Branding COVID vaccines: A nightmarish journey for branding practitioners?

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Abstract
Branding practitioners must be having bad dreams after watching products that are experiencing the highest demand ever, selling billions of units for billions of dollars and that are used by the majority of the world’s population carry brand identities that were not conceived, researched, tested or, apparently, given even two minutes of consideration. COVID vaccines that have been authorised or approved do not carry anything close to unique, creative, constructed trademarks or brand images. They are known — and very boringly so — for the names of the companies that developed them or are commercialising them or sometimes for the underlying technology, eg ‘mRNA’. This paper reviews some of the dynamics that got us here and discusses possible implications moving forward.

Keywords
branding, brand architecture, marketing, commercialisation, vaccines, COVID, pharmaceuticals

INTRODUCTION
Branding practitioners must be having bad dreams after watching products that are experiencing the highest demand ever, selling billions of units for billions of dollars and that are used by the majority of the world’s population carry brand identities that were not conceived, researched, tested or, apparently, given even two minutes of consideration. We are talking about vaccines for the COVID-19 coronavirus, of course.

We do not need to discuss here the COVID-19 pandemic that the whole planet is dealing with; suffice it to say that the scientific and bioengineering advances leading to the development and manufacturing of multiple innovative vaccines have been one of the brightest moments in the history of public health and medicine and that the scientists and biotechnology engineers, both in public institutions and in pharmaceutical and biotechnology companies all over the world, have much to be proud of.1

THE PRODUCTS AND THEIR BRANDING
The products of this exceptional scientific, manufacturing and supply chain work are
contained in very small glass vials of clear liquid to be administered in very small quantities to much of the world’s population. Had these products followed the normal development, commercialisation and marketing process, they would most likely have been subjected to lengthy, sophisticated and costly brand development and brand architecture processes that readers of this journal are very familiar with and that, in the case of pharmaceuticals, often end in tongue-twisting names and cliché images of people involved in daily activities.

Every other vaccine for other conditions introduced in the last two or three decades likely went through comprehensive branding pathways similar to those of other pharmaceutical products; examples of such recent vaccines include Prevnar®13, Pfizer’s vaccine for pneumococcal pneumonia2; Gardasil®9, Merck/MSD’s vaccine for Human Papillomavirus (HPV) and prevention of certain HPV-related cancers3; and Shingrix®, GSK’s vaccine against shingles.4 Each of these vaccines has a commonly known brand name and has distinct branding elements associated with robust images; they all benefit from comprehensive omnichannel marketing campaigns built on their recognisable image among relevant audiences. In fact, it is likely that very few people know the generic names of these vaccines and most probably do not even know their manufacturer — or confuse them with each other. (Note that these are the US trademarks for each of these vaccines, which may vary in some countries.)

This brings us to the COVID vaccines that have been approved or are completing the necessary registration clinical trials in the USA, the EU, the UK and other markets. Most do not carry such unique, creative, fundamental trademarks or branding elements even after achieving unparalleled sales and distribution. Most of them are known, very boringly, by the names of the companies that developed them or are commercialising them. In a few cases, they do have a brand name associated or names have been announced, but these are not broadly disseminated, and there has not been a significant effort yet to promote them by their brand names.

As of this writing, there are close to 240 vaccine candidates in development5; here are a few of those approved or close to approval and therefore better known.6

Some interesting observations:

- COVID vaccines, with some exceptions, are referred to in the market place by the names of the companies commercialising them, which in some cases are not even the companies that developed them. Take the ‘Pfizer vaccine’, for example; it was not discovered or originally developed

<table>
<thead>
<tr>
<th>Common ‘brand’/identifier</th>
<th>Company(ies)</th>
<th>Vaccine known as</th>
<th>Brand name</th>
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</thead>
<tbody>
<tr>
<td>BNT162b2</td>
<td>Pfizer, BioNTech, Fosun Pharma</td>
<td>‘Pfizer’</td>
<td>Comirnaty</td>
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<tr>
<td>mRNA-1273</td>
<td>Moderna, BARDA, NIAID</td>
<td>‘Moderna’</td>
<td>Spikevax</td>
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<td>AZD1222</td>
<td>AstraZeneca, BARDA, Oxford</td>
<td>‘AstraZeneca’ or ‘AZ’</td>
<td>Cowishield, Vaxzevria</td>
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<tr>
<td>JNJ-78436735</td>
<td>Janssen vaccines (Johnson &amp; Johnson)</td>
<td>J&amp;J</td>
<td>N/A</td>
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<td>NVX-CoV2373</td>
<td>Novavax</td>
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<td>Sputnik V</td>
<td>GRI (Russia)</td>
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<td>Sinovac</td>
<td>Beijing Institute of Biological Products, Sinopharm (China)</td>
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<td>CoronaVac</td>
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<tr>
<td>CVnCoV</td>
<td>CureVac, GSK</td>
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by Pfizer but by Biopharmaceutical New Technology or BioNTech, a German biotechnology company. BioNTech entered into a development and commercialisation partnership agreement with Pfizer. As a fallout of this agreement, Pfizer has become the market-facing entity, and, therefore, the vaccine has picked up the ‘Pfizer vaccine’ moniker. Likewise, the vaccine from Moderna, although it did not have the same kind of partnership with a large company as BioNTech did (though they did receive different forms of funding support), similarly received a company-identified ‘Moderna vaccine’ moniker. And, lastly, the Johnson & Johnson vaccine followed the same pattern, which we all know as the ‘Johnson & Johnson vaccine’.

