

INCREASE-HEALTH-CORONA: WORKSHOP PROTOCOL

REAL TIME EVALUATION OF GLOBAL ACTIONS IN RESPONSE TO THE SARS CoV 2 PANDEMIC
& IDENTIFICATION OF BEST PRACTICES TO STRENGTHEN HEALTH SYSTEMS IN IRAN AND GERMANY

Rationale:

The international exchange between technical experts on evolving strategies, technological and medical solutions and the discussion of gaps and challenges but also the identification of best practices and sharing of experiences in the response to the SARS Cov 2 pandemic are at the forefront of the workshops organized by the Academy of the Disaster Research Unit at the Free University of Berlin.

The workshop protocols are documenting the conversational course with an emphasis on key findings rather than as word for word transcript. All participants will have had the opportunity to review and comment on the draft version of the workshop protocols prior to their publication

Workshop № 05, date: 10.03.2021

Workshop Topic:

Ethical considerations in the drafting and roll out of vaccination plans

During this Workshop we turned towards ethical considerations that influence decision making in the light of limited resources and prioritization of vulnerable population groups. The Keynote Speech and discussion focussed on the moral and ethical considerations that go into the planning of national vaccination plans, their transparent communication with the population and the potential challenges in the practical implementation. This involves questions of public trust as well as ethical issues in the development and testing of vaccines.

Prof. Dr. Martin Voss led the participants through the workshop, introducing the INCREASE health Corona Project and facilitating the dialogue that followed the key note speech.

Keynote Speaker Dr. Dr. Ehsan Shamsi Gooshki technically guided through the workshop with his presentation on “Ethical Aspects of COVID-19 vaccine: Iran Experience in research and priority setting”.

Key highlights

- Apart from health workers, there is **no public support in Iran for prioritizing certain occupational groups** that are necessary for the functioning of society as the priority to be vaccinated in the 1st

phase of vaccination, while other occupational groups that their service is necessary for the society are in the 3rd phase

- the guidelines state vaccination as a human right and prioritization is only temporal
- **vaccination acceptance in Iran is one of the highest in the world**, although there are opponents from the ranks of traditional medicine or due to political distrust of other countries
- Sanctions harm the development and acquisition of COVID-19 vaccines in Iran

Detailed notes

General considerations

- other recent epidemics (e.g. Ebola) made the vulnerabilities of the globalized world apparent. This increased connectivity requires stronger solidarity at an international level

Covid 19 vaccine development in Iran and research ethics

- Iran is developing its own COVID-19 vaccines
- Questions of timing: need for shortening trials
- Question until when placebo control groups can be excluded from vaccination? This is a problem especially related to later vaccine candidates (as those from Iran)

Fair and equitable distribution (international)

- transparency of production – pharmaceutical companies had signed COVAX and bilateral contracts with nation states as well
- COVAX is not very successful yet, but there are examples of vaccines delivered in low- and middle-income countries, even though there is a great need richer countries and this could be counted as a very big issue.

Experiences with COVID-19 vaccine development

- currently 9 vaccines in Iran
- 2 Vaccines from technology transfer (Russia and Cuba)
- Iranian vaccines: traditional vaccines (deactivated virus) - one in phase 1 and another approved for phase 2 (very promising in phase 1)
- first time to produce a new vaccine in Iran: guidelines were not available and had to be developed and now are available
- volunteers , hard to select:
 - psychological evaluation of volunteers
 - heroism and concept of a guinea pig as a problem
 - informed consent, people are free to leave the study whenever they wanted

- sanctions didn't allow to import some primates or laboratory equipment for high technology labs

Acquisition of vaccines

- because of the sanctions it was not possible to transfer money for pre buy or even COVAX
- some countries were willing to donate vaccines in order to get them registered in Iran
- *Fair and equitable distribution (national level)*
- national guidelines for prioritization and distribution of vaccines had to be developed
- Australian, Canadian UK, French, Indian, Japanese, US and WHO guidelines were reviewed in order to find customized guidelines for Iran
- high risk groups (health care workers, child care workers) and priority groups (homeless; detention; people with co morbidities) were categorized
- the introduction of the guidelines state vaccination as a human right
- various considerations:
 - aims: maximizing benefits while minimizing the burden on physical health, mental health and economic health
 - it was about any life - including migrants and refugees, who weren't registered and often had no IDs
 - some vaccines are not suitable for some age groups
 - hard to accept the priority of certain occupational groups for phase one vaccination before high risk patients with underlying diseases and aged groups - in contrast to other neighbouring countries, only health care workers were prioritized
- procedural framework: only time prioritization
- prioritized groups
 - medical staff, dentists, medical workers in nursery home, funeral personal (according to Islamic custom corpses need to be washed)
 - age: as it is not easy to separate people with comorbidities (problem of applicability) , higher ages were prioritized first, after that people with comorbidities
 - people in group living situations (prisons, shelters etc.)
 - essential workers and health care workers not working as first responders to COVID 19
 - people aged 55-65

Discussion / Q&A

- in order to involve the public in the discussion the National NGO *Patient rights watch* was involved from the beginning
- the detailed guideline for vaccination in Iran is going to be published soon in English

- to maintain trust in vaccination Iran didn't follow countries like Japan which prioritized only by age. If starting with older people and patients die from natural causes after vaccination trust could be damaged; Iran instead started from a population group that could be an example for the rest of society (medical staff)
- marginalized groups: there is a large group of partly undocumented Afghan migrants (3 million); primary health care is free of charge, no IDs needed
- ethical considerations and prioritization plans were put in place just right on time before vaccination began
- the vaccination guideline gave civil society support in criticizing efforts of influential groups to receive higher priorities regarding vaccination, e.g. advocates
- some people think their work is more important than others, but there has been no larger critique against the guidelines, because it was backed by careful ethical and evidence-based deliberation and approved in highest national authority for COVID-19 outbreak. The guidelines can work as a base for social control like monitoring and whistleblowing
- until now there is no evidence that vaccines had been given to others than health care workers and elderly people

Trust and vaccination acceptance

- issue of traditional medicine: anti-vaccine proponents are sometimes supporters of traditional medicine; even though most accept the complementary nature of modern and traditional medicine.
- recently there were anti-vaccination rumours, mostly spread by people supporting so called Islamic Medicine; even though the official position of the government is that there is no alternative system of Islamic Medicine.
- Why society is attracted to claims against vaccination needs to be examined further; there is no research on anti-vaccination campaigns in Iran yet
- generally, vaccination acceptance in Iran is one of the highest in the world
- there are people who are against vaccines from certain countries, because of quality related concerns. For example regarding the Russian vaccine there were strong voices even from academia; but luckily exactly the day the vaccination of medical staff started, *Lancet* published its study in support of the *Gamaleya Sputnik V* vaccine
- Iranians are very sensitive against prioritization of certain occupational groups, for example regarding their function/importance in society. The current prioritization is tolerated by the society

Follow up

- Vaccination will stay an issue in the following meetings
- Question of vulnerability and marginalized people is crucial; might be a follow up topic
- we are researchers, not policy makers, but discussing the consequences of sanctions, especially if they relate to ethical and medical issues, is our domain