

RECOMMENDATIONS

OCTOBER 2020 • FRAMEWORK FOR EQUITABLE ALLOCATION OF COVID-19 VACCINE

Recommendation 1. Adopt the committee's framework for equitable allocation of COVID-19 vaccine.

The U.S. Department of Health and Human Services and state, tribal, local, and territorial authorities (STLT) should adopt the equitable allocation framework set out in the committee's report in the development of national and local guidelines for COVID-19 vaccine allocation. The guidelines should adhere to the foundational principles, goals, allocation criteria, and allocation phases described in the committee's report and seek to maximize benefit, mitigate health inequities, manifest equal regard for all, be fair and transparent, and build on the best current evidence. Important considerations include:

- This framework can also inform the decisions of other groups, such as the Advisory Committee on Immunization Practices, and those in the global health community.
- STLT authorities will have to make final decisions on refining and applying the framework and should plan for situations when prioritization has to be adapted midway through the process. In doing so, they should refer to the principles and allocation criteria that guided the formulation of the phases.

Recommendation 2. Leverage and expand the use of existing systems, structures, and partnerships across all levels of government and provide the necessary resources to ensure equitable allocation, distribution, and administration of COVID-19 vaccine.

The U.S. Department of Health and Human Services should commit to leveraging and expanding the use of existing systems, structures, and partnerships across all levels of government and provide the resources necessary to ensure equitable allocation, distribution, and administration of COVID-19 vaccine. Equitable allocation must be supported by equitable distribution and administration. Specific action steps to implement this recommendation are as follows:

- Provide resources (including resources for staff) to state, tribal, local, and territorial authorities and their implementation partners and adequately fund indirect assets (e.g., needles, syringes, personal protective equipment for vaccinators, resources for cold-chain management, and so forth) necessary for effective vaccine allocation, distribution, and administration.
- To ensure identification and delivery of COVID-19 vaccine to priority population groups, develop the capacity and systems to collect and integrate the necessary data (digital and other) from public health and private providers of care to facilitate the identification and monitoring of people with pre-existing conditions and other high-risk characteristics.
- Establish a robust and comprehensive surveillance system to monitor, detect, and respond to identified problems, gaps, inequities, and barriers. Monitoring should encompass equitable vaccine allocation and distribution, vaccine delivery, adverse events following immunization, promotion and communication, and uptake and coverage.
- Ensure that a rigorous COVID-19 vaccine safety monitoring program, built on existing systems, is in place, with an emphasis on rapid reporting and timely and transparent assessment of adverse events to determine whether events are associated with receipt of vaccine or occurring by chance.

Recommendation 3. Provide and administer COVID-19 vaccine with no out-of-pocket costs for those being vaccinated.

The U.S. Department of Health and Human Services should coordinate across agencies so that (1) COVID-19 vaccine is available at no cost to the public health and health care sectors and thus free to the

individual; (2) providers are assured that they have the ability to submit for reimbursement of allowable and reasonable administration fees to a third party but with no costs shared by the individual being vaccinated; and (3) public health mass vaccination clinics are federally supported and funded to provide vaccinations at no cost to individuals being vaccinated, which is particularly important for reaching populations that do not have insurance. Specific action steps to implement this recommendation are as follows:

- Apply Patient Protection and Affordable Care Act regulations regarding no cost-sharing for preventive services for COVID-19 vaccinations for insured individuals, while addressing instances where these regulations fail to protect the beneficiary from out-of-pocket costs. Require health insurance providers and self-insured employers to waive co-pays and deductibles for vaccine administration based on a reasonable nationally determined administrative rate set by the Centers for Medicare & Medicaid Services for all providers, irrespective of site of care or network participation status.
- To reach uninsured individuals, federal support and funding should be provided for mass vaccination clinics and for reimbursement for providers serving uninsured individuals directly. In all cases, a billing code of some kind will be needed to monitor uptake, for pharmacovigilance, and to monitor disparities.
- Keep barriers to provider participation in administration of the vaccine as low as possible, especially for those providers who are in communities that are disproportionately impacted by COVID-19 by assuring vaccines are available at no cost and that administration of the vaccine is adequately reimbursed even if there is no cost sharing for the patient.

Recommendation 4. Create and appropriately fund a COVID-19 vaccine risk communication and community engagement program.

