Major Elements of the Framework for Equitable Allocation of COVID-19 Vaccine

Foundational Ethical Principles

- **Maximum benefit:** The obligation to protect and promote the public's health and its socioeconomic well-being in the short and long term.
- **Equal concern:** The obligation to consider and treat every person as having equal dignity, worth, and value.
- **Mitigation of health inequities:** The obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities.

Foundational Procedural Principles

- **Fairness:** Decisions should incorporate input from affected groups, especially those disproportionately affected by the pandemic. Once informed by public input, decisions should be data-driven and made by impartial decision makers, such as public health officials.
- **Transparency:** The obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the vaccine allocation criteria and framework, as they are being developed and deployed.
- **Evidence-based:** Vaccination phases, specifying who receives the vaccine when, should be basked on the best available scientific evidence, regarding risk of disease, transmission, and societal impact.

Goal

Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

Allocation Criteria

Risk of: 1) acquiring infection; 2) severe morbidity and mortality; 3) negative societal impact; and 4) transmitting infection to others

Four Allocation Phases

Phase 1a: High-risk health workers and first responders

Phase 1b: People with significant comorbid conditions (defined as having two or more); and older adults in congregate or overcrowded settings

Phase 2: K-12 teachers and school staff and child care workers; critical workers in high-risk settings; people with moderate comorbid conditions; people in homeless shelters or group homes and staff; incarcerated/detained people and staff; and all older adults

Phase 3: Young adults; children; workers in industries important to the functioning of society

Phase 4: All other individuals residing in the United States who are interested in receiving the vaccine for personal protection

Equity is a crosscutting consideration: In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

For more information and details about applying the framework, see the complete report at **nationalacademies.org/COVIDVaccineFramework**

