John Dharmapalan

**Review comments**:

Reviewer 1;

1.The paper is very relevant to the fields of bioethics and medical ethics in the developing countries.

2.The interpretation is well-developed and could influence practice and policy.

3.Some suggestions for the authors have been added below:

a). Would the authors like to comment on whether the decision to go the OPV way was itself an ethical decision instead of having taken the IPV route? Why are these ethical concerns being expressed at the time of ‘polio endgame’ only?

b). Cuba is one country that has not taken the IPV route at all. How have they justified the ethics of it, will the authors like to explore that?

c). A rate of 4 per million doses of VAPP was perhaps known even early during the use of OPV. Was this figure not high enough to raise enough doubts and forced the GPEI to go the IPV way.

d). The authors have not commented at all on the reported Non-Polio Acute Flaccid Paralysis problem. It was reported that the rates of NPAFP we saw in India were unusually high. Also, they correlated with the rounds of OPV vaccination carried out in the country. It would be fitting if the authors comment on this ignored issue in addition to the problem of VAPP and cVDPV.

e). The authors mention the cVDPV outbreaks in PNG and Syria. Lately there have been several more outbreaks, especially in many countries of Africa such as Nigeria, Congo, Somalia among others and Indonesia in Asia. This merited the WHO to declare Polio as a public health emergency in May 2019 <https://www.who.int/news-room/detail/29-05-2019-statement-of-the-twenty-first-ihr-emergency-committee> . The response from them does not mention speedy replacement of OPV with IPV. Would the authors like to update their paper with this additional information and also comment on the response of the WHO in this entire saga? And their ethical poverty?

f). I suggest that authors discuss the limitations that poor countries face in taking decisions on vaccine choice and coverage as well as the ethics of technical multinational bodies such as WHO and financial- technical bodies such as GAVI and the UNICEF in determining vaccine policies and practice across the world.

--------------------------------------------------------------------------------------------------------------------------------------Reviewer 2:

1.This is a good paper.

2. In the first introductory paragraph, the authors view public health as a venture that benefits many individuals. The benefits are more than just for individuals. There are collective benefits or "common goods" that accrue to more than just individuals. This concept is key to vaccination ethics.

3. The authors should present the idea that OPV is logistically easier to administer than IPV. In pulse polio campaigns, OPV is much easier to administer. This is especially an important consideration in countries like India with severe health human resource crisis.

4. In the cases reported by the author - of outbreaks of vaccine derived polio - the OPV led to outbreaks because of declining coverage of vaccination. Isn’t it important to maintain high coverage rates when the vaccine is at a risk of vaccine derived polio? The authors should consider the argument of - ease of administration attributing a major benefit for a national-wide program - however the important clause being maintaining high coverage rates.

-------------------------------------------------------