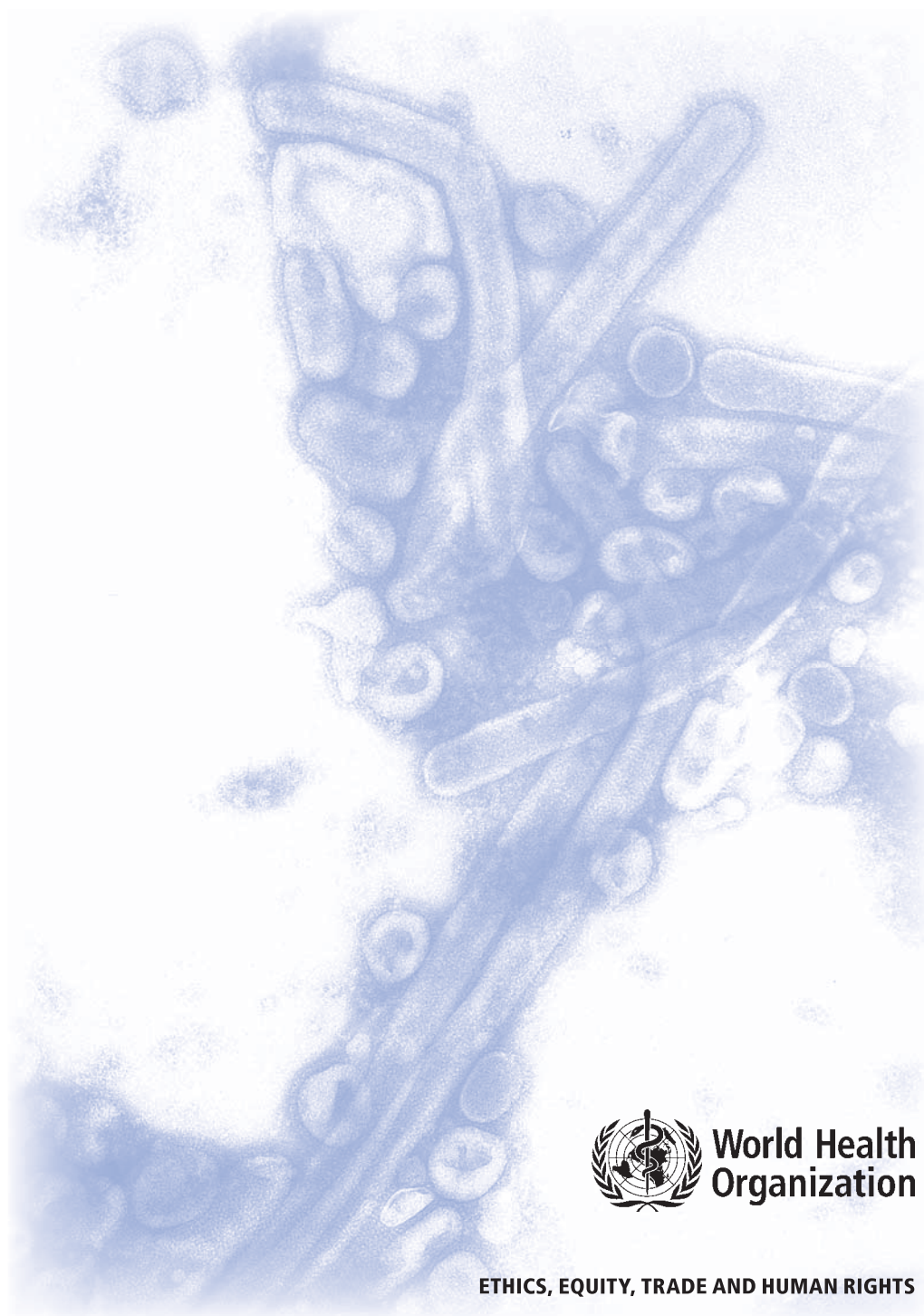


# Addressing ethical issues in pandemic influenza planning

## DISCUSSION PAPERS



**World Health  
Organization**

**ETHICS, EQUITY, TRADE AND HUMAN RIGHTS**

# Addressing ethical issues in pandemic influenza planning

## **DISCUSSION PAPERS**

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# Introduction

In March 2006, the World Health Organization (WHO) convened four working groups to review the literature and develop preliminary conclusions on key ethical issues in pandemic preparedness and response. The working groups included experts in ethics, law, and public health, WHO staff, and country representatives. This volume includes the background papers prepared by the chairpersons in consultation with their working group members.

