vaccine rollout will also prove contentious in countries where the authorities are perceived to have mismanaged the pandemic or where the immunisation campaign is inefficient or has stalled. Such perceptions have already resulted in the resignation in January of Mongolian prime minister Khurelsukh Ukhnaa. In Brazil, recurrent protests have been held since the beginning of the year over President Jair Bolsonaro's downplaying of the virus.

Triggers for such demonstrations include:

- **Inefficient immunisation campaigns:** Related protests are most likely in countries with growing anti-government sentiment that have also recorded many COVID-19 fatalities. For example, despite opposition to the government in Thailand, the relatively small number of cases and fatalities indicate that renewed protest activity over the vaccine rollout remains unlikely. On the other hand, in Brazil, the risk of such demonstrations is much higher due to the scale of the crisis.

- **Reports of hoarding of vaccines and palliatives:** During anti-police brutality and anti-government protests in Nigeria in October and November 2020, participants stormed government warehouses after reports that state authorities had been hoarding supplies. We anticipate protests over vaccine stocks to occur in countries where corruption levels are high.

- **Corruption scandals over vaccine contracts and distribution:** Countries with high levels of corruption may also see protests in reaction to either reports of unequal distribution of vaccines (for example, state officials being prioritised over front-line workers or vulnerable populations, as was raised during recent protests in Lebanon) or the allocation of state contracts to organisations in charge of distributing the vaccine, organising related campaigns or infrastructure. Protests over corrupt practices in awarding contracts during the COVID-19 crisis have already occurred in Albania, Bosnia and Herzegovina, Honduras, Kenya and Zimbabwe, among others.

Crime

The vaccine rollout has ignited worldwide interest, including from criminal actors such as cybercriminals, scammers, local criminal gangs and transnational criminal organisations. Over the past year, cyberanalysts have identified a significant increase in online domains containing the terms 'coronavirus' and 'vaccine'. Many of these websites are, however, vectors for malware and phishing attacks, while others function as

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'marketplaces' for fake vaccines and other scams. In January, the Mexican government took down and publicly denounced a highly sophisticated and realistic website offering vaccines that replicated a large pharmaceutical multinational organisation, complete with organisation logos and Mexican government seals. In the UK, criminals have targeted vulnerable people with a scam demanding bank details and cash payments in order to obtain a vaccine. In India, the police arrested several individuals involved in manufacturing fake COVID-19 vaccines, and the Chinese government shut down a similar operation after it discovered that a criminal network had been selling counterfeit COVID-19 vaccines that were instead vials containing a saline solution. Counterfeit medication poses risks to the health of an individual from potentially hazardous substances, and by not providing immunity.

In addition to fake vaccines, counterfeit documents have also circulated on the black market amid government requirements in many locations for inbound travellers to produce COVID-19 polymerase chain reaction (PCR) test certificates to enter or proof of vaccination to reduce a mandatory quarantine period. Fake certificates are often sold at airports, as seen when the authorities dismantled criminal networks at London Luton Airport (LTN, UK) and Paris Charles de Gaulle Airport (CDG, France). Related criminals operating via messaging apps have also been apprehended in the Netherlands and Spain. Such operations tend to be present in towns along land borders and large traffic hubs, such as at the main bus terminal in Harare (Zimbabwe), or may be run out of hospitals, as seen in Dhaka (Bangladesh).

Finally, the risk that criminal groups pose to supply chains, including the theft of medical cargo, and even waste (i.e. empty vials), will increase **in the coming months**. In Mexico and other countries in Latin America, securing the vaccine supply chain will be particularly challenging due to the confluence of corrupt local municipal police departments and politicians and the presence of strong Transnational Criminal Organisations (TCOs). Trouble spots include areas of the Mexican Pacific and border regions where TCOs frequently implement roadblock with no interference from the authorities. In October 2020, criminals in Mexico stole thousands of influenza vaccines after the government suggested an imminent scarcity.

