

ACP Statement on Global COVID-19 Vaccine Distribution and Allocation: On Being Ethical and Practical

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Physicians, as members of a professional community, have individual and collective obligations to advocate for the health and well-being of patients and communities. The ACP Ethics Manual states, “Physicians have an important role to play in promoting health and human rights and addressing social inequities” (1); this applies locally and globally (2). **Recognizing the ethical responsibility to assist others in minimizing mortality and morbidity from COVID-19, the American College of Physicians supports immediate ramping up of supply for distribution of COVID-19 vaccines equitably among and within countries in need.** This is an ethical imperative, but also aligns with self-interest, as the practical reality is the pandemic will not abate while regions of the world have unchecked viral spread.

Ethical and equitable allocation of vaccine has presented challenges in the US; the rest of the world faces this, too. More than 85% of the world’s population lives in low- and middle-income countries, with additional challenges of access to COVID-19 vaccines. At present, for example, the pandemic is severely affecting Brazil and India, where only nine percent and three percent of the populations, respectively, are fully vaccinated (3). The COVID-19 Vaccines Global Access initiative, or COVAX, aims to support procurement and delivery for 2 billion vaccine doses by the end of 2021. The scale and scope of COVAX is unprecedented. However, even with this effort, estimates suggest that it will take years to ensure entire communities are protected against COVID-19 (4)-- a pace that does not meet urgent and ongoing need.

A coordinated global response is required. Otherwise, a continuous cycle of transmission, mutation, and variant strains will continue to threaten health and well-being and vaccine effectiveness. The US experience with the President’s Emergency Plan for AIDS Relief (PEPFAR) during the HIV/AIDS epidemic provided practical global solutions that enabled access to life-saving medical technologies. PEPFAR demonstrates how even one country’s leadership, motivated by a sense of ethical responsibility, can make possible the rapid delivery of existing high tech medical solutions, including prevention strategies and treatments, in resource-limited settings (5).

The most urgent need is for rapid scale up of efficient, safe, and effective vaccines, and quality-assured production of approved COVID-19 vaccines. Vaccine manufacturing is a complex process, more complex than small molecule medications, and rapid scale up will require cooperation among national regulatory authorities and vaccine manufacturers globally. In addition, some settings lack the cold chain infrastructure necessary for distributing particular vaccines, limiting their reach. As a result, support for infrastructure development is needed.

There is an ethical obligation to support distribution of vaccines to countries most in need.

Some countries have good vaccine supply and good control of the pandemic; some, poor vaccine supply but good control of the pandemic (or they have not been greatly affected); and others have poor vaccine supply and are in the grips of the pandemic with high rates of death and severe illness. It is the third group for which the need is greatest and where our immediate attention and action should be focused.

Ongoing vaccine innovation and pipelines may also be needed for different modes of vaccine administration and techniques of development and manufacture; in response to emerging virus variants; and with attention to legal and other concerns. Single dose vaccines that are easier to transport and store (ideally without refrigeration) can assist rapid global deployment. People in low- and middle-income countries should have access to high quality, effective vaccines appropriate to their circumstances. Global coordination will require ongoing surveillance of vaccine effectiveness and adverse events to inform future vaccine innovation. Effective strategies are also needed to manage liability and chain of custody concerns to enable countries with vaccine stockpiles to share them with other countries in greater need (prioritized by their rates of COVID-19 deaths and severe illness). Pricing varies among vaccines (6) creating challenges for access and the sustainable financing of initiatives like COVAX that serve a critical role in purchasing vaccines and promoting access for all.

Within countries, ACP supports vaccine distribution plans that are based on medical criteria (i.e., risk of morbidity/mortality and risk of COVID-19 transmission)(7). Plans should be developed through transparent and inclusive processes, consistently applied, and include accountability mechanisms to ensure they are followed. Prioritizing preventive services differs from prioritizing treatments, as ACP noted for vaccine distribution policy for the US. In allocating treatment resources, ACP has said maximizing benefit means prioritizing those most likely to survive. But in allocating preventive services such as vaccines, maximizing benefit means prioritizing those most likely to become severely sick or die (7). Based in principles of nonmaleficence, beneficence, and justice, vaccine allocation should:

- 1) First, maximize benefit to individuals: save the most lives, care for those most in need and then,
- 2) maximize benefit to public health: prevent infection and transmission to others.

To promote equity, special efforts may be necessary to deliver vaccines to marginalized and underserved populations (recognizing that how these populations are defined is local context-specific). Discrimination against classes or categories of patients is unethical (1) and measures must be taken to prevent it. Also, reflecting physicians' duties to care for all patients without discrimination, ACP cautions against approaches that systematically disadvantage certain groups of patients, including the "life years" approach, which is biased against older individuals or those living with disabilities, or approaches based on perceived social worth or economic value. The goal should be to maximize lives saved, using a science-based data-driven approach.

In some communities globally, promoting equity may require proactively addressing historical distrust of medicine in general or vaccines in particular and the promotion of informed patient decision-making. Physicians can assist, consistent with their obligation to promote timely and accurate information about health (1), including vaccination.

ACP believes it is critical that the global distribution of COVID-19 vaccines be coordinated in order to rapidly expand vaccine production, to ensure vaccine distribution to countries most in need, and to promote accessibility and affordability. Global distribution of COVID-19 vaccine has been characterized by rapidly changing circumstance and the potential for conflicting values or worldviews. The commitment of the medical profession to the health, well-being and equal worth of all individuals, however, is timeless. Distribution of COVID-19 vaccines and other assistance must be immediate and should align with this commitment.

References

- (1) Sulmasy LS, Bledsoe TA; ACP Ethics, Professionalism and Human Rights Committee. American College of Physicians ethics manual: seventh edition. *Ann Intern Med.* 2019;15;170:S1-S32.
- (2) DeCamp M, Lehmann LS, Jaeel P, Horwitch C; ACP Ethics, Professionalism and Human Rights Committee. Ethical obligations regarding short-term global health clinical experiences: An American College of Physicians position paper. *Ann Intern Med.* 2018;168:651-657.
- (3) Coronavirus (COVID-19) Vaccinations. Our World in Data. Accessed May 24, 2021. Available from: <https://ourworldindata.org/covid-vaccinations>.
- (4) Katz IT, Weintraub R, Bekker LG, Brandt AM. From vaccine nationalism to vaccine equity-finding a path forward. *N Engl J Med.* 2021;384:1281-1283.
- (5) Fauci AS, Eisinger RW. PEPFAR - 15 years and counting the lives saved. *N Engl J Med.* 2018;378:314-316.
- (6) So AD, Woo J. Reserving coronavirus disease 2019 vaccines for global access: cross sectional analysis. *BMJ.* 2020;371:m4750.
- (7) American College of Physicians (ACP) Policy Statement on the Ethical Allocation of Vaccines During Pandemics Including COVID-19. Approved November 23, 2020. Accessed May 7, 2021. Available from: https://www.acponline.org/acp_policy/policies/acp_policy_ethical_vaccine_allocation_covid-19_2020.pdf.