The U.S. Department of Health and Human Services should create and appropriately fund a COVID-19 vaccination risk communication and community engagement program to support state, tribal, local, and territorial (STLT) authorities as an integral part of an effective and equitable national COVID-19 vaccination program. The program should:

- Ensure public understanding of the foundational principles, procedures, expected outcomes, and performance of vaccination efforts, including changes in response to research, experience, and public input.
- Be informed by the concerns and beliefs, as revealed by surveys, news media, public discourse, and social media channels, with special attention to information gaps and misinformation.
- Support STLTs in their engagement and partnership with community-based organizations, local stakeholders, and others to provide two-way communication with their constituencies and most effectively reach diverse populations.
- Be grounded on scientific foundations, incorporating the expertise of individuals with the cultural competency to hear and speak to diverse communities that have a stake in the vaccine program's successful vaccination efforts.
- Rely on transparent, trustworthy assessments of vaccine safety and efficacy, as reviewed by the federal government and independent external scientists.
- Begin immediately and sustain proactive two-way communication throughout the life of vaccination program.

Recommendation 5. Develop and launch a COVID-19 vaccine promotion campaign.

The Centers for Disease Control and Prevention should rapidly develop and launch a national, branded, multi-dimensional COVID-19 vaccine promotion campaign using rigorous, evidence-informed risk and health communication, social marketing, and behavioral science techniques. The COVID-19 vaccine promotion campaign should:

- Be consistent in its messaging but also flexible and modular to allow state, tribal, local, and territorial authorities to tailor it to specific communities and audiences, similar to the truth campaign against tobacco use.
- Partner with diverse stakeholders (e.g., health care providers, Historically Black Colleges and Universities research centers, Hispanic Association of Colleges and Universities, Tribal Colleges and Universities research centers, social marketing firms and other groups with specific expertise reaching underserved communities) and prioritize promoting the vaccine to Black, Hispanic or Latinx, American Indian and Alaska Native, Hawaiian Native and Pacific Islander, and other communities in which vaccine hesitancy and skepticism have been documented.
- Engage thought and opinion leaders, such as celebrities, to help promote COVID-19 vaccination acceptance and uptake.
- Incorporate messaging (in a variety of languages) and graphical elements that increase motivation, counter misinformation, and overcome perceived or actual practical barriers to vaccination.
- Include print, radio, television, and social media formats; incorporate toolkits, educational materials, and guidebooks to support community discussion about the COVID-19 vaccine; and make materials available in multiple languages.
- Be incorporated into broader messaging that provides consistent information on COVID-19 public health strategies that include nonpharmaceutical interventions, such as mask usage, physical distancing, hand washing, and so forth; expanded and accessible diagnostic testing linked to contact tracing, isolation, and quarantine strategies aimed at containing transmission, suppressing outbreaks, and interrupting super-spreading events; and the deployment of therapeutic measures that mitigate morbidity and mortality.

Recommendation 6. Build an evidence base for effective strategies for COVID-19 vaccine promotion and acceptance.

The Centers for Disease Control and Prevention (CDC) and the National Institutes for Health should invest in rapidly building an evidence base for effective strategies for COVID-19 vaccine promotion and acceptance, acknowledging the unique circumstances around COVID-19 vaccination and the knowledge gaps related to understanding community needs and perceptions and effective promotion and delivery strategies. Specific action steps to implement this recommendation include:

- Support innovation in vaccine promotion at the state, tribal, local, and territorial levels and among community-based organizations through existing and expanded program grant mechanisms, with an emphasis on supporting existing entities, programs, and infrastructure with community knowledge and expertise; and on expanding CDC's existing Vaccinate with Confidence programs.
- Support a new rapid response research grant mechanism to advance the science of COVID-19 vaccine acceptance through grants that:
 - Foster partnership among research entities, public health agencies, and community-based organizations;
 - Evaluate existing or novel theory-driven strategies and interventions to decrease COVID-19 vaccine hesitancy, increase COVID-19 vaccine uptake, and eliminate social, cultural, logistic, and legal barriers to COVID-19 vaccination in focal populations; and
 - Support research grounded in diverse theoretical and methodological approaches, with an emphasis on novel approaches and data sources.

Recommendation 7. Support equitable allocation of COVID-19 vaccine globally.

The U.S. government should commit to a leadership role in the equitable allocation of COVID-19 vaccine globally, including:

- Opt in to the COVAX Facility at the Global Alliance for Vaccines and Immunization (GAVI). The U.S. government can pledge its support while still pursuing its bilateral national efforts through Operation Warp Speed and executing its own robust vaccine manufacturing and distribution plans.
- Deploy a proportion (e.g., 10 percent) of the U.S. vaccine supply for global allocation, both as a means to help contain the COVID-19 pandemic and as an effort to build global solidarity in addressing this pandemic—and the next. This deployment should be implemented through the COVAX Facility led by GAVI, which is developing a fair and equitable allocation for global distribution in concert with the member states of the World Health Assembly.
- Engage with and support the World Health Organization and its member states to optimize the fair and equitable allocation of COVID-19 vaccines both between and within all nations, regardless of their income level.

To read the full report, please visit
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