

NUFFIELD COUNCIL ON BIOETHICS

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Nuffield Council on Bioethics submission to the Public Accounts Committee inquiry into COVID-19: Planning for a vaccine Part 1: preparations for potential COVID-19 vaccines

The Nuffield Council on Bioethics is an independent organisation tasked with identifying, examining, and reporting on ethical questions raised by recent advances in biological and medical research. Over the past 29 years, the Council has achieved an international reputation in advising policy makers and stimulating debate in bioethics. We aim to inform policy through timely and thorough consideration of ethical implications, engaging a wide range of people in discussion, and helping to ensure that the benefits for society of developments in bioscience and medicine are realised in a way that is consistent with public values.

The Nuffield Council on Bioethics believe that the ethical dimensions of vaccine prioritisation need more careful examination. As we have argued throughout the pandemic: policy decisions cannot be determined by science alone but must involve much wider consideration of values. Below, we have identified a number considerations relating to vaccine allocation and prioritisation for your call for evidence on the first stage of the UK's vaccination programme.

Considerations for vaccine prioritisation and allocation

Governments must be transparent about their prioritisation strategies for delivering vaccines within their own countries. Good communication about the values, evidence, and criteria behind the decisions is key so that the public are aware of why certain people are being prioritised, in the case of limited supply. Ideally, public engagement should be included as part of the decision-making process.

International cooperation and collaboration across all different sectors is also essential to ensure fair and equitable access to COVID-19 vaccines across the world.

Who should get the vaccine first?

Determining who should be given priority requires careful deliberation and informed planning with learning from past pandemics. Factors to consider include:

- understanding which groups are at greater risk of serious effects of COVID-19
- understanding which groups are at greater risk of infection with COVID-19
- understanding how and where transmission takes place
- understanding how the vaccine works – and in particular the scope for preventing transmission as opposed to preventing serious disease

Any decision about how to allocate limited or scarce resources needs to be made fairly. In addition to the scientific evidence, decisions about who should be prioritised need to be informed by ethical principles.

What principles/values should guide decisions?

There is a range of different values to be taken into consideration when setting priorities for access.

- **Maximising benefit and minimising harm:** allocation should maximise the benefits of vaccination - but how should we interpret that? Will the greatest benefit be to vaccinate those

at high risk of infection and morbidity and mortality, and so save the greatest number of lives? Or would it be to prioritise essential workers or younger people and so reduce the spread of the virus (assuming it limits transmission) and minimise social and economic disruption?

- **Equal respect:** Whilst prioritisation is necessary where resources or supply are limited, how do we justify some groups being prioritised over others whilst ensuring that the interests of all individuals and groups are treated with equal consideration?
- **Equity:** how should prioritisation decisions take into account the fact that some groups have experienced particular disadvantage as a result of COVID-19, and what action needs to be taken to mitigate such disadvantage and avoid exacerbating it?
- **Reciprocity:** should those who have borne additional risks and burdens of COVID-19 - e.g. healthcare workers (including cleaners and porters), those enabling public transport systems and supermarket workers - be given higher priority than others?
- **Transparency:** are decisions being made clearly, on the basis of commonly shared values, and with appropriate consultation of affected parties?

How might vaccine allocation affect health and social inequalities?

There is clear evidence about the disproportionate impact of COVID-19 on groups in the UK already affected by unmet health needs, such as poorer and BAME communities, those living in care, and those with learning disabilities. The implications of vaccine allocation strategies for disadvantaged groups require careful consideration to avoid exacerbating existing inequalities.

What can be done to ensure fair vaccine allocation globally?

Policies for fair and equitable access to treatments and vaccines need to be in place prior to or concurrent with their development and distribution.

The competition for resources and the cost of a vaccine will likely mean that already disadvantaged countries will be most negatively impacted. The UK government has managed to secure deals on several leading vaccine candidates, equivalent to five doses per head of population. By contrast, Oxfam analysis reveals that Bangladesh has so far secured only one dose for every nine people. Purchasing monopolies or the prevention of medical exports are likely to have a humanitarian impact on countries whose economies and health systems are already fragile.

We need **transparency in deals and agreements** that are being made, with coordinated purchasing globally to ensure that deals are motivated by allocating doses to those most in need, without cost being a barrier.

Should the public have a say on vaccine prioritisation?

States will have to make decisions based on empirical evidence or values. Ideally, this would be extensively discussed, analysed, and tested via public consultation, so that those affected by the decision have an opportunity to input on an ongoing basis. Costs and benefits for all groups need to be carried out as thoroughly as possible. This should include thinking about occupational exposure as well as clinical vulnerability, e.g. are hospital porters and cleaners given the same priority as doctors or nurses? It is through such public involvement that shared public values can be identified and public trust and engagement can be fostered.

Hugh Whittall
Director
Nuffield Council on Bioethics