

Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine

*Public Listening Session
September 2, 2020
12:00 p.m. - 5:00 p.m. ET*

Welcome and Opening Remarks

High-Level Agenda

- Brief Presentation of the Preliminary Framework
- Public Comment with Confirmed Speakers
- Public Comment with General Public
- Closing Remarks

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Brief Presentation of the Preliminary Framework

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Study Sponsors

- Centers for Disease Control and Prevention
- National Institutes of Health

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Committee Membership

- William Foege (*Co-Chair*), Emory Rollins School of Public Health
- Helene Gayle (*Co-Chair*), The Chicago Community Trust
- Margaret Brandeau, Stanford University
- Alison Buttenheim, University of Pennsylvania School of Nursing
- R. Alta Charo, University of Wisconsin Law School
- James Childress, University of Virginia
- Ana Diez Roux, Drexel Dornsife School of Public Health
- Abigail Echo-Hawk (Citizen of the Pawnee Nation), Urban Indian Health Institute, Seattle Indian Health Board
- Christopher Elias, Bill and Melinda Gates Foundation
- Baruch Fischhoff, Carnegie Mellon University
- David Michaels, George Washington University Milken Institute School of Public Health
- Jewel Mullen, University of Texas at Austin Dell Medical School
- Saad Omer, Yale Institute for Global Health
- Daniel Polsky, Johns Hopkins University
- Sonja Rasmussen, University of Florida College of Medicine and College of Public Health and Health Professions
- Art Reingold, Berkeley School of Public Health
- Reed Tuckson, Tuckson Health Connections, LLC
- Michael R. Wasserman, California Association of Long Term Care Medicine

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Charge to the Committee

- Develop an overarching framework for vaccine allocation to assist policy makers in the domestic and global health communities in planning for equitable allocation of COVID-19 vaccine.
- The expectation is that such a framework would inform the decisions by health authorities, including the Advisory Committee on Immunization Practices (ACIP), as they create and implement national and/or local guidelines for SARS-CoV-2 vaccine allocation.

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Charge to the Committee

- What criteria should be used in setting priorities for equitable allocation of vaccine?
- How should the criteria be applied in determining the first tier of vaccine recipients? As more vaccine becomes available, what populations should be added successively to the priority list of recipients?
- How will the framework apply in various scenarios (e.g., different characteristics of vaccines and differing available doses)?
- If multiple vaccine candidates are available, how should we ensure equity?
- How can countries ensure equity in allocation of COVID-19 vaccines?
- For the United States, how can communities of color be assured access to vaccination?
- How can we communicate to the American public about vaccine allocation to minimize perceptions of lack of equity?
- What steps should be taken to mitigate vaccine hesitancy, especially among high-priority populations?

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Overview of the Discussion Draft

- Lessons Learned from Other Allocation Efforts
- A Framework for Equitable Allocation of COVID-19 Vaccine
- Applying the Framework for Equitable Allocation of COVID-19 Vaccine in Various Scenarios

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Lesson Learned from Other Efforts

- 2009 H1N1 Influenza
- 2013-2016 Ebola Epidemic in West Africa
- Allocation of Scarce Medical Resources during COVID-19
- In-Progress COVID-19 Vaccine Allocation Frameworks

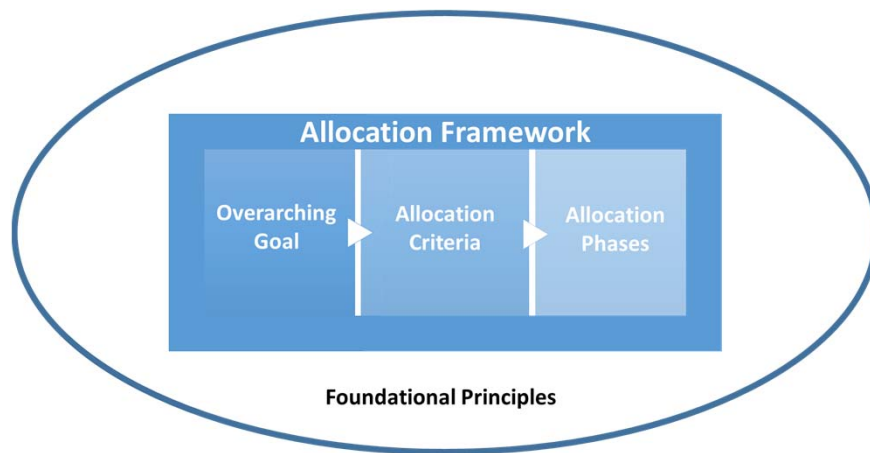
BOX 2

Guiding Principles from Allocation Frameworks Developed for the COVID-19 Pandemic

- Ensure that allocation maximizes benefit to patients, mitigates inequities and disparities, and adheres to ethical principles.
- Promote the common good through fairness, transparency, accountability, and trustworthiness.
- Save the greatest number of lives possible—while respecting rights and fairness—to maximize benefit to the community as a whole.
- Use the best available evidence to assess benefit to communities and address uncertainty.
- Allocate scarce resources responsibly to reduce risk while providing benefit.
- Provide clear and transparent criteria for prioritization strategies.
- Ensure that allocation policies are flexible, responsive to the concerns of the affected population, and proportionate to the epidemiological situation and the vaccine supply relative to need.

