



AMA Statement on Principles for Equitable COVID-19 Vaccination

Universal Principles for Equitable COVID-19 Vaccination

Allocation and delivery of vaccines should be based on ethical principles. The National Health and Medical Research Council suggests that values underpinning decision making in a pandemic context should include respect; justice; solidarity; and stewardship.¹ This includes recognition of, and respect for, duties and mutual obligations that exist on international levels.

The US-based National Academies of Science, Engineering and Medicine suggest that these include fairness, justice, maximum benefit, equal concern, mitigation of health inequities, transparency and accountability. In the case of restricted availability, population groups should be prioritised on the basis of their risk of acquiring infection; risk of severe morbidity and mortality; risk of negative societal impact; and risk of transmitting infection to others.²

In response, this AMA statement highlights the following principles to achieve vaccine equity.

1. Transparent

The Australian Government should work with state and territory governments to improve the data collection regarding COVID-19 vaccination, including to accurately identify groups experiencing under-vaccination, and higher infection, morbidity and mortality rates than the general population.

Transparency in decision-making processes regarding vaccine allocation and distribution is also vital, and priority groups, including people with lived experience in these groups, should be consulted throughout all stages of this process. This should clear detail on governance mechanisms and public transparency about when and how decisions are made.

For Australia's efforts regarding global vaccine provision, this means clear and regular reporting on excess vaccine doses in Australia and doses allocated for donation, along with information on vaccine doses administered with Australian assistance (i.e. "jabs in arms"). This should

include delineation between doses donated to the COVAX Facility¹ and doses donated through direct bilateral agreements, as well as the rationale for these decisions.

2. Community-driven and consultative

In Australia and in global contexts, this means all partners should work together to cater vaccine delivery to community expectations, lifestyles, and relationships, while maintaining necessary healthcare standards and protocols.

It also means decisions about vaccine rollouts should respect and acknowledge local values and cultural norms in vaccine communications, and leverage these to encourage vaccination. Approaches that build from local contexts have demonstrated significant success in combatting vaccine hesitancy and increasing vaccination rates in the Australian vaccine rollout to date.^{3,4,5,6}

3. Evidence-based

It is essential that vaccination provision approaches are informed by an accurate understanding of reasons for under-vaccination.^{7,8} High-quality research is also needed in the medium and long term to better understand the underlying drivers of low vaccination rates in specific population groups. The Australian Government should continue to provide funding for high-quality participatory research within all groups experiencing low vaccination rates.

4. Holistic

Given the barriers associated with getting vaccinated, the measure of success for vaccination must be the number of doses administered to individuals, not the number of doses available. Minimising wastage of doses is also a key marker of success.

Domestically, this means systematic approaches by federal, state, territory, local and community-specific health services to increase vaccination rates in priority groups. These approaches must include active outreach, flexible and mobile vaccine delivery, and opportunistic vaccination, alongside standard vaccine clinics. 'Mainstream' state and territory vaccination clinics, and primary care vaccine providers including General Practitioners and pharmacists, must be supported to reach out to individuals and population groups who might experience barriers to vaccination.

Globally, this means providing vaccine dose donations along with significant funding to ensure sustainable primary care infrastructure. This requires an increased financial commitment from

¹ Note: the COVAX Facility was established early in the pandemic to facilitate an equitable vaccine rollout globally. COVAX is an international platform established by Gavi and the World Health Organization that acts as a broker for vaccine access.

the Australian Government to boost healthcare worker capacity, vaccine transport and storage, medical infrastructure and supplies, vaccination communication campaigns and community outreach in low- and lower-middle income countries. Any doses ordered by the Australian Government that are not required to vaccinate the Australian population should be donated in an appropriate timeline cognisant of expiry dates to boost global vaccination rates and prevent waste.

Background

Vaccine Equity in Australia

Although Australia has one of the highest rates for COVID-19 vaccination in the world, under-vaccination in some communities and population groups persists. These include Aboriginal and Torres Strait Islander communities,⁹ people with disabilities,¹⁰ prisoner populations,¹¹ and in people living in rural and remote areas.¹² Under-vaccination has occurred within these communities despite prioritisation in the Australian Government's *COVID-19 vaccine national rollout strategy*.¹³

Equitable distribution of the influenza vaccine should occur with the equitable distribution of the COVID-19 vaccine to alleviate pressure on the health system.

