

# Global consultation on addressing ethical issues in pandemic influenza planning

## Summary of discussions

Geneva, Switzerland  
24 –25 October 2006



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Department of Epidemic and Pandemic Alert and Response  
Department of Ethics, Trade, Human Rights and Health Law

## **Acknowledgement**

WHO wishes to acknowledge the financial support of the Swiss Federal Office of Public Health in the organization of this meeting.

This document was jointly prepared by the Department of Ethics, Trade, Human Rights and Health Law (ETH) and the Department of Epidemic and Pandemic Alert and Response (EPR).

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## **Introduction**

The Global Consultation on Addressing Ethical Issues in Pandemic Influenza Planning brought together representatives of international organizations, government ministries, academic institutions and WHO Secretariat to consider a broad range of ethical issues related to the development and implementation of pandemic influenza preparedness and response plans. On the first day of the consultation, the results of the deliberations of four technical working groups were presented and discussed.

This report summarizes the presentations and discussions from day one of the consultation. On the second day of the consultation, a draft set of ethical considerations based on the previous day's discussions was presented and the floor was opened for discussion. The results of the second day's discussions are being incorporated into the WHO document *Ethical considerations in pandemic influenza planning* (forthcoming).

The consultation was opened by Dr David L. Heymann, Acting Assistant Director-General, Communicable Diseases Cluster. Dr Heymann emphasized that, during a pandemic, it is essential to protect both personal well being as well as the welfare of a community. Dr. Heymann referred to ethics as being the "invisible glue" that holds the technical elements of pandemic planning together. His comments were followed by remarks from Mrs Susanne Weber-Mosdorf, Assistant Director-General, Sustainable Development and Healthy Environments Cluster. Mrs Weber-Mosdorf stressed the importance of citizen engagement in pandemic planning. She reminded participants that the objective of the consultation was to develop a general set of ethical considerations that could then be adapted to specific national contexts. Dr Andreas Reis from the Department of Ethics, Trade, Human Rights and Health Law then outlined the process that had led up to the consultation, including the deliberations of the four working groups. He noted that the focus of the consultation was to identify those areas on which agreement existed as well as those requiring further consideration, rather than to reach consensus on all issues.

## **Promoting equitable access to therapeutic and prophylactic measures**

### **Working Group One: preparatory work**

Presented by Dr Elaine Gadd

Dr Gadd began by identifying three basic principles that should guide decisions concerning access to therapeutic and prophylactic measures: (1) efficiency (maximizing health benefits, preferably in terms of saving most lives); (2) equity (avoiding discrimination); and (3) accountability (including measures to increase public awareness, facilitate consultation and improve transparency).

The principle of equity does not necessarily imply equal access for everyone. For example, equity might support the notion of prioritizing those at higher risk of death, younger persons, or persons whose functions are important for life-saving efforts, such as health-care workers. However, prioritizing certain groups raises further questions in determining who should be included in these groups. Identifying people at high risk of death, for example, will only be possible after the epidemiological pattern and clinical features of human infection with the new influenza pandemic virus have been characterized.

Giving priority to patients who are symptomatic would be appropriate in prioritizing the use of antivirals. However, supplies might not be sufficient to treat everyone who is ill and further prioritization for use among patients may therefore be necessary. One possibility would be to prioritize younger persons based on the "fair innings" argument, according to which younger people have a greater claim to life saving treatment because they have had less of an opportunity to experience life. Another possibility would be giving all patients an equal chance of receiving treatment by way of a lottery. Increasing the availability of antivirals by lowering the dosage is unlikely to be an appropriate solution as this could lead to the development of drug resistance.

The principles guiding prioritization may differ for the administration of vaccines. While vaccinating high-risk groups first might be appropriate in some circumstances, it would be unfair to have a system that would exclude persons who are at a lower, but still real, risk of infection. Under such circumstances, members of "low risk" groups could be at a greater disadvantage than those deemed to be at high risk. The "fair innings" argument would support the principle of vaccinating children and young adults first. Finally, efficiency considerations might support vaccinating people at the highest risk of spreading the virus (e.g. those at higher risk of infection) even if those people do not have the greatest risk of dying from their infection. But, as noted above, it may not be possible to predict which groups will be at higher risk of infection or death in the early stages of a pandemic.