In chapter I, Marcel Verweij of Utrecht University (Netherlands), chairperson of the working group on **“Equitable access to therapeutic and prophylactic measures”**, explores the challenge of allocating vaccines, antiviral medications, ventilators, and other scarce resources during a pandemic. He identifies three key ethical principles to guide such allocation decisions: efficiency, equity, and procedural fairness. While the principle of efficiency can be interpreted in multiple ways, Dr Verweij argues that the most defensible approach to efficiency in the context of a pandemic is to focus on saving the greatest number of lives. The principle of equity requires efforts to avoid discrimination, minimize unfairness, and prioritize individuals who are most likely to die without intervention. In addition, the “fair innings” approach to equity suggests that it might be appropriate to give priority to younger persons over older persons, although such an approach is likely to be controversial in many countries. Finally, procedural fairness requires policy-makers to ensure that prioritization decisions are made pursuant to impartial procedural mechanisms, that decision-makers are publicly accountable, and that the decision-making process is designed to promote public trust.

Chapter II is written by Larry Gostin, chairperson of the working group on **“Isolation, quarantine, border control, and social distancing”** and Ben Berkman, both of Georgetown University

(United States of America). This chapter explores a broad range of non-pharmaceutical public health interventions, including surveillance, personal and community hygiene, health facility infection control, isolation and quarantine, social distancing, and international travel and border controls. The authors emphasize that these interventions must be implemented within the context of internationally-recognized human rights principles, including those protecting freedom from arbitrary arrest, the right to movement, right to nondiscrimination, and the right to health. According to the Siracusa Principles, interventions that interfere with human rights must be in accordance with the law; based on a legitimate objective; strictly necessary in a democratic society; the least restrictive and intrusive means available; and not arbitrary, unreasonable, or discriminatory. In addition, principles of public health ethics emphasize the importance of distributive justice, transparency, and promoting public trust. The authors highlight the importance of mitigating the privacy and autonomy risks of public health interventions, providing due process protections to individuals whose liberty is restricted, and favouring voluntary compliance over coercion as much as possible.

In chapter III, Ross Upshur of the University of Toronto (Canada), who served as chairperson of the working group on **“Role and obligations of health-care workers during an influenza pandemic”**, discusses the importance of ensuring adequate numbers of health-care workers during a pandemic. He notes that, while most health-care workers provided exemplary service during the severe acute respiratory syndrome (SARS) crisis of 2003, some failed to report for duty. In addition, surveys of health-care workers’ attitudes reflect a substantial reluctance among many workers to provide care for patients during infectious disease

outbreaks. Dr Upshur argues that a duty to work during infectious disease outbreaks should be considered an ethical obligation for professional health-care workers. He also emphasizes that governments and health-care institutions have reciprocal obligations to make the workplace as safe as possible and to provide care and support for workers who become ill. He urges societies to adopt measures to encourage health-care workers to work voluntarily during a pandemic, and cautions against the imposition of sanctions on health-care workers who are unwilling to work.

Finally, in chapter IV, Robert Archer, chairperson of the working group on **“Pandemic influenza planning and response – transnational issues for governments”**, explores the role of international cooperation in pandemic preparedness and response efforts. He notes that international law and human rights principles require countries to help one another during public health emergencies. Governments also may be motivated to cooperate

in pandemic preparedness and response efforts to further their national interests or based on an ethical sense of solidarity. Governments must balance their commitments to the international community with their primary obligation to protect the health and safety of their own populations. Mr Archer explains the importance of international cooperation before, during, and after a pandemic.

Together, these four background papers provided the framework for the discussion at the WHO global consultation entitled **“Addressing ethical issues in pandemic influenza planning and response”** held in October 2006, as well as for the publication that grew out of that consultation, *“Ethical considerations in developing a public health response to pandemic influenza”*.<sup>1</sup> This volume is intended to complement that publication by providing a more comprehensive analysis of the ethical and policy issues which WHO considered in its deliberations. WHO is grateful for the working groups’ scholarship and insights.

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<sup>1</sup> *“Ethical considerations in developing a public health response to pandemic influenza”*. Geneva, World Health Organization, 2007, available at: [http://www.who.int/csr/resources/publications/WHO\\_CDS\\_EPR\\_GIP\\_2007\\_2c.pdf](http://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2c.pdf)



# Equitable access to therapeutic and prophylactic measures

Marcel Verweij, Utrecht University

**ON BEHALF OF WORKING GROUP ONE**

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