

# Global health ethics

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# The field of health ethics / bioethics

Health ethics / bioethics is a broad field and includes:

- **Clinical ethics**
- **Research ethics**, including:
  - Clinical trial research
  - Social and behavioural science research
  - Epidemiology research
  - Implementation research
- **Public health ethics**
- **Organisational ethics**
- **Humanitarian ethics**
- **Global health ethics**

# Global health ethics: overview

- The field of 'global health' considers contexts 'where determinants of health or health outcomes circumvent, undermine or are oblivious to the territorial boundaries of the state and this beyond the capacity of individual countries alone to address through domestic institutions'.
- Global health ethics is a relatively new term used to conceptualize the process of applying moral values to health issues that are usually characterized by a global level effect or require action coordinated at a global level.

# Attaining global health: challenges and goals

- Health in low-resource countries is often compromised by social determinants, such as poverty, malnutrition, poor education, unhealthy living conditions, and lack of access to health care, as well as by corruption in the public and private sectors.
- The global health care status quo reflects a collective failure of the international community to meet the most basic needs of most of the world's population.
- An urgent challenge in global health ethics is to specify the actions that wealthier countries should take, as a matter of global justice and solidarity, to promote global health equity.

# Emerging principles in global health ethics

- **Beneficence** - Requires that governments, health care providers, and researchers do good for, provide benefit to, or make a positive contribution to the welfare of populations, patients and study participants.
- **Common good** – requires us to share benefits and burdens, and sacrifice for one another, as it will benefit everyone if we do so.
- **Egalitarianism** - A belief in pursuing equality. (However, egalitarians disagree about what it is that should be equal, for example whether people are entitled to equal opportunities, an equal share of resources, or whatever level of opportunities and resources are necessary to generate equal results).
- **Equity / social justice / fairness** - Requires us to address the needs of disadvantaged and marginalized groups. Equity focuses on equal outcomes and may require a redistribution of resources to compensate for existing inequalities and further actions to prevent their perpetuation.
- **Non-rival** (i.e. consumption by some does not reduce the benefits of consumption accrued by others).
- **Public good** - no one should be excluded from consumption, irrespective of individual contributions to provision.
- **Solidarity** – requires us to think about how we might stand together to defend the interests of vulnerable groups. This may include taking on shared risks through pooling of resources.
- **Utilitarianism** - any action should maximize benefits for the greatest number of people.

# How do we apply global health ethics principles to our current COVID-19 pandemic?

- How do we allocate / distribute COVID-19 vaccines if and when they become available?
- What factors should be taken into account in vaccine allocation?
  - Geographic scale of country?
  - Scale of national population?
  - Scale of disease burden?
  - Scale of mortality?
  - Scale of economy and buying power?