Barriers to Vaccination

A range of barriers to vaccination have been identified in Australian and international research.^{14,15,16} Typically, barriers to vaccination coincide with factors that put individuals at higher risk of contracting COVID-19 and experiencing a higher degree of COVID-19 disease severity. Potential barriers to vaccination include for example:

- Lack of understanding or confusion about receiving a vaccine, including where they are available, who is eligible, and how to book an appointment;
- Administration barriers, including access to digital technology, difficulty making an appointment, providing personal details, or completing forms;
- Language barriers, including communicating with healthcare providers;
- Geographical distance from vaccination services, or inability to travel to a vaccination service (including lack of transport options available), especially in rural and remote areas with limited access to GP-led primary care;
- Lack of access to culturally safe or community-led vaccination services, especially among Aboriginal and Torres Strait Islander peoples;
- The physical accessibility of a vaccine service, including lack of provisions for people with a disability;
- Not being able to take time off work or caring responsibilities to attend a vaccination appointment;

- Indirect financial barriers, including the cost of transport, accommodation, parking, or childcare required to attend a vaccination service;
- Vaccine hesitancy or unwillingness to have a vaccine, including:
 - Concern about vaccine side-effects or long-term health impacts;
 - General fear or phobia of needles;
 - Exposure to misinformation about the effects of a vaccine;
 - Religious or cultural reasons;
 - Concern about the evidence base behind COVID-19 vaccines specifically;
- Perception that vaccination is not necessary or relevant, including not being worried about contracting COVID-19 and/or developing serious symptoms;
- Mistrust of government in general, based on experiencing negative impacts from government policies or programs;
- Mistrust of government specifically in relation to the provision of health services, and historical legacies of non-consensual medical research and procedures, particularly among Aboriginal and Torres Strait Islander peoples¹⁷ and culturally and linguistically diverse communities; and
- Family and Domestic Violence, where healthcare access is reduced as a means of coercion or control.¹⁸

Global Vaccine Equity

There is a moral imperative and economic benefits for high-income countries to protect the world's most at-risk populations by facilitating equitable vaccination globally. COVID-19 variants are likely to emerge in countries with under-vaccinated populations as the virus can spread and mutate. Therefore, it is in the collective global interest for vaccines to be delivered equitably and quickly.

Australia, as a high-income country, has a moral obligation to distribute COVID-19 vaccines urgently and equitably to its Pacific neighbours. Australia must do more to contribute to the Independent Allocation of Vaccines Group's call for 70% vaccination coverage in all countries.¹⁹

The World Health Organization has identified a range of principles to guide the fair and equitable global allocation of COVID-19 vaccines:²⁰

- Human Well-Being - Protect and promote human well-being including health, social and economic security, human rights and civil liberties, and child development;
- Equal Respect – Recognise and treat all human beings as having equal moral status and their interests as deserving of equal moral consideration;
- Global Equity – Ensure equity in vaccine access and benefit globally among people living in all countries, particularly those living in low-and middle-income countries;
- National Equity – Ensure equity in vaccine access and benefit within countries for groups experiencing greater burdens from the COVID-19 pandemic.

- Reciprocity – Honour obligations of reciprocity to those individuals and groups within countries who bear significant additional risks and burdens of COVID-19 response for the benefit of society;
- Legitimacy – Make global decisions about vaccine allocation and national decisions about vaccine prioritisation through transparent processes that are based on shared values, best available scientific evidence, and appropriate representation and input by affected parties.

Cognisant of this, the COVAX Facility was established early in the pandemic to facilitate an equitable vaccine rollout globally. COVAX is an international platform established by Gavi and the World Health Organization that acts as a broker for vaccine access: financially supporting candidate vaccine development; negotiating purchases with pharmaceutical companies; managing monetary and vaccine donations from high-income countries; and providing equal access to vaccines for member countries, regardless of income.²¹ Australia has joined the COVAX Facility.²² Outside of COVAX, many high-income countries, including Australia, have donated COVID-19 vaccine doses via direct bilateral agreements with partner countries.²³