- Remarkably, the two countries in the world arguably least associated with commercialism, marketing and branding solidly branded their vaccines from the very beginning, Russia with Sputnik V and China with Sinovac.
- In the case of Russia, the effort has been entirely governmental, so it would have been incongruous to attribute a company name to it. They chose, however, a traditional marketing approach from the very beginning with the name Sputnik V for ‘Sputnik Vaccine’, bearing a logo and a distinct, albeit clinically meaningless, product positioning tag line — ‘The First Registered COVID-19 Vaccine’.
- In the case of China, they branded their vaccine Sinovac, after the name of the development partner Sinopharm. Note, however, that the vaccine is referred to by this brand name and not as the ‘Sinopharm Vaccine’, as would be the case if they had followed the same fates described previously for the Pfizer and Moderna vaccines.
- Another case is Johnson & Johnson, which has not yet established or communicated a brand name for their vaccine. This, coming from a company that is masterful in the field of branding; after all, they own Tylenol®, Imodium®, Listerine®, Band-Aid® and many more. Intriguingly, the parent company is Johnson & Johnson, but the actual company and operating unit responsible for the vaccine is Janssen; yet no one refers to their vaccine as the ‘Janssen vaccine’.

A contrasting observation is in the market that is adjacent to the COVID vaccine market and covers the realm of ‘therapies’ for COVID. Therapies are products that are administered once someone has COVID to help with the infection or with its health consequences, instead of preventing the infection from taking over in the first place.

Three products come to mind in this category: dexamethasone, remdesivir and ‘the Regeneron cocktail’. In the case of dexamethasone, no case can be made for a branding effort; it is an old anti-inflammatory steroid, developed in the 1950s by Merck/MSD and originally branded as Decadron®; it is not receiving any marketing support. The case of remdesivir is more interesting as it is a recent, patent-protected, product from Gilead and one that received a great deal of attention in the first 6–8 months of the pandemic. It would be difficult to find anyone who knows this product by its actual brand name, Veklury®. And the third example is, perhaps, the most interesting one. People and news reports have referred to the product as ‘Regeneron’, which is the company’s name (and they make other products), or the ‘Regeneron Antibody Cocktail’. In actuality, this product is a mix, or cocktail, of two antibodies, casirivimab and imdevimab — neither of which has a brand name.
It should be noted that, as of this writing, companies are finally developing and announcing brand names for their vaccines, and in the USA they will likely slap those names on the vaccines only once they receive full approval from the U.S. Food and Drug Administration (FDA). Some of the announced names are as follows: Comirnaty® for the Pfizer and BioNTech vaccine; Moderna has chosen Spikevax® for Europe; AstraZeneca picked Vaxzevria®, also for their European release. It is unclear whether these companies will use these names in the USA and around the world.

EVALUATION AND IMPLICATIONS

It is worth exploring and understanding some of the internal and external dynamics that resulted in such an unusual product launch and branding situation. There are three main factors:

1. Timing

Normally, in the world of pharmaceuticals, including vaccines, the timelines involved in preparing for commercialisation tend to include three to five years of active marketing work, with branding alone taking up to two years. Even the last stretch between submission for regulatory approvals and launch can take 8–12 months. This type of timeline enables proper strategy development, branding, testing and related tactical planning.

Clearly, this has not been the case with COVID vaccines as they are addressing a pandemic that appeared out of nowhere, products that were developed in a matter of months, and emergency authorisations that took just a few short weeks. The focus for companies was to move forward in unprecedentedly fast ways, running large, costly and risky clinical trials as well as undertaking huge manufacturing and supply chain investments. Also, unusually, companies started making millions of doses before even completing clinical trials in a novel risk-taking paradigm. The priority and the critical success factors were simply not in marketing or branding.

Some implications and questions are as follows:

- Given that the company monikers ‘Pfizer vaccine’ or ‘Moderna vaccine’ are so deeply entrenched everywhere in the product’s ecosystem, will the new brand names have any chance to establish themselves and build their individual identities?
- As discussed further on, patterns of virus mutation will likely result in the need for new vaccines. Will there be enough time to establish the new marks, or will the effort be wasted as those vaccines are replaced and become obsolete?
- Are there implications for other industries where products were firmly established with one brand and there was a desire or need to change the brand?