# Contextualising global health: world map based on surface area





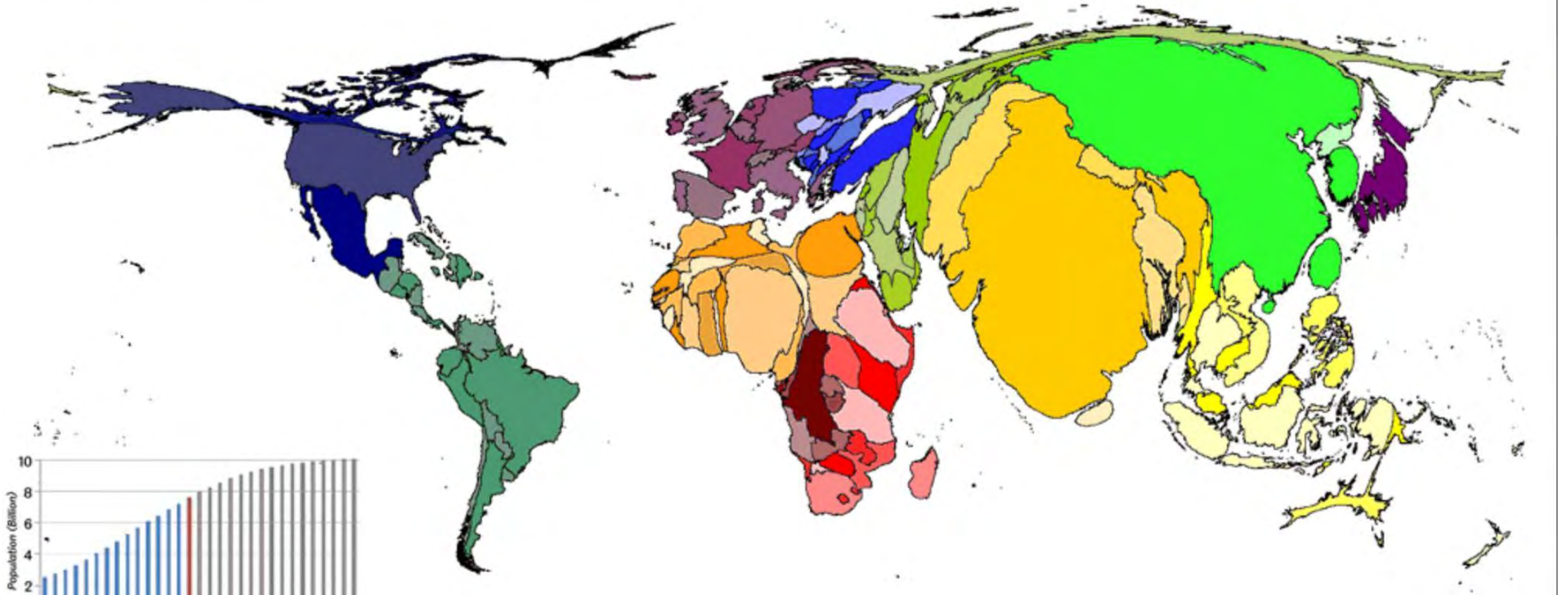
# Reimagining the world map: world map based on national population size