Barriers to Global Vaccine Equity

Existing wealth disparities, along with over-purchasing of vaccine doses by high income countries is the preeminent driver of inequitable vaccine delivery globally.²⁴ The majority of high-income countries have secured enough vaccine doses for significantly greater than 100% of their populations.²⁵ Low and lower-middle income countries with less purchasing power have been left reliant on the COVAX Facility rather than being able to negotiate direct agreements with vaccine manufacturers.²⁶

With the production capacity of vaccine doses expected to rise over time,²⁷ it is clear that the vaccine supply is sufficient to vaccinate the global population. What is needed is a more equitable allocation and delivery approach in the immediate and longer term. In addition, evidence suggests that vaccine disinformation and resulting hesitancy has also hindered vaccine provision in low and lower-middle income countries as it has in high income countries.^{28,29}

Other barriers include the weakness of existing primary health care systems to reach unvaccinated systems and availability of well-trained health workforce prompting recommendations for health systems strengthening beyond COVID-19.³⁰

April 2022

This position statement will be reviewed for currency in 2023.

See also:

[AMA Position Statement on social determinants of health 2020](#)

[AMA Position Statement on primary health care - 2021](#)

[AMA Position Statement on vaccinations outside of general practice -2021](#)

[AMA Position Statement on medicines - 2021](#)

[AMA Position Statement on cultural safety - 2021](#)

[AMA Position Statement on health literacy - 2021](#)

References

1. National Health and Medical Research Council. Decision-making for pandemics: an ethics framework. Canberra: NHMRC, 2021 [cited 2021 Nov 26]. Available from: [https://www.nhmrc.gov.au/sites/default/files/documents/attachments/21738%20NHMRC%20-%20Ethics%20Framework%20for%20Pandemics WEB.pdf](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/21738%20NHMRC%20-%20Ethics%20Framework%20for%20Pandemics_WEB.pdf)
2. National Academies of Science, Engineering and Medicine. Framework for Equitable Allocation of COVID-19 Vaccine. [Internet] Washington DC: NAS, 2020 [cited 2021 Nov 5]. Available from: <https://www.nap.edu/read/25917/chapter/1>
3. Collard, S. How a Sydney clinic turned the tide on its vaccine hesitancy. NITV 2021 Aug 20.
4. Mannix, L. The COVID Cup: In tiny Harrow, a race to get vaccinated. The Age 2021 Nov 1.
5. Tsirtsakis, A. Science meets faith at fully booked vaccine clinic. NewsGP 2021 Sep 3.
6. Dow, A. 'Absolutely extraordinary': The Melbourne housing towers where everyone is vaccinated. The Age 2021 Nov 24.
7. Mediciens Sans Frontieres. COVID-19 Vaccine Redistribution to Save Lives Now. [Internet] Geneva: MSF, 2021 [cited 2021 Nov 5]. Available from: https://msf.org.au/sites/default/files/attachments/covid19_technicalbrief_msf_vaccine-redistribution-to-save-lives_eng_7.10.2021_ver1.pdf

8. End COVID for All. Shot of Hope: Australia's role in vaccinating the world against COVID-19. [Internet] Sydney: End COVID for All, 2021 [cited 2021 Nov 1]. Available from: <https://endcovidforall.com/>.
9. Doran, M. Health official racing to 'accelerate' COVID-19 vaccination rates in Indigenous communities as restrictions ease. ABC News 2021 Oct 14.
10. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Public hearing 12: The experiences of people with disability, in the context of the Australian Government's approach to the COVID 19 vaccine rollout. [Internet]. Sydney: Royal Commission, 2021 [cited 2021 Nov 5]. Available from: <https://disability.royalcommission.gov.au/publications/report-public-hearing-12-experiences-people-disability-context-australian-governments-approach-covid-19-vaccine-rollout-commissioners-draft-report>.
11. Human Rights Watch. Australia: Prisoners Denied Vaccine Access. [Internet] 2021 [updated 2021 Sep 1; cited 2021 Nov 15]. Available from: <https://www.hrw.org/news/2021/09/01/australia-prisoners-denied-vaccine-access#>
12. May, N. Australian health experts worried as rural Covid vaccination rates lag metro areas. Guardian Australia 2021 Sep 18.
13. Department of Health. [COVID-19 vaccination – Australia's COVID-19 vaccine national roll-out strategy](https://www.health.gov.au/resources/publications/covid-19-vaccination-australias-covid-19-vaccine-national-roll-out-strategy). [cited 2022 Feb 11]. Available from <https://www.health.gov.au/resources/publications/covid-19-vaccination-australias-covid-19-vaccine-national-roll-out-strategy>
14. Burke P, Masters D, Massey G. Enablers and barriers to COVID-19 vaccine uptake: An international study of perceptions and intentions. Vaccine 2021; 39(36): 5116-5128.
15. Pickles K et al. COVID-19 vaccine intentions in Australia. The Lancet Infectious Diseases 2021;21(12):1627-1628.
16. Zajac, I et al. Science Explainer: COVID-19 vaccine hesitancy and barriers. CSIROscope 2021 Oct 15.
17. Gorrie, N. Why vaccination presents an ethical dilemma for us, but remains the best way to keep our families safe. IndigenousX 2021 Oct 12.
18. Chandan, J et al. The risk of COVID-19 in survivors of domestic violence and abuse. BMC Medicine. 2021; 19. 246. <https://doi.org/10.1186/s12916-021-02119-w>

