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Ensuring fair allocation of a SARS-CoV-2 Vaccine

Summary: SARS-CoV-2 is a global threat to our health and our response requires collective global action. A safe and effective vaccine, distributed fairly across the world, is probably the best method for achieving control of the pandemic. The allocation of an available vaccine should aim to bring about the best possible global benefit. This means that allocation must be non-discriminatory, should seek to protect the most vulnerable, and can be justified through appeals to solidarity and justice.

Problem: When a vaccine is developed, demand will outstrip immediate supply and difficult decisions regarding prioritization will be necessary.

Policy Question: What ethical principles should guide the global allocation of a SARS-CoV-2 vaccine?

This statement seeks to articulate how a SARS-CoV-2 vaccine should be distributed fairly at the global level. The use of a clear, consistent, and transparent allocation method contributes to public trust; which is essential to pandemic response and the success of immunization programs as a whole.

We assume that any SARS-CoV-2 vaccine will meet appropriate safety and effectiveness standards and that previous work has assessed needs within countries in relation to the population, high-risk groups, and health infrastructure capacity.

Answer: Any SARS-CoV-2 vaccine must be distributed fairly across the world.

This is justified because:

- a) Freedom from infection is a *global public good*. Such a good is shared across the world, we all benefit if we can control SARS-CoV-2, and this can only be done by approaching this issue as a global problem and acting in solidarity to address it.
- b) The COVID-19 pandemic is a humanitarian crisis, a threat to global security, and to individual and collective well-being. Vaccine distribution must be coordinated globally to effectively *minimize the harms* associated with COVID-19.
- c) Global capacity to manufacture vaccines is unequal. More than 80% of the global population currently lives in low- and middle-income countries. Justice requires that we should focus on *equity* and ensure that people are not disadvantaged from a chance of receiving the benefit of a vaccine because of where they happen to live.
- d) This approach is underpinned by the *right to health of all people*, as expressed in Article 25 of the UDHR:

“Everyone has the right to a standard of living adequate for the health and well-being of [themselves and their] family, including ...medical care ... [and that] every individual and every organ of society ...shall strive ... by progressive measures, national and international, to secure [its] universal and effective recognition.”

The Allocation of Vaccines should be based on the following approach:

Fair allocation of vaccines should aim to bring about the greatest benefit from vaccine use in reducing global mortality and morbidity.

- Distribution should be based on sound infection control principles associated with immunization programs and the best available evidence (e.g. epicenters of current outbreaks)

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- Prioritization of people living in countries/regions with inadequate capacity to respond to the pandemic using non-pharmaceutical interventions (e.g. social distancing)
- Prioritization of those essential for maintaining and restoring healthcare systems, outbreak response and societal functioning

Any allocation should be non-discriminatory.

Each country, group or person's interest should count equally unless there are good reasons that justify the differential prioritization of vaccines (e.g. prioritization of particular countries or groups to maximize benefits).

Vaccines should not be arbitrarily distributed or withheld on basis of irrelevant individual or group characteristics such as "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation"ⁱ.

Any allocation should protect the most vulnerable from harm.

Prioritize people who are the most vulnerable biologically and/or socially to the effects of COVID-19. This applies to distribution between countries and within countries; and can include those whose vulnerability is a result of inequities in health and wealth or other prior injustices.

ⁱ Committee on Economic, Social and Cultural Rights, General Comment No. 20, Non-discrimination in economic, social and cultural rights; 2009.

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