

EEB CASE STUDY 3

ALLOCATION & DISTRIBUTION OF A C-19 VACCINE

Since March 2020, the COVID-19 virus continues to impact the global economy and society - when it comes to daily work, school attendance, social gatherings, and traveling. Continuous shockwaves slow down the world's economy and threaten health care systems. Although healthcare staff are committed to saving patients' lives, the number of patients who need treatment often outgrows the supply of medical care, medication and infrastructure.

In cases of shortage, healthcare providers must decide on priority access to life-saving treatment, knowing that some groups of the population, mainly the elderly and weak, are more prone to death. Research shows that COVID-19 patients who were 80 years old or older have been most affected by corona but 85% of those elderly patients were likely to survive if given proper care.

In August 2020, over 170 countries were involved in the development of a vaccine. And, while global collaboration among researchers would accelerate the development of an effective and affordable vaccine, there is an international competition that has started where nation states aim to prove their supremacy by being the first to develop a vaccine and distribute it to their citizens. This international competition could come at the cost of risking human lives either by premature approval and distribution of the vaccine or by exacerbating the already deep global inequality between wealthy developed countries that could provide their citizen quick access to the vaccine and disadvantaged countries, whose citizens would be cut off from initial vaccine administration. This would also trigger a series of many other forms of global inequalities.

This raises the question of how national governments and the EU will allocate the first doses of the vaccine available for distribution when the EU, national and regional governments struggle to address the global health crisis in a coordinated manner. Furthermore, there is the risk that smaller players might have a smaller voice in the decision-making process and might find themselves competing not only with larger governmental institutions, but also with large private entities that are at times driven by their own economic interests, other times used as an extension of their own government.

Among many others, also, the European Investment Bank provided up to €100 million in debt financing to the German pharmaceutical company BioNTech for the development and large-scale production of vaccines, including BioNTech's vaccine candidate against SARS-CoV-2, developed in collaboration with the American, Pfizer.

The vaccine related dilemmas do not stop at those related to country/ regional distribution. Each individual actor must decide on priority issuing and policy implementation: Will the vaccine first go to more vulnerable people or people with high social utility? Will the vaccine be mandatory, to whom and under which conditions? Should the economic power of certain actors in the private sector also have an impact in the implementation of vaccine policies (eg: by restring access to services based on whether an individual has received the immunization)?

In this context, please tackle these dilemmas:

1. With the vaccine being available very soon, on which ethical consideration should the population get access to the vaccine?
2. Discuss whether there should be a compulsory vaccination for all, or a subgroup of the population.
3. To what extent should private businesses be allowed to provide their services only to vaccinated people?