## **Perspectives from Switzerland**

Presented by Professor Christoph Rehmann-Sutter

Professor Rehmann-Sutter presented the outcome of the deliberations of the Swiss National Advisory Commission on Biomedical Ethics. The Commission's starting point was the principle of "justice as impartiality." This principle means that the life of every person – young or old, rich or poor, man or woman, distinguished or marginalized – has equal dignity and value. Decisions should be guided by the objectives of (1) minimizing the number of people infected; and (2) saving as many lives as possible.

The Swiss Commission concluded that the overriding objective for distributing vaccines should be to minimize the number of people who become ill. Thus, vaccines should first be distributed to persons most likely to spread the infection. The next group should be those who would be most endangered if they became infected. The third group should be persons considered indispensable in maintaining public services, such as police and garbage collectors. Any remaining vaccines should then be distributed among the rest of the population. Professor Rehmann-Sutter noted that these prioritization principles differ from those recommended by Working Group One.

The distribution of therapeutic resources raises different issues from the distribution of vaccines. In the case of vaccines, countries would start from a position of scarcity (i.e. there would be an insufficient amount of vaccine for the number of people in need), but over the course of the pandemic the demand for vaccines would diminish and the supply would increase. In the case of treatment, on the other hand, there might be sufficient resources to treat all symptomatic individuals at the beginning of the pandemic, but, as the pandemic spreads, a situation of scarcity would probably develop. Thus, the Swiss Commission concluded that, in reaching decisions concerning the allocation of treatment resources attention should be given to the changing needs over the course of the pandemic. During the first phase, treatment could be given to all who need it; this phase would end when there are insufficient antivirals to treat all patients in need. In the second phase, antivirals should be distributed to those whose life is most in danger. If it becomes impossible to provide treatment to all persons whose life is immediately threatened, triage should be implemented to prioritize access to those who have the highest chance of survival. In this phase, persons who are unlikely to survive even with antiviral treatment should be provided with palliative care instead. In all phases of the pandemic, the goal should be to save as many lives as possible. No special treatment should be given to politically influential people.

The Swiss Commission rejected the idea of systematically prioritizing children and young adults over older people. It was considered too controversial an approach for policy makers as it implied giving different values to different lives. The gold standard would be to design priorities that are acceptable even for those who would be excluded. It was also considered to be inappropriate to focus exclusively on age without taking into account factors such as disease status or previous health conditions.

Professor Rehmann-Sutter concluded by emphasizing that a situation in which some people die because of lack of resources should not claim to be "fair." It would be more appropriate to refer to the development of a "least unfair" approach. This would leave room for regret vis-à-vis those who cannot be treated according to their needs.

## **Perspectives from Canada**

Presented by Dr Carolina Alfieri

Dr Alfieri described the process leading to the development of Canada's pandemic preparedness plan as a federal, provincial, and territorial collaboration. To guide its deliberations, the Committee identified several key ethical principles. These included beneficence, non-maleficence (avoidance of harm), justice, respect for autonomy, subsidiarity (i.e. the principle that matters should be handled by the lowest competent authority), proportionate response, precaution and transparency. It also identified two main goals of pandemic preparedness: i) minimizing serious illness and overall death and ii) minimizing societal disruption. It considered these goals as interrelated and did not prioritize one over the other. Finally, the Committee emphasized that the notion of equitable access applies not only to individuals, but also to population groups. The Committee took particular consideration of difficulties that could be faced by Canada's First Nation communities living in isolated regions where access to health-care resources is limited.

In a pandemic of moderate intensity, the Committee recommended prioritizing the following groups for vaccination: (1) health-care workers; (2) essential service providers; (3) persons at high risk of a fatal outcome; (4) healthy adults; (5) children 2-18 years of age. Children were not given priority because a key objective would be to minimize societal disruption. In addition, the Committee was concerned that prioritizing children over adults would lead to a population of orphans. Dr Alfieri stated that at some stage the Committee may consider revising the plan to give priority to young adults and children but only after extensive public consultation. She emphasized that transparency in all prioritization decisions is critical.

An important question the Committee did not resolve is whether private stockpiling of antivirals is ethically acceptable.

## **Discussion**

### **Equity as a key value**

While participants agreed that maximizing the utility of prophylactic and therapeutic measures is important, many participants argued that attention should also be paid to issues of social and global justice. Important equity issues include the following:

- *Social justice and protecting the vulnerable* – It is inappropriate to prioritize certain groups leaving vulnerable groups aside, i.e. conferring privilege on those who are already considered to have a higher value to society, such as health-care workers, at the expense of people who are disabled, poor, or otherwise vulnerable.
- *Global justice* – Most countries' national plans focus on protecting their own citizens, an approach that advantages countries that are economically powerful at the expense of resource-limited countries. Many participants stressed the importance of directing resources to developing countries and considering mechanisms such as patent exceptions, compulsory licensing and technology transfer that would enable developing countries to produce their own antivirals.
- *Equity in access to information* – Broad dissemination of information about the pandemic and about access to treatment, prophylactic and preventive means is essential. Information should be made available even in resource limited settings and plans should ensure that information is equally available to those with literacy or other communication impediments.