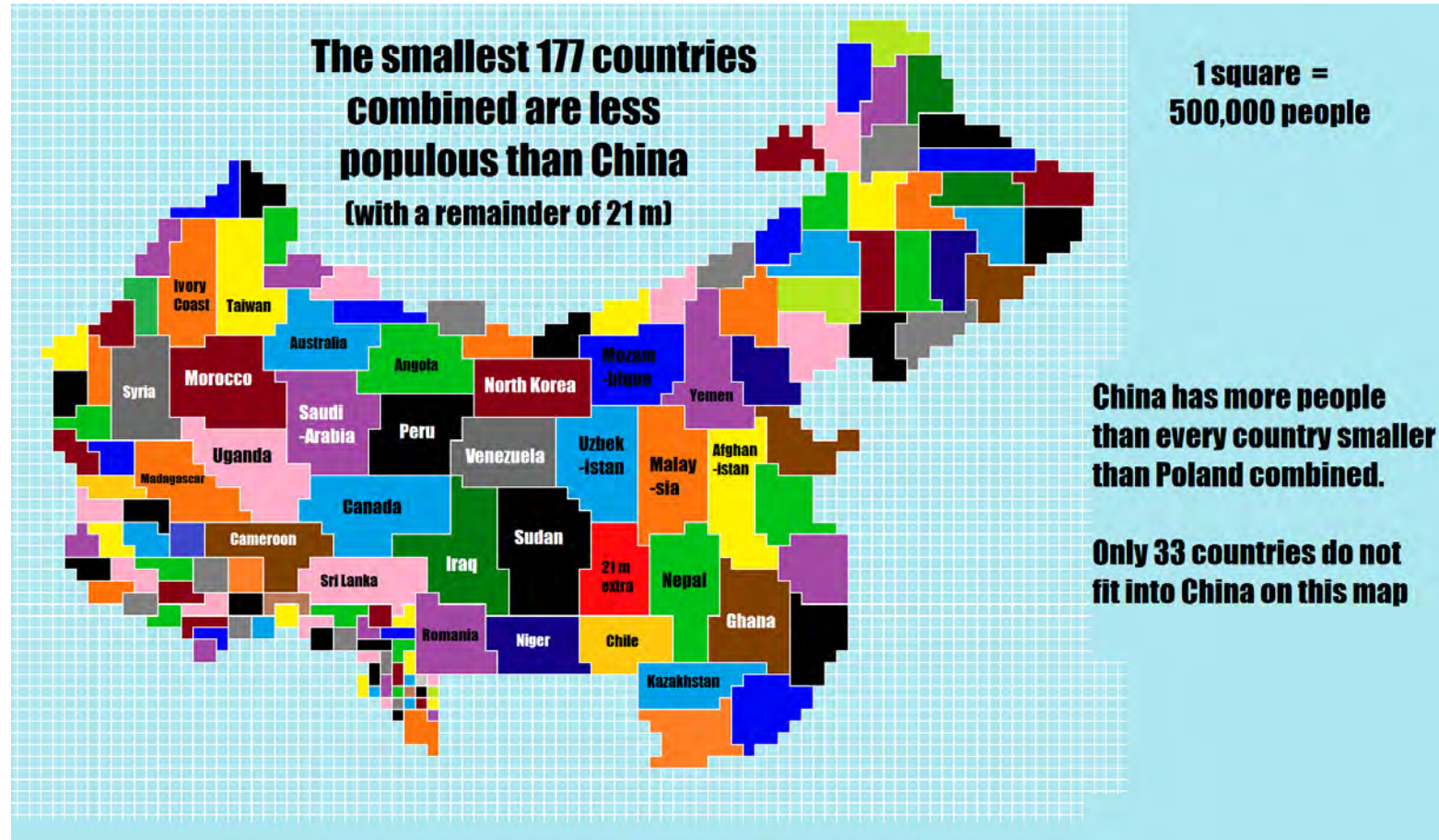


# World population: 2020

World Population 2020

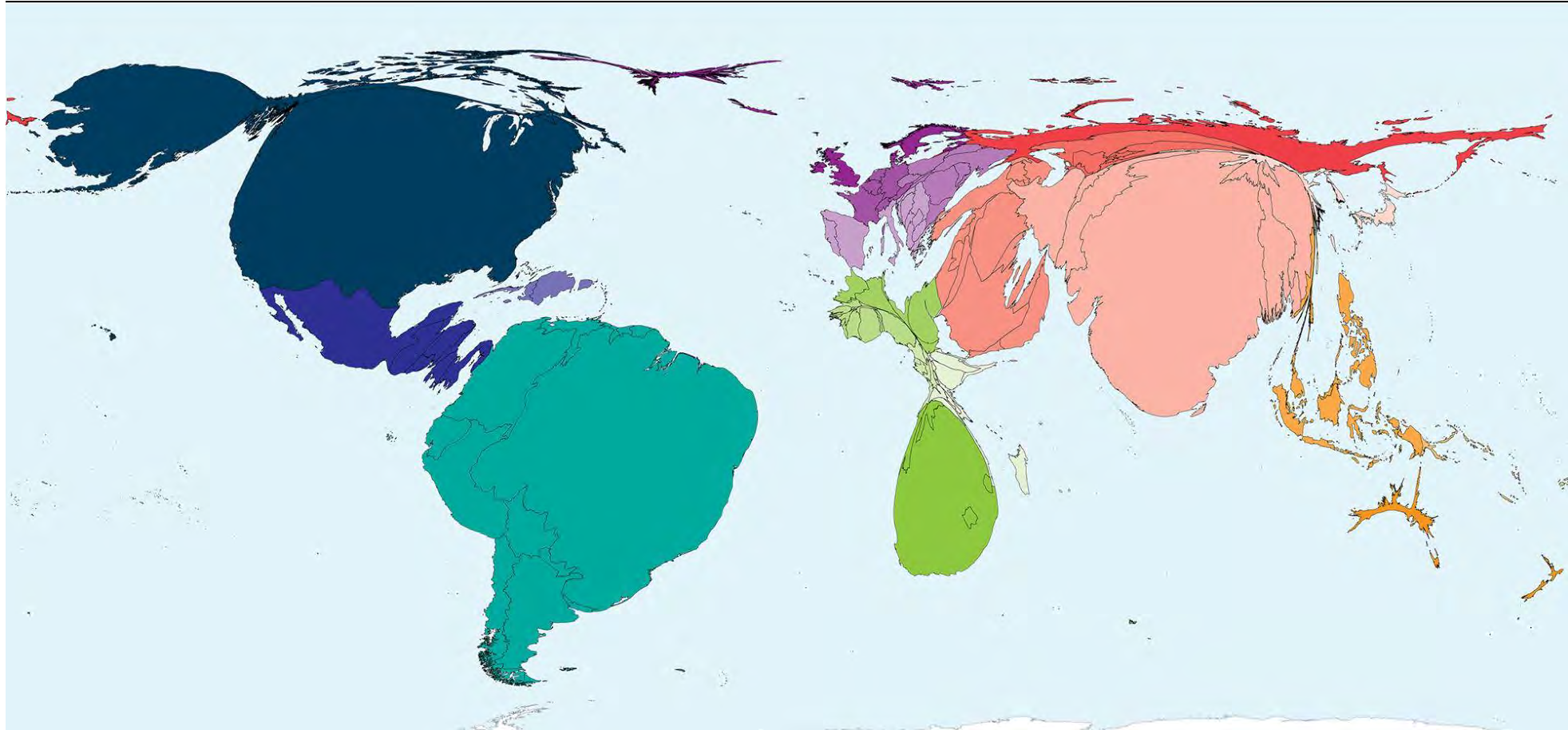


# Perspective: China's population size

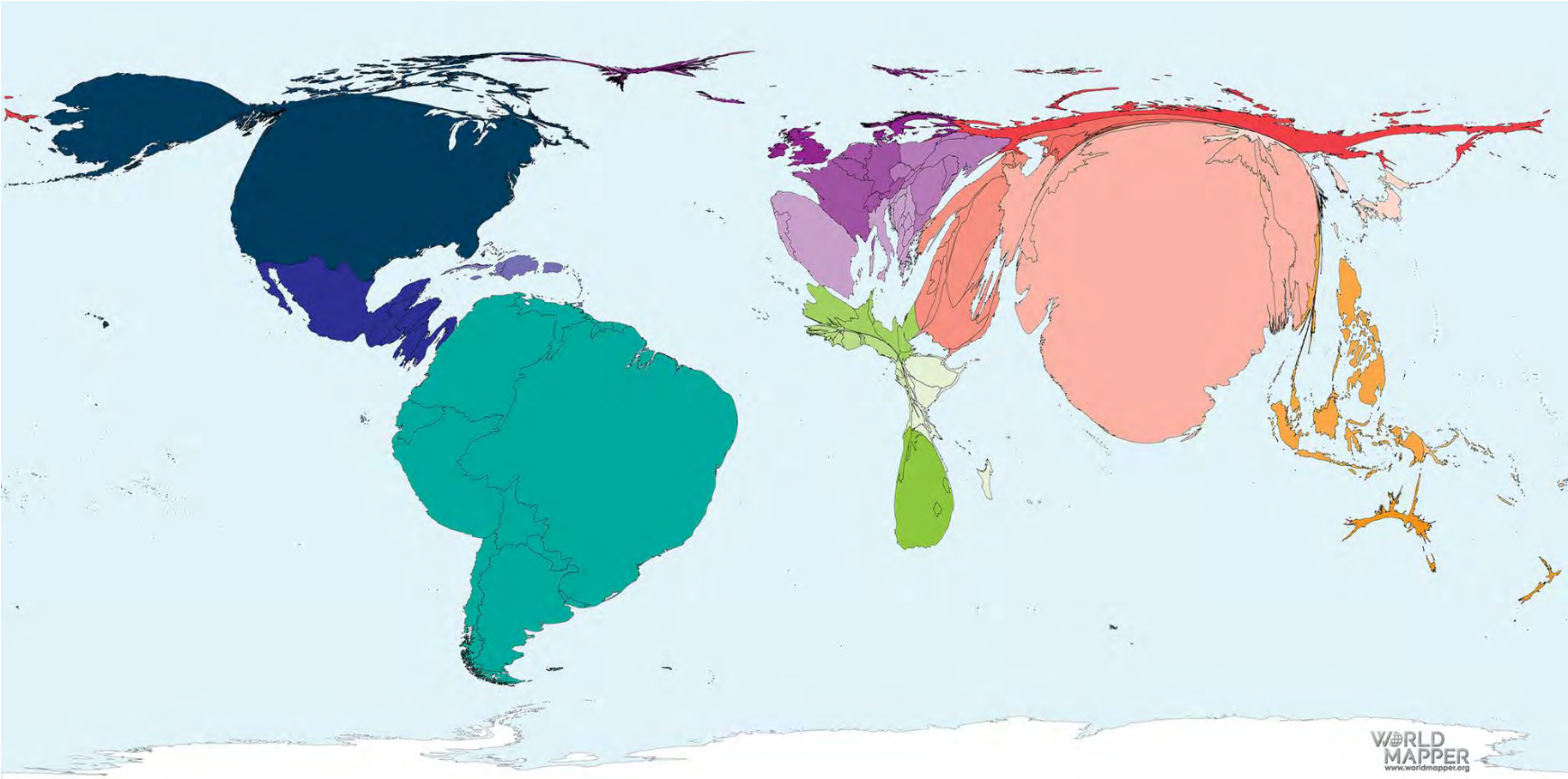