2. Potential for confusion

Every one of the companies involved is researching and developing other COVID vaccines, in an effort to either improve efficacy or handle variants of the virus that have been appearing. In fact, as we know from influenza, or the flu, viral genetic evolution is highly likely, and, therefore, new or modified vaccines will be needed along the way.

Furthermore, some of the brands that have been reported for the existing vaccines have descriptive components that will be hard to extend. Moderna’s Spikevax® is named after the ‘spike’, which is distinctive in the COVID virus.
Some implications and questions are as follows:

- The use of a company name to brand a product puts the company in a bind as it comes up with more products and will have to explain that, eg some future ‘Pfizer vaccine’ is not really the same Pfizer vaccine as the one we have known so far;
- Will companies use a strategy of derivatives and extensions for their new vaccines? Will Moderna call their next one Spikevax®II or something different altogether?

3. Who is in the driver’s seat?

Life sciences companies typically involve commercial (or marketing) teams early in the process leading to launch. How early in the process is a matter of company culture, leadership and other factors, but marketing often becomes involved at least 24–36 months before launch — and, hopefully, much earlier. These processes can be crucial for the success of a product, even if sometimes flawed, as described in this author’s paper in this journal (*Trust-based marketing leadership: What senior leaders should be focusing on during brand plan reviews*).

As a product gets close to market and gets launched, the main players become commercial, manufacturing/supply chain and medical affairs.

In the case of COVID vaccines, this model has been completely disrupted in ways that include the following:

- The CEO and the executive suite being intimately involved in all aspects of the effort.
- The limelight shone on a few important functions — other than marketing: clinical research, manufacturing, supply chain, government relations, public relations.
- In some cases there was no time to form a marketing team — although this is changing as products get close to formal FDA approvals.
- Corporate public relations and government relations became the de facto marketing functions, and since their emphasis is on corporate branding, it is no surprise that all communications, and therefore perceptions, have been at the corporate level.

Some implications and questions are as follows:

- How will marketing make the case to take over market-facing efforts after the enormous success of the company-branded practice managed by non-marketing functions?
- Has the science and corporate-focused C-suite lowered their perception and respect for branding, having been so successful without it? As one executive remarked, ‘[W]e are learning that in some cases products can sell for themselves’.
- Will investments be approved commensurate with the need to establish new brand names in a market with entrenched ones? Completely changing a brand is likely much more expensive than establishing one in the first place.

4. Customers

In branding, next to the product itself, we always consider the customer, ie the decision maker, as the basis of branding strategy and architecture. The direct customers of these public health-driven vaccines are not consumers or even physicians, but governments and health systems. At least for now, consumers cannot ask for a vaccine by name. The current dynamic is that governments preferentially select a vaccine, establish vaccination strategies and distribute the vaccines for local administration.

This means that, essentially, vaccines become commoditised products,
putting in question the fundamental need and place for trademarks and typical branding elements.

Some implications and questions are as follows:

- At some point in the not-too-distant future, governments in some countries like the USA will likely step back from their role as purchasers of all the vaccine needs of the country and relinquish the private healthcare markets to private or semi-public systems. Will these central buyers select or prefer multiple vaccines or only one, as is the case with vaccines for other diseases? If there is no consumer choice, then what is the role of branding?
- Given the passion around vaccination for COVID, are there situations where consumers will have a new, elevated role in product selection and therefore be responsive to branding and marketing efforts?

5. Emergency Use Authorization (EUA)

In the USA, both vaccines and therapeutics received a special form of authorisation for sale and use called Emergency Use Authorization. According to the FDA, an Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.

Under an EUA, the FDA places limitations on marketing, advertising and press releases about the authorised products, creating yet another reason for diminishing the importance of branding.

Some implications and questions are as follows:
- Once a product is formally approved, this restriction will go away; however, by then the products will have been well entrenched in terms of their branding, as described previously, and it will be difficult and costly to evolve their branding to a formal trademark.
- What will the marketing dynamics be of a market composed of a combination of vaccines that are sold under EUA and that are not actively marketed and vaccines that have full approval and that are actively marketed?

6. Reputation

For years, the pharmaceutical industry has suffered a dismal reputation everywhere, especially in the USA. This poor reputation has been paradoxical in that there the industry has produced extraordinary innovations that have improved the quality of life and even extended it.

The remarkable development of vaccines and therapeutics against COVID has, very quickly and somewhat surprisingly, elevated the standing of this industry. One possible reason for this may be the clear corporate branding — and accompanying PR — of COVID-related products.

Some implications and questions are as follows:
- For how long will this enhanced industry or company reputation last? There are already some signs of it reverting to lower levels.
- Can companies, and the industry, leverage the higher reputation across other segments of their business?
How does one do that? Are there corporate and industry branding enhancement opportunities? How will they be realised?

CONCLUSION
The trends and observations described in this paper, in contrast to traditional branding, come from the set of peculiar and unique market conditions for COVID vaccines. If these reasons are indeed unique, then branding practitioners have nothing to lose sleep over. There may, however, be lessons learned here that could shape branding or brand communication efforts in the future.

References