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Title of the Letter: Ethical considerations for the distribution of COVID-19 vaccine in India: The role of solidarity and subsidiarity principles

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Ethical considerations for the distribution of COVID-19 vaccine in India: The role of solidarity and subsidiarity principles

Abstract: Recently, the Indian government also approved 2 COVID-19 vaccine candidates for initiating vaccination campaign against COVID-19. Ethical distribution of vaccines, a scarce resource, and vaccinating the priority groups, especially healthcare workers, during the phase 1 COVID-19 vaccination campaign in India is going to raise complex ethical issues. Here, I discuss the role of solidarity and subsidiarity, two important ethical principles, in guiding the ethical and effective distribution of COVID-19 vaccination in the Indian context.

Dear Editor,

In many countries across the world, COVID-19 vaccines have been approved for use after finding it safe and effective. Recently, the Indian government also approved 2 COVID-19 vaccine candidates for initiating vaccination campaign against COVID-19 [1]. However, distribution of COVID-19 vaccine in India is going to raise complex ethical issues. Considering the shortage of the vaccines, the vaccine distribution strategy should be planned after considering well thought out ethical and pragmatic considerations.

Like many other countries, the Indian government is also planning to vaccinate high risk health workers in the first phase of vaccination campaign [2]. It is thought that the acceptance of vaccination will be high among healthcare workers because they are most likely group to trust the science behind the vaccinations. Moreover they are at high risk COVID-19 infection and they potentially can transmit infection to the vulnerable patients they consult everyday. Furthermore, considering the sacrifices healthcare workers have done for the community during the pandemic, prioritising COVID-19 vaccination to healthcare workers is also away of showing gratitude. However, recent evidences suggest that healthcare workers especially in India may opt not to get a vaccine when one become available [3]. Recent controversies raised by various medical and non medical personalities regarding the lack of availability of transparent data regarding COVID-19 vaccine trials in India might exacerbate vaccine hesitancy among health care workers [4]. In the absence transparent data regarding efficacy and safety of approved COVID-19 vaccines, it is unreasonable to think that healthcare workers will be ready for COVID-19 vaccinations even if government decides so. At the moment we are in need of more data regarding safety and efficacy of the COVID-19 vaccines to demand individuals to take part in COVID-19 vaccination programme compulsorily. Furthermore, public health officials also should be proactive in convincing people regarding the safety profile of the vaccine and the information shared by various government authorities should be consistent and credible. In the absence of the above mentioned steps it will be ethically wrong to force any individual to take COVID-19 vaccines. As vaccines are distributed among healthy individuals, a very high ethical standard must prevail for ensuring that the risk to benefit ratio suggested by evidence is acceptable and accurate, and any harm occurring to any individual who is taking COVID-19 vaccination compulsorily in the absence of transparent data regarding the safety and efficacy of the vaccine will go against the ethical obligations to avoid inflicting harm and respect individual autonomy. However, once we have high quality transparent data regarding the safety and efficacy of COVID-19 vaccines, the government may force healthcare workers to get COVID-19 vaccinations according to the principle of solidarity or sociality [5]. If the decision for the common good is taken by a “higher” authority in the interest of all the members of the community, especially the vulnerable sections, even at the cost of sacrifices for the well-to-do, it’s the principle of solidarity or sociality. The principle of sociality demands that people should sacrifice for a larger good of their community and state can take decisions in the larger interest of the nation even at the cost of inconvenience to some sections of the society. It also demands both citizens and political authorities that they engage the community to promote life and health for all. Vaccinating health care workers not only protect them from COVID-19 infection but also protect many vulnerable patients from getting infected from healthcare workers. Moreover, if we extrapolate research findings from vaccination rate among healthcare workers for flu immunization, it was found that before making it mandatory the vaccination rate remain low among healthcare workers because of doubts about the efficacy of vaccine, the belief that the vaccine can cause flu, and simple inconvenience. However after making it mandatory the uptake rate went up to 95% [6]. The government can make the COVID=19 vaccine mandatory for health care workers, and if anyone refuses, they can be asked to wear a mask compulsorily at workplace, or restrict them from direct patient care duties with vulnerable populations or place them on unpaid leave if they get infected with COVID-19 afterwards, as penalties.

The ethical distribution of COVID-19 vaccination among vulnerable population in India is going to be a great challenge. Considering the scarcity of the vaccine and the large size of the population of the country, it is going to be a difficult choice to decide whom to vaccinate first apart from the healthcare workers. Most of the international protocols prioritise vaccinating patients with co-morbidities and older adults living in crowded environment like care homes during the phase 1 of the COVID-19 vaccination campaign. However, in India essential workers should also be considered as a priority high risk group as they are at higher risk of COVID-19 infection as they go out everyday for their work and without their work society can’t function. However, it is going to be very difficult to decide among the various essential workers who should be given COVID-19 vaccination first. The principle of subsidiarity demands that decision should be made at the lowest possible level and the state has the obligation towards weaker sections of the society [5]. If the decision for the common good is taken by “lower” societies, so that community can help more were the need is greater, and also support free initiatives of individuals and groups, it is the principle of subsidiarity. This principle can be applied while planning the ethical distribution of COVID-19 vaccine in the Indian context. A decentralised vaccine distribution system can be considered were local communities make lists of vulnerable and high risk people to get infected with COVID-19 within their own communities for phase 1 COVID-19 immunisation campaign. The government authorities can distribute COVID-19 vaccine more ethically and effectively in consultation with the local community leaders that can somewhat reduce the complexity of vaccine distribution across India.

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