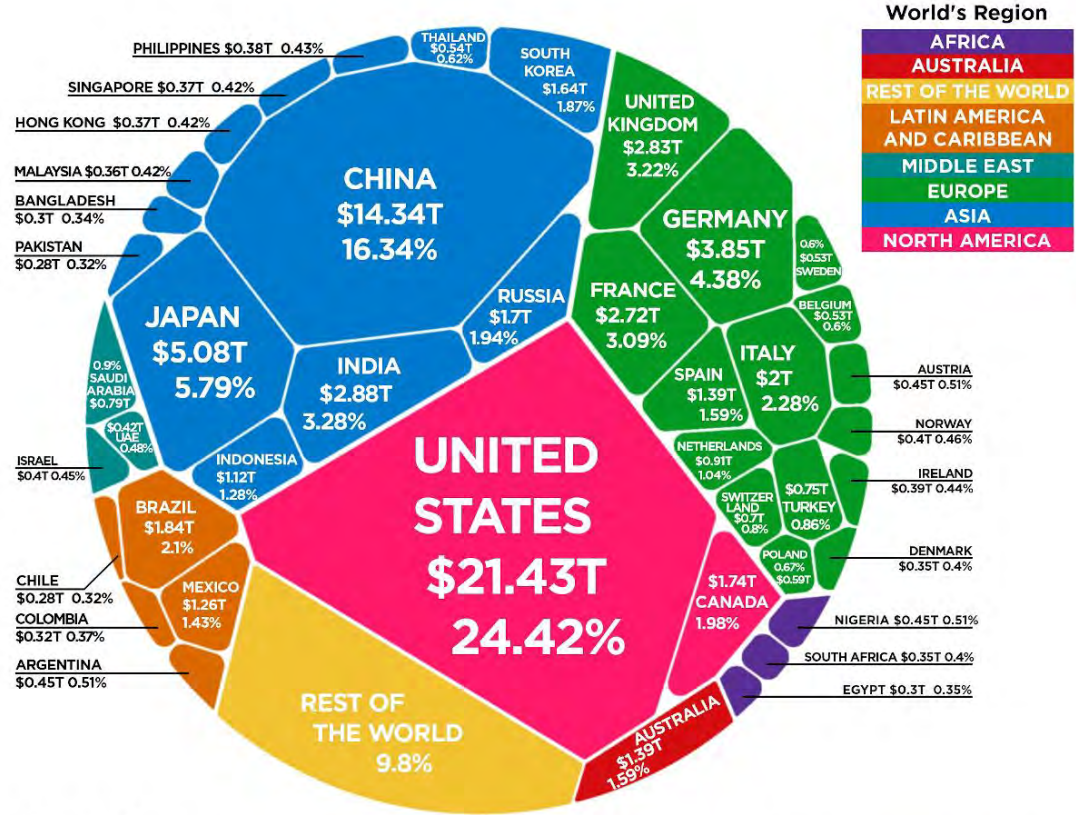
# World map based on COVID-19 burden: July 2020



# World map based COVID-19 mortality: Aug 2020



# The globe based on size of major economies



**Article & Sources:**  
<https://howmuch.net/articles/the-world-economy-2019>  
<https://databank.worldbank.org>

howmuch.net

# Different vaccine access models

- “Me first”! (negotiate directly with vaccine developers).
- Joint procurement schemes (EU).
- Pooled scheme.