Similar incidents have occurred in Argentina, Colombia and Ecuador, where individuals and clinics have been found with both stolen medical equipment and unapproved treatments for COVID-19. In January, the authorities in Ecuador shut down a clinic in the capital Quito with medical equipment that had injected as many as 70,000 people with an unknown substance. These incidents highlight the adaptability of criminal actors and groups, who will capitalise on the increased demand and limited supply of COVID-19 vaccines and treatments.

Increased demand for medical supplies and vaccines may also translate into truck hijackings and thefts while parked - which continue to be the most common tactics in pharmaceutical theft - and facility break-ins. Countries that saw the most significant incidents of pharmaceutical theft in 2019 and 2020 include Brazil, India, Italy (particularly Apulia and Campania regions), Mexico and the US. We expect the trend to remain the same, with more activity in countries such as South Africa, where cross-border truck congestion and slow freight clearance already contribute to a high incidence of cargo theft.

Travel

Geopolitics and global economic inequality will also impact accessibility to the vaccine. Rich countries have been quick to buy up vaccine stocks, which has already resulted in delays for countries that cannot afford the more expensive vaccines. Additionally, limited social resources, inadequate health infrastructure and insecurity will also contribute to an uneven global immunisation effort.

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These factors have a direct effect on organisations' international operations. If travel restrictions are eased for those who have been vaccinated, people in countries that are unable to access vaccine supplies might encounter additional hurdles in operating globally and conducting business travel. In addition, some countries may not accept or recognise certain vaccines, further complicating international travel.

We have also noted that many organisations have used the vaccination rollout as a trigger for a potential return to work and domestic business travel. However, as the pace of immunisation programmes remains uneven and new variants emerge, various restrictions – both domestic and international – are likely to remain in place **over the coming year**.

Reccomendations for managers

- Ensure that your workforce has access to verified, apolitical and expert input on the security and medical concerns relating to the vaccine rollout, and that organisational decisions are made on this basis. Compile lists of trustworthy news sources and/or social media accounts to support information gathering and provide official communications to your workforce on immunisation.
- Closely monitor the spread of conspiracy theories and assess whether this raises additional risks for your workforce depending on their specific profiles and/or occupation. Consider providing additional support or training for those of your workforce who may be more vulnerable in specific environments as a result.
- Ensure that 'Return to Office' policies and procedures are clear and in line with the latest medical advice and local government guidance. Ensure that safety measures, such as wearing masks and maintaining social distancing, continue to be implemented, even once some of your workforce have received the vaccine.
- Reconfirm travel policies and ensure they align with local and international regulations. If requiring COVID-19 tests or vaccination certificates from contractors or those of your workforce returning to the office, implement a vetting process to ensure the validity of such documents.
- Retain agile business operations and decision-making, noting that vaccine rollouts and timelines will differ across the world, and that some restrictions will persist throughout the year.
- Monitor relevant security triggers in key locations, considering your specific organisation profile, as well as your workforce's profiles. Monitor and apprise your workforce of planned demonstrations that could result in disruption or violence.
- If involved in immunisation campaigns, or if encouraging your workforce to vaccinate, where relevant, consider engaging with local religious figures and/or community leaders to raise awareness, build community buy-in and limit the spread of misinformation.
- Take precautions against the increased risk of cybercrime. Be wary of any sites that you are unfamiliar with requesting money in exchange for a vaccine or COVID-19 treatment. Refer to official government websites for information on COVID-19 vaccines.
- If working in the distribution of vaccines, seek to mitigate the increased risk of crime by undertaking enhanced due diligence checks on collaborators and subcontractors. Map out vulnerable areas in the operation, undertake thorough risk assessments and train your workforce through simulation exercises.

This Report is a joint product of our regional security professionals based in Asia, Europe, the Middle East, Africa and the Americas, in conjunction with their regional counterparts from the Medical Intelligence teams, overseen by globally focused health and security professionals. For follow-up questions about the assessments or recommendations in this Report, please call your dedicated line and ask to speak with the Regional Security Centre.

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