19. World Health Organization. Achieving 70% COVID-19 immunization coverage by mid-2022. Geneva: WHO 2021 [cited 11 Mar]. Available from: <https://www.who.int/news/item/23-12-2021-achieving-70-covid-19-immunization-coverage-by-mid-2022>
20. World Health Organization. WHO Concept for fair access and equitable allocation of COVID-19 health products. Geneva: WHO, 2020 [cited 2021 Nov 26]. Available from: <https://www.who.int/docs/default-source/coronaviruse/who-covid19-vaccine-allocation-final-working-version-9sept.pdf>.
21. Berkley, S. COVAX explained. GAVI The Vaccine Alliance 2020 Sep 3.
22. Australian Government Department of Health. Australia's vaccine agreements. 2022 [cited 2022 Feb 11]; Available from: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/about-rollout/vaccine-agreements#covax->
23. Indo Pacific Centre for Health Security. Vaccine Access and Health Security Initiative. Canberra: DFAT, 2020 [cited 2021 Nov 26]. Available from: <https://indopacifichealthsecurity.dfat.gov.au/vaccine-access>.
24. End COVID for All. Shot of Hope: Australia's role in vaccinating the world against COVID-19. [Internet] Sydney: End COVID for All, 2021 [cited 2021 Nov 1]. Available from: <https://endcovidforall.com/>.
25. International Monetary Fund. IMF-WHO COVID-19 Vaccine Supply Tracker. [Internet] 2021 [updated 2021 Nov 18; cited 2021 Nov 25]; Available from: <https://www.imf.org/en/Topics/imf-and-covid19/IMF-WHO-COVID-19-Vaccine-Supply-Tracker>
26. Mediciens Sans Frontieres. COVID-19 Vaccine Redistribution to Save Lives Now. [Internet] Geneva: MSF, 2021 [cited 2021 Nov 5]. Available from: https://msf.org.au/sites/default/files/attachments/covid19_technicalbrief_msf_vaccine-redistribution-to-save-lives_eng_7.10.2021_ver1.pdf
27. UNICEF. COVID-19 Vaccine Market Dashboard. [Internet] 2021 [updated 2021 Nov 25; cited 2021 Nov 25]; Available from: <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>
28. Mediciens Sans Frontieres. COVID-19 Vaccine Redistribution to Save Lives Now. [Internet] Geneva: MSF, 2021 [cited 2021 Nov 5]. Available from: https://msf.org.au/sites/default/files/attachments/covid19_technicalbrief_msf_vaccine-redistribution-to-save-lives_eng_7.10.2021_ver1.pdf

29. End COVID for All. Shot of Hope: Australia's role in vaccinating the world against COVID-19. [Internet] Sydney: End COVID for All, 2021 [cited 2021 Nov 1]. Available from: <https://endcovidforall.com/>.

30. Mustafa, S et al. COVID-19 Preparedness and Response Plans from 106 countries: a review from a health systems resilience perspective, *Health Policy and Planning*, 2021; czab089, <https://doi.org/10.1093/heapol/czab089>