Community of Practice Learning Round-up

Equity and the Allocation of Scarce Resources during a Prolonged Pandemic

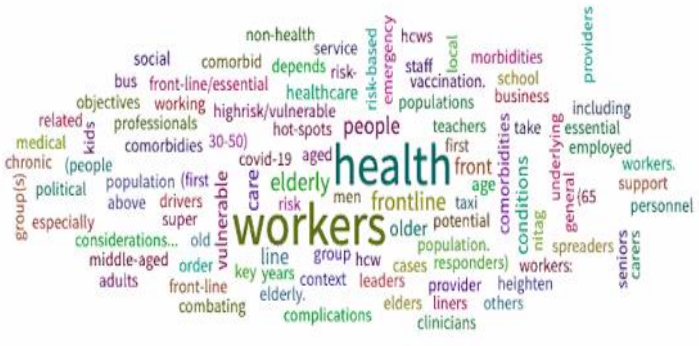
Takeaway Note

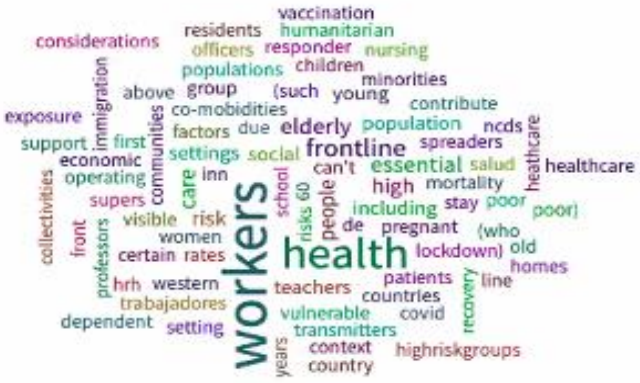
The 5th Annual Health Financing Forum (AHFF) session on **Equity and the Allocation of Scarce Resources during a Prolonged Pandemic,** hosted on November 17, focused on intra-country (within country) prioritization and distribution plans for COVID-19 vaccines once they become available.

Two key themes emerged on this topic during the session and in the Community of Practice Learning Roundup that followed on November 20:

WHO WILL GET THE VACCINE FIRST?

The discussions during the AHFF panel session showed that there is some level of consensus on who should receive the vaccine first. The largest consensus was around prioritizing health workers, not necessarily because they have the highest rates of mortality from COVID, but also on the grounds of reciprocity – the idea that countries should return the favour to those individuals and groups who bear significant additional risks and burdens of the COVID-19 response for the benefit of society,[1] and on the grounds of the primordial need to ensure continuity of health services in midst of the pandemic. Additionally, those countries participating in the COVAX Facility will be required to vaccinate health care workers with the first tranche of funding. Some of the contextual differences in prioritization were linked to the definition of essential workers which differ across countries. For example, in some countries, tourism related workers are seen -as essential. The two word-clouds below show how participants answered the question "who will get the vaccine first?" at the beginning and the end of the session.





[1] WHO, 2020. WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf

It is important to note that the choice of priority group is driven by a mix of countries' objectives as well as factors such as vaccine characteristics (e.g., likely timing of vaccine, approval for use in different populations, cold-chain requirements, etc.), as well as other factors such as COVID-19 epidemiology and country demographics.

Health system characteristics and demand-side barriers, including the type of service delivery modality needed to reach different populations, are also important factors affecting the feasibility of reaching the target group, and could factor into the prioritization process.

From a quick survey with a select group of countries that have World Bank operations supporting the response to Covid-19, three of them have started discussions around prioritization and plan to guide intra-country allocation. Five of them are currently developing their plans, and the primary focus might differ between countries depending on demographic and epidemiological contexts. People older than 60 years old and with comorbidities or health care/essential workers stand out as the first primary target groups in these countries. However, the following groups will also likely feature high on the priority list for many countries, even if these groups are not the very first: 18-35 years olds, people who live in crowded areas, essential workers who interact with the public, "super-spreaders" (those with many social interactions contributing to "nodes" of transmission, critical industry workers (agriculture, tourism, depending on country context) and people who are or have been pushed into poverty to reduce economic harm. Currently, there is no vaccine approved for pregnant women and children so they are unlikely to be prioritized in the near term.

WHAT PROCESSES AND OBJECTIVES WILL BE USED FOR PRIORITY SETTING OF VACCINE DISTRIBUTION?

Countries will choose from a range of objectives when deciding how to prioritize vaccine roll-out. Countries are at all stages of developing prioritization plans. Thailand and Georgia shared their experiences during the Forum session. In Thailand, the objectives for vaccine allocation include: 1) saving lives (by targeting those most likely to be exposed to the infection and people with comorbidities), and 2) reducing the impact on vulnerable households. In Georgia, the objectives are to: 1) protect lives; 2) protect services; 3) reduce transmission by distributing the vaccine amongst high spreaders, even though this still needs to be defined. Both countries are starting these discussions and underline the need for a fair process within county to prioritize groups, that will engage all stakeholders in the discussion and even follow an institutional process to hear from the public.

The need to have a clear understanding on the role of vaccination in the larger policy mix was also underlined. Some participants noted that vaccination is best suited as a strategy for reducing mortality and morbidity while transmission should be (primarily) dealt with by behavioural change and economic consequences by fiscal and economic measures.

Procedural fairness in setting the vaccine distribution and phasing priorities is a crucial element for ensuring acceptance of the output of the process and avoiding and mitigating legal or other disputes that might arise. This focus on *how* decisions on COVID-19 vaccine distribution are made could be the first step in building a national consensus on vaccine prioritization. There are however no clear guidelines that would adapt to every context and every country have their political and cultural specificities which will define the parameters of procedural fairness. We did hear during the session from Thailand that for the decisions on treatment prioritization (e.g. in triage for access to ICU care) there was a multi-stakeholder process with involvement of CSOs, ethicists and others. We know from past experiences that process is very important for ensuring voices from all groups are heard. Some countries have set up an independent task force to prioritize decision-making, while others are building on existing decision-making bodies. Other countries are just at the start of thinking about this process and are drawing on the WHO SAGE guidance, but tailoring it to their context.