

# Ethical principles for the Coronavirus Global Response

*Ethical guidance for the development of fast and equitable access to safe, quality, effective and affordable diagnostics, therapeutics and vaccines against COVID-19.*

## Summary

An effective and ethical pandemic response will require unprecedented global cooperation and coordination to contain and eventually eradicate SARS-CoV-2. Health isolationism, protecting only some, allows the virus to keep circulating and leaves no one protected in the longer term (1). This document outlines general ethical principles for the Coronavirus Global Response (CGR), particularly to guide the rapid development and equitable access to safe, quality, effective and affordable diagnostics, therapeutics and vaccines against coronavirus. The principles can serve as a heuristic guide during policy planning and decision-making processes.

## Context

Global cooperation and coordination during a pandemic outbreak is both an epidemiological imperative and a moral duty. SARS-CoV-2 infections spread through human interactions, and socially created harms to individuals and groups are matters of justice (2). New risks and costs of global interdependence are being borne largely by the most disadvantaged individuals, sub-populations, and countries (3,4). But this is a pandemic where everyone is at some level of risk. Among many, this has created a global solidarity moment where our global interdependence is recognised, and there are shared interests within and across societies for mutual cooperation to contain a common global threat. If managed wisely, the CGR could lay the foundation for a new 21st century global social contract that puts human health at the centre, and protects all human beings against future global threats, particularly by reducing the vulnerabilities of the most disadvantaged because that is where infections are spreading most (5,6).

## Goals and method of this policy brief

The principles in this policy brief reflect standard theories in public health ethics, pandemic ethics and global health ethics, and they are grounded in international human rights law. In a reflective, collaborative process of an international team of authors these principles were applied to the current situation of Covid-19. This policy brief aims to inform policy makers at domestic and international level, the World Health Organization and other stakeholders involved in the "[Access to COVID-19 Tools Partnership](#)".

## Ethical principles and reflection

### **Global cooperation for solidarity and justice**

The health of humanity as a whole will only be as secure as its most vulnerable individuals because of our interdependence. Inclusive planning and decision-making based on relational fairness for all affected (7), exercised with a spirit of common purpose and cosmopolitan responsibility are necessary to overcome the current crisis (8). Social choices and neglect at national and international levels leading to hundreds of thousands of preventable deaths and millions suffering in the short and long term are unjust, and demand global social action.

Until we have and can reliably distribute a vaccine, infection control measures such as periodic social confinement may be necessary for a few years at least. National health isolationism leading to fragmentation of global response measures, will undermine an effective and lasting response to the pandemic. Global solidarity motivates the responsibility to coordinate, implement, and adhere to necessary infection control measures across societies for long periods of time (9).

### **Equal moral worth of every human being**

Every human being is a biological organism as well as a moral being with claims and abilities to pursue a decent life. Whether born into wealth or poverty; regardless of in which country one is born or lives; whether male, female, or other; and at any age, every human being is a source of dignity and moral claims that must be equally considered.

### **Moral right to health, and duty to protect**

The importance of health to every human being is reflected in arguments for every human being's moral right to health, and in international human rights law. A pandemic threatens health and life itself, activating moral and legal duties to protect every human being's right to health.

The right to health of some individuals is more threatened during pandemics. Health care professionals, first responders, public health workers and all those performing essential jobs place themselves in harm's way facing extra risk as they strive to protect others. Essential workers face great risk in order to make it possible for the majority of the population to reduce social interactions and risk of harm.

### **Address vulnerabilities**

Human beings are inherently vulnerable; and specific vulnerabilities are increased by certain contexts and sources (10,11). The in-common experience of vulnerability and interdependence creates social bonds across humanity. People who are older or who have pre-existing conditions are more vulnerable to fall ill or die from COVID-19 (12). People who live in areas of economic deprivation with high concentrations of chronic illness and unhealthy housing conditions experience these vulnerabilities at the levels of family and place as well as personally. Emergencies typically hit vulnerable and marginalized groups or countries hardest and increase inequality (13).

COVID-19 responses also significantly redirect medical, political and financial resources away from different domains, exacerbating preventable suffering and deaths (14). Strict social distancing policies create new vulnerabilities in millions of people which will result in mental and physical harm in the longer term.

Epidemiologically informed and fair distribution of COVID-19 medical resources will require giving particular attention to vulnerabilities and disadvantages. This will generate benefits for the most vulnerable, and because that is where infections are spreading most, reduce social and global vulnerability generally.

## Procedural principles for fair decision-making

During health crises, ethical standards and accountability are more important, not less. Ethical guidance complements scientific reasoning in order to create consistency, ensure good governance and fairness, build public trust, and prevent abuse of power and neglect (15,16).

Policy planning and decision-making by diverse global actors in the CGR will be done under conditions of incomplete information; uncertainty; time pressure, and with various ethical disagreements. In order to ensure the outcomes are fair and legitimate, deliberations must follow certain procedural principles (17–19) .

1. Transparency/Accountability: CGR should make the rationale for allocation decisions transparent and undertake truly inclusive global public deliberations about these choices.
2. Responsiveness/Appeal: All stakeholders should be able to bring forward new information, to appeal or to raise concerns about particular allocation decisions, and to resolve disputes.
3. Urgency: Given the spread of infections and deaths daily, the right to health and equal worth of individuals motivate acting quickly to prevent harms.
4. Reasonableness/Integrity: Decisions should be based on relevant reasons (i.e., evidence, principles, values) that stakeholders can agree are relevant to meeting health needs.

## Implications for fair global distribution and prioritisation

The four substantive and four procedural principles combined establish clear and significant ethical guidance for the CGR. For example, solidarity expressed through global cooperation must extend to include all human beings. Otherwise, CGR will not be effective, will violate the principle of equal moral worth of every human being, and neglect every human being's right to health. Furthermore, addressing the needs of vulnerable groups is necessary not only in order to protect them from avoidable harm, but importantly also to adequately address and stop the spread of SARS-CoV-2 around the world. Ignoring vulnerabilities would also willingly tolerate the global and national injustices of socially caused deaths and suffering of millions. And resources must be distributed in a way that protects those most at risk and minimizes harm. Allowing the wealthy or powerful to gain access to protection prior to those taking on greater risk to protect the health of individuals and communities would show moral disrespect.

How rapidly medical resources such as vaccines are developed, manufactured, and distributed clearly involves a large number of factors, some known and others unknown. However, previous experiences with epidemics such as Ebola have produced knowledge such as the inadequacy of private sector driven approaches without strong accountability; the likelihood of corruption in crisis environments; the entrenchment of power inequalities and vulnerabilities when local capacities are not developed. All of this requires that integrity and ethical standards – in research, manufacturing, procurement, distribution, and as personal virtue – are promoted and monitored to uphold the substantive values described here.

Undoubtedly, there will be numerous scientific and ethical uncertainties in various choices being considered in the near and medium term. This pandemic necessitates building and sharing new knowledge, across societies. As difficult problems and questions arise over time, CGR should call upon diverse scientists and ethicists worldwide to engage all human intellectual resources. In doing so, CGR will begin laying the foundation for a new 21st century global social contract.

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**Cite as:** Venkatapuram S, Heilinger J.-C., Voss M, Wild V and members of the Ethics working group within the German Network Public Health COVID-19. Ethical principles for the Coronavirus Global Response: Ethical guidance for the development of fast and equitable access to safe, quality, effective and affordable diagnostics, therapeutics and vaccines against COVID-19. May 5, 2020

This foundational policy brief was developed within the German Network Public Health COVID-19. The responsibility for the content goes solely to the authors.

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