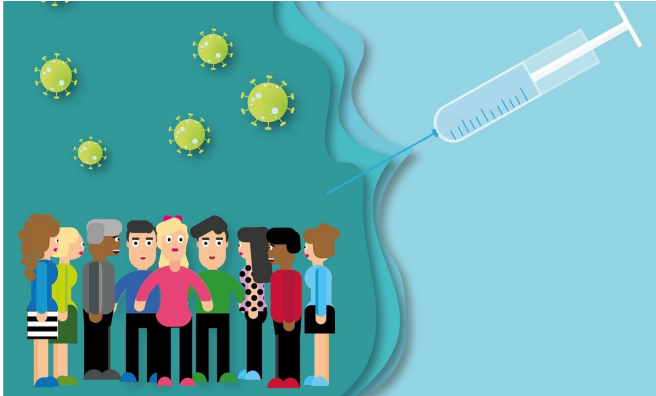


What is the best way to share out a future COVID-19 vaccine?

4 September 2020



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An international group of ethicists on Thursday criticized the World Health Organization's goal of distributing coronavirus vaccines to treat 20 percent of each country's population, proposing instead what they said was a more equitable system of distribution.

In an article published in the journal *Science*, US professor Ezekiel Emanuel and more than a dozen experts from Britain, Canada, Australia, Norway and Singapore suggested giving priority to countries where outbreaks are the most serious.

The first task is "minimizing the number of premature deaths," Emanuel, chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania, told AFP.

The group likewise refutes the idea that allocations of the [vaccine](#) should be in line with the number of medical workers or [elderly people](#) in a country, something that would automatically favor developed countries.

"Who has a lot of health care workers and who has a lot of elderly over 65? Rich countries," said

Emanuel, who was an architect of president Barack Obama's health care reforms.

The experts' system, which they call a "Fair Priority Model," starts by calculating the number of years of life that will be added in a given country by the delivery of a million vaccine doses, for example.

Peru, where COVID-19 mortality rates are currently very high, and the United States, where the virus continues to kill a thousand people every day, would most likely be on the priority list.

"But take New Zealand, giving them a million doses, you're probably not going to save but one or two people literally. So they would be low on the priority list," he said.

Health workers not a priority?

The group rejects the argument that its policies would reward bad management such as that in the United States, which leads the world in the number of virus deaths and cases.

"You shouldn't penalize Americans because Donald Trump can't seem to manage this pandemic," said Emanuel.

Against COVID-19 "you don't say everyone gets the same," he said.

"The country with the worst situation, they have to be treated first," he added, comparing the situation to an [emergency room](#) where a heart attack victim is treated before the patient with sore throat.

After calculating the years of life that might be saved, the experts propose taking into consideration minimizing the economic and social impact of the virus, such as unemployment, poverty and school closures.

In their plan, priority populations are not necessarily

health workers, but those put at risk by their housing situation, jobs or age.

"A lot of health care workers are no longer getting infected because they know how to use the masks and the gowns and the gloves," he said. "And so they may not need to be top of the list in terms of priority. You have to look at the empirical data."

He added that immunizing the elderly "may not work if they may not respond well to a vaccine."

Will the academic debate on how to share out a future vaccine gain traction with world leaders?

Wealthy countries have already pre-ordered billions of vaccine doses for themselves and the mechanism set up by the WHO for a more equitable distribution, known as Covax, has not yet raised the funds needed to provide for the 92 poor countries that have signed up.

More information: E.J. Emanuel et al., "An ethical framework for global vaccine allocation," *Science* (2020). [science.sciencemag.org/lookup/...1126/science.abe2803](https://science.sciencemag.org/lookup/doi/10.1126/science.abe2803)

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APA citation: What is the best way to share out a future COVID-19 vaccine? (2020, September 4) retrieved 24 October 2022 from <https://medicalxpress.com/news/2020-09-future-covid-vaccine.html>

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