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Framework for Equitable Allocation of COVID-19 Vaccine



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Foundational Principles

- **Maximization of benefits**, the obligation to protect and promote the public's health and its socioeconomic well-being in the short- and long-run
- **Equal Regard**, requires that everyone be considered and treated as having equal dignity, worth, and value.
- **Mitigation of health inequities**, a moral imperative of an equitable vaccine allocation system
- **Fairness**, the obligation to develop allocation criteria based only on relevant non-discriminatory characteristics, to apply these criteria impartially, and to employ fair procedures in allocation
- **Evidence-based**, who receives the vaccine when should be based on the best available evidence
- **Transparency**, the obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the vaccine allocation criteria and framework

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Primary Goal

- Maximize societal benefit by reducing morbidity and mortality caused by transmission of the novel coronavirus.

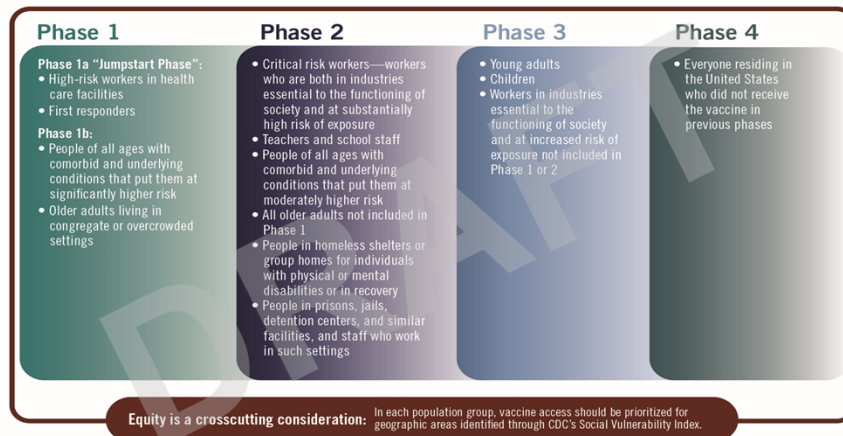
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Allocation Criteria

- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting disease to others
- **consideration of mitigating factors as well**

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Allocation Phases



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Ensuring Equity

- Within the population groups included in each of these four phases, the committee recommends that vaccine access should be prioritized for geographic areas identified as vulnerable through CDC's Social Vulnerability Index.

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Applying the Framework in Various Scenarios

BOX 6

Uncertain Factors Affecting Vaccine Allocation

- Number and timing of available vaccine doses
 - Number of available vaccine types
 - Vaccine efficacy (overall and in different groups)
 - Vaccine safety (overall and in different groups)
 - Vaccine uptake (population acceptance, overall and in different groups)
 - Epidemic conditions when vaccine becomes available
 - Vaccine distribution and administration
 - Political and regulatory environment
- The committee discuss at a high-level how the framework might adapt in various vaccine scenarios.

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Public Comment with Confirmed Speakers

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Rules of Conduct

- Commenters are asked to maintain the same rules of decorum as they would at a traditional public meeting. Please maintain order and do not display behavior that is disruptive to the meeting.
- The National Academies reserves the right to mute or disconnect virtual meeting participants for disruptive or offensive behavior.
- Commenters may not present comments or questions to the Committee unless recognized by the Chairs/Staff.

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Public Comment with General Public

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To Enter the Queue for Public Comment

- Once the Co-Chairs have announced the public comment period, please do the following:
- Click on the “Raise Hand” feature in the webinar controls (or *9 if you are using a regular phone). This will notify staff that you have raised your hand and you would like to speak.
- Staff will unmute your microphone when it is your turn to provide public comment.
- A prompt will appear to confirm you would like to be unmuted. Once you accept the prompt, you will have three minutes to provide public comment.
- Once your public comment has ended, you will be muted again.
- Remember the Rules of Conduct previously discussed.

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Closing Remarks

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Thank you!!

You can provide written comments on the discussion draft until 11:59 pm ET on Friday, September 4 at:
nationalacademies.org/VaccineAllocationComment

Questions? Please email:
COVIDVaccineFramework@nas.edu

Final report to be released at the end of September.

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