- *Equity in identification of "high-risk" persons* – If countries prioritize persons based on their risk of infection or death, they should ensure that judgments about risk are made fairly and objectively. For example, the heightened risks faced by pregnant women or persons with compromised immune systems should be taken into account.

### **Prioritizing health-care workers**

Participants held varying opinions on the appropriateness of giving health workers priority access to prophylactic or therapeutic measures. While there was general acceptance of the idea of prioritizing certain categories of essential workers, participants raised concerns about singling out health-care workers in particular.

- *Importance of workers in other sectors* – Several participants emphasized that workers outside of the public health services may also be critical to recovery efforts, such as those responsible for ensuring the continued provision of electricity or the functioning of private sector suppliers of food, water and transportation.
- *Limited role of professional health-care workers in a severe pandemic* – In a severe pandemic, the majority of health care will probably be provided by family members, friends or neighbours, given the limited resources of health-care professionals.
- *Difficulty of establishing limiting principles* – Giving priority access to certain professions is likely to lead to requests for priority access from members of other professions. Unless there is a clear rationale for favouring some groups over others, there is a danger that the public will lose confidence in the fairness of allocation decisions. This danger would be particularly acute if priority access is given to members of politically influential professions.

### **"Fair innings" principle**

The appropriateness of giving children and young adults priority over older adults generated significant discussion. Participants agreed that the relevant question for the group was not whether to endorse or reject such an approach, but whether to recognize the approach as ethically permissible if a particular country chooses to adopt it. Specific issues discussed included:

- *Importance of public consultation* – Using age as one of the criteria for prioritization decisions would be controversial. If a country chooses to adopt such a system, it should do so only after extensive consultation with the public.
- *Care-giving concerns* – A policy that gives priority to children but not to their parents or other family members may leave many children without the means to care for themselves. One participant suggested that, if the "fair innings" argument is adopted, it should possibly be limited to include only young adults and older adolescents and exclude young children.
- *Relationship with other prioritization principles* – The appropriateness of adopting the "fair innings" argument would depend to a large extent on how it relates to other prioritization principles. Some participants believed that this approach should be used only after relevant factors (such as risk of death) have been considered.
- *Impact of cultural values concerning age* – It should not be assumed that a policy of taking age into account would necessarily lead to the prioritization of younger people. Some countries may decide, instead, to favour persons who are older, particularly in cultures that have a tradition of placing greater value on elderly people.

## **Other access issues**

- *The need for transparency* – Throughout the discussion, participants emphasized the importance of ensuring transparency in all prioritization decisions. The public should be informed of both the process and outcome of decisions and be given the maximum possible opportunity to participate in the decision-making process.
- *Decisions about life-sustaining treatment* – In a situation of scarcity, it may not be possible to apply customary approaches to making decisions about withholding and withdrawing life-sustaining treatment. Alternative protocols for making such decisions will therefore be required.
- *Importance of palliative care* – It will be important to ensure broad access to palliative measures, particularly for those unable to access antiviral treatments.

## **Isolation, quarantine, border control and social-distancing methods**

### **Working Group Two: preparatory work**

Presented by Professor Larry Gostin

Professor Gostin began by emphasizing that public health interventions that carry personal or societal burdens can only be justified when they are likely to be effective. Thus, such decisions must be based on the best available scientific evidence. Most existing knowledge is based on studies of seasonal influenza, but a pandemic virus will have different features. It will therefore be important to study the transmission patterns of the next pandemic virus in the early stages of its spread as well as the effectiveness of non-pharmacological interventions, such as quarantine or social distancing. The utility of particular interventions will depend on factors such as whether individuals become infectious before or after they become ill, and how the disease is transmitted.

