

AN ETHICAL APPROACH TO THE DISTRIBUTION OF SCARCE VACCINATIONS

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In a worst case scenario, the American Center for Disease Control and Prevention estimates that Ebola could infect up to 1.4 million people in Liberia and Sierra Leone by early 2015.<sup>1</sup>

These ominous numbers stress what public health officials already know: the current Ebola epidemic in West Africa is grave. Both the disease itself and the fear of disease are spreading rapidly, and as a result the potential development of an Ebola vaccine prompts many ethical questions in regards to its distribution. Because the objective of public health is to serve the population as a whole, the approach that most quickly and effectively de-minimizes Ebola's impact on the overall West African and global communities is not only the most practical, but the most ethical.

Professor Hugh McLachlan, a professor of applied philosophy at the Glasgow School for Business and Society in the UK, examines the ethics of vaccination distribution in his paper, "A proposed non-consequentialist policy for the ethical distribution of scarce vaccination in the face of an influenza pandemic." Although he speaks specifically towards Britain's strategy in such a circumstance, he upholds that his arguments can be applied to the distribution of scarce vaccination more generally.

In his paper, McLachlan asserts that "the state should give the vaccination, in the first instance, to those who are at risk of catching the pandemic flu in the line of their duties of public employment."<sup>2</sup> In other words, McLachlan maintains that since they are voluntarily exposing themselves to illness for the sake of serving the public, vaccinations must first be provided for healthcare workers.

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<sup>1</sup> Achenback, Joel, Lenny Bernstein, Brady Dennis, Lena H. Sun. "How Ebola sped out of control." Washington Post. Oct. 4, 2014. <http://www.washingtonpost.com/sf/national/2014/10/04/how-ebola-spied-out-of-control/>.

<sup>2</sup> McLachlan, Hugh V. "A proposed non-consequentialist policy for the ethical distribution of scarce vaccination in the face of an influenza pandemic." Journal of Medical Ethics 38 (2012): 317. <http://jme.bmj.com.ezproxy.cul.columbia.edu/content/38/5/317.full.pdf+html>.

Certainly, this logic also applies to the current Ebola epidemic in West Africa. The successful eradication of Ebola is contingent upon the grassroots efforts of healthcare workers; accordingly, any effective medical response to the epidemic must prioritize their well-being. Already, many qualified healthcare workers have fled West Africa out of fear of contracting Ebola.<sup>3</sup> Furthermore, not only are healthcare workers more susceptible to disease, but they can easily become vehicles for the spread of Ebola and, therefore, a detriment to the very people they aspire to protect. In order to retain experienced and skilled medical workers and to minimize the spread of the virus, Ebola vaccinations must first be offered to the healthcare personnel in West Africa.

After vaccinations have been provided to healthcare workers, McLachlan argues, “[If] there is not sufficient vaccine to give all other citizens equally an effective dose... [the state] should allocate the remaining vaccinations in the manner of a lottery by the random selection of names.”<sup>4</sup> He bases his assertion on the idea that all citizens are equal under the law, and so the state must provide each citizen an equal opportunity to be vaccinated.

However, McLachlan fails to consider the long-term consequences of such an approach. Arbitrarily distributing an already scarce vaccination is a waste of a valuable and powerful resource. While governmental policies should value the rights of the individual, only institutions such as governments and non-profit organizations have the resources and the authority to execute widespread healthcare initiatives, and so it is their foremost responsibility to meet the health needs of the entire community. Indeed, if the health of a society is compromised, no other pursuit can be achieved – including McLachlan’s priority, the preservation of individual rights under the law. Thus, a responsible and ethical solution to the distribution of scarce vaccination must be strategic.

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<sup>3</sup> Achenback, Joel, et al. “How Ebola sped out of control.”

<sup>4</sup> McLachlan, Hugh V. “A proposed non-consequentialist policy.”

Firstly, distribution of the vaccination must be tailored around the current understanding of how the virus is spread. Ebola is a contagious disease transmitted via contact with infected bodily fluids, such as vomit, saliva, or blood.<sup>5</sup> Due to the communicable nature of the virus, public health officials must target areas where people are most vulnerable, including densely-populated areas and areas that undergo substantial traffic. In this way, they can limit the proliferation of the disease.

Secondly, vaccinations should be administered in areas where other approaches are ineffective. In the past, public health officials utilized contact-tracing methods to contain Ebola epidemics, whereby “[public health officials] just needed to find all those infected, quarantine them, and identify everyone they had been in contact with.”<sup>6</sup> Contact-tracing may effectively be employed in less densely populated rural areas, but not in urban areas where individual cases are much more difficult to track. To address an epidemic of this scale, public health officials must use a combination of both methods. Since contact-tracing has proven to be successful in rural areas, this only emphasizes the need for vaccinations in cities.

In most cases, the administration of medical treatment is considered to be an obligation of the afflicted country and – should the public health concern be especially severe – of international health organizations. However, in the case of the Ebola epidemic, neither the World Health Organization nor the governments of the affected West African nations have thus far demonstrated the capacity to respond swiftly and effectually to the disease outbreak. The weak infrastructure of the Guinean, Liberian, and Sierra Leone governments in conjunction with the general inadequacy of their healthcare systems have made it difficult to provide medical treatment for their citizens. Likewise, due to budget cuts, a reduction of its staff, and the lack of precedent for an Ebola outbreak as severe as the current one, the World Health Organization failed to recognize the current

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<sup>5</sup> Achenback, Joel, et al. “How Ebola sped out of control.”

<sup>6</sup> Belluz, Julia. “No one knows exactly how bad West Africa’s Ebola epidemic is.” Vox Media, Inc. Last modified Oct. 9, 2014. <http://www.vox.com/2014/10/6/6889037/reporting-ebola-epidemic-virus-outbreak>.

Ebola outbreak as an emergency until four and a half months until after it first appeared in early 2014. The World Health Organization's sluggish response allowed the outbreak to intensify, and it is now struggling to de-escalate the situation.<sup>7</sup> Consequently, these institutions alone cannot be expected to finance the distribution of vaccinations.

The duty to protect the global population extends beyond any individual state. Hence, other nations and organizations have voluntarily invested their resources into containing the Ebola epidemic, and it follows that these institutions would also share the fiscal burden of vaccine distribution. For instance, the United States ordered 3000 military personnel to West Africa; nonprofits, such as the Gates Foundation, funded medical responses; Britain, China, and Cuba sent healthcare workers to the afflicted areas; and Canada and Japan supplied West African healthcare providers with protective gear and mobile laboratories.<sup>8</sup> These efforts are as much a preventative measure as a humanitarian one – these countries recognize the danger that Ebola holds for their citizens, and as a result, they are willing to collaborate with West Africa to stop the spread of the disease.

International involvement may be perceived as a threat to the autonomy of West African government. A global threat, however, necessitates a global response – the threat of disease, especially, transcends political boundaries. Not only is abating the Ebola epidemic a step towards improving the health of the citizens of West Africa, it is essential to preserving the health of people worldwide. As Ebola becomes a matter of international concern, so too must the responsibility of addressing its containment and prevention.

Insofar as this epidemic threatens the global community, the most ethical distribution of an Ebola vaccination ensures the health of society as a whole.

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<sup>7</sup> Achenback, Joel, et al. "How Ebola sped out of control."

<sup>8</sup> Ibid.