# The current status of vaccine procurement

- According to Oxfam, a group of wealthy nations representing 13 percent of the global population have already bought up more than half of the promised doses of the five leading vaccine candidates currently in late-stage trials.
  - The five vaccines analysed were from AstraZeneca (Oxford Uni), Gamaleya/Sputnik (Russia), Moderna (US), Pfizer (US) and Sinovac (China).
- Oxfam calculated the combined production capacity of these five vaccine candidates at 5.9 billion doses, enough for three billion people given that all five future vaccines will or are highly likely to require two doses.
- Supply deals have so far been agreed for 5.3 billion doses, of which 2.7 billion (51 percent) have been bought by developed countries, territories and regions, including the US, UK, European Union, Australia, Hong Kong and Macau, Japan, Switzerland and Israel.
- The remaining 2.6 billion doses have been bought by or promised to developing countries including India, Bangladesh, China, Brazil, Indonesia and Mexico, among others.
- The above analysis excludes advanced procurement of other candidate vaccines. To date, the US has entered into deals worth US \$10b with vaccine manufacturers from the US and Europe. The US govt has secured 100 million doses of Moderna's vaccine candidate. The new funding includes an unspecified amount of incentive payments "for timely delivery of the product." The U.S. government holds an option to purchase an additional 400 million doses of mRNA-1273. This will leave no short-term availability for other countries.



# Access to COVID-19 Tools (ACT) Accelerator

- In April 2020, the WHO and partners launched the Access to COVID-19 Tools (ACT) Accelerator, which is an unprecedented global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.
- CEPI is leading COVAX vaccine research and development work, which aims to develop at least three safe and effective vaccines which can be made available to economies participating in the COVAX Facility. Nine candidate vaccines are currently being supported by CEPI; eight of which are currently in clinical trials.
- The COVAX Facility is part of COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, which is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), the Vaccine Alliance (GAVI), and the World Health Organization (WHO) – working in partnership with developed and developing country vaccine manufacturers, UNICEF, the World Bank, Civil Society Organisations, and others.

# COVAX

- By pooling financial and scientific resources, participating countries will be able to insure themselves against the failure of any individual vaccine candidate and secure successful vaccines in a cost-effective, targeted way.
- The COVAX Facility will bring all participating countries together, regardless of their income level, for the procurement and distribution of COVID-19 vaccines.
- The COVAX Facility is a mechanism through which demand and resources are pooled to support availability of, and equitable access to, COVID-19 vaccines for all countries. All countries are invited to participate, and all participating entities will benefit by securing access to vaccine supply made available through the Facility.
- GAVI COVAX Advance Market Commitment (AMC): financing instrument aimed at supporting the procurement of vaccines for low and middle income countries.

# COVAX: as of 21 September 2020

- 64 higher income economies have joined the COVAX Facility, with a further 38 economies expected to sign in the coming days.
- These self-financing economies, which include 29 from Europe participating as part of an agreement with the European Commission, join 92 lower income economies eligible for financial support through the Gavi COVAX Advance Market Commitment.
- This means a total of 156 economies, representing nearly two-thirds of the global population, are now committed to or eligible to receive vaccines through the Facility.
- But: how does directly negotiated advance procurement between affluent countries and vaccine manufacturers impact on the COVAX facility?

# Small group task

- Should Canada negotiate directly with vaccine developers to secure stock for Canadians or should Canada join the COVAX facility?
- If we assume some candidate vaccines will demonstrate efficacy, and if we assume that vaccine manufacturers will be able to produce 2 billion doses of vaccines by the end of 2021, how should we allocate these 2 billion doses between 7.5 billion people?
- What factors / criteria should determine which countries enjoy prioritised access?

# Discussion and conclusion