Any approach is likely to have an impact on human rights, trade, tourism and the overall economy. In addition, public health interventions will require difficult trade-offs between the rights of individuals and the protection of the common good. Decisions about these trade-offs should take into account existing international human rights norms, including the right to health and the rights to privacy, security, and nondiscrimination. Professor Gostin emphasized the importance of the "Siracusa Principles", which state that any limitation of civil rights should be in accordance with the rule of 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. The newly revised International Health Regulations (2005) are also important. These Regulations require countries to develop core capacities to detect, assess and notify WHO of public health emergencies of international concern. They also call upon countries to provide international cooperation and assistance.

The field of public health ethics may also provide some guidance. While bioethics has tended to focus on the individual, public health ethics focuses more on collective interests and is particularly concerned with questions of distributive and social justice. Professor Gostin noted that, even when the benefits and burdens of a public health intervention appear to be distributed fairly, on closer inspection some communities may be carrying a disproportionate burden. For example, a home quarantine requirement would place particular burdens on those without easy access to food or water. Preparedness plans should consider the special needs of these vulnerable populations.

Accountability, transparency and civic engagement are essential components of all public health interventions. Governments should operate in a way that gains people's trust and that is perceived as legitimate by the population. History suggests that pandemics can generate significant controversy. The way in which controversy is addressed and resolved is a profound reflection on the nature of a society.

## **Perspectives from China**

Presented by Dr Ruotao Wang

Public health ethics was an important part of the development of China's new draft national plan for responding to public health emergencies. The plan seeks to ensure that any restrictions on human rights are based on legitimate public health principles.

Dr Wang emphasized the difficulty of balancing individual versus collective concerns, particularly in the face of uncertainty and crisis. He also noted the importance of taking into account cultural and geographical differences. In China, a large country with diverse population groups, local and provincial authorities have played key roles in the decision-making process, rather than all decisions being taken at the central national level.

All public health strategies should include measures that protect privacy and prevent discrimination. Community hygiene, infection control and enhanced surveillance are among the most important public health measures for responding to a pandemic. In addition, when faced with a complicated public health emergency, it is important to have transparent and honest communication among the government, mass media, public health professionals and the community.

## **Discussion**

### **Isolation and Quarantine**

Isolation and quarantine involve significant restrictions on individual liberties. While participants agreed that these measures might be appropriate in some circumstances, they stressed the importance of proceeding with caution. Important considerations include:

- *Understanding viral transmission patterns* – Many participants stressed the relationship between the transmission of a virus and the effectiveness of isolation. With the SARS virus, people who were infected were not contagious before the onset of symptoms (during the incubation period) and had peaks in virus shedding during the second week of illness. With pandemic influenza, infected people may begin shedding the virus during the incubation period, i.e. ½ to 1 day before developing symptoms. Peak shedding typically occurs within the first few days after symptoms onset with seasonal influenza and may be protracted. Should this also apply to pandemic influenza, cases would have to be identified and isolated rapidly following infection to limit further spread of the virus.
- *Sensitivity to circumstances* – Any policy on isolation and quarantine must take into account the circumstances in which people live. For example, in societies where people live alone or are separated from families and other support mechanisms, home-based confinement could be especially burdensome.
- *Risks to cohabitants* – Isolating infected persons at home may delay the spread of the virus to other households, but, if done improperly, it may also increase the risk of infection to other household members. Public health policies should ensure that all conditions of confinement are safe and humane.
- *Need for legal authority* – Countries should evaluate their laws and, if necessary, create explicit legal authorization for non-pharmaceutical public health measures such as quarantine and isolation.

## **Public information**

Transparency and accountability, two important themes that emerged from the discussions, are especially important when restrictions on individual liberties are being considered. Participants proposed the following principles to guide decisions of public health authorities:

- *Involving the community in planning* – It is essential that the community is able to participate in planning exercises prior to a pandemic. In addition to being a principle of human rights, community participation will help people understand and accept sacrifices that may be asked of them in a crisis.
- *Sharing uncertainty* – When scientific questions, such as the mode of transmission or efficiency of control measures, remain uncertain, that uncertainty should be shared with the public. Being honest about gaps in available information is important in maintaining the public's trust.
- *Enabling citizens* – Governments can play an important role in enabling and empowering citizens through health education programmes that provide information on ways to protect one's own health. The public should be educated about basic self-protection techniques, including the type of medicines and other supplies they should routinely keep in their homes.

## **The role and obligations of health-care workers during an outbreak of pandemic influenza**

### **Working Group Three: preparatory work**

Presented by Professor Ross Upshur

In considering the role and obligations of health-care workers during a pandemic, it is important to recognize that the existing shortage of health-care workers, particularly in developing countries, is likely to be exacerbated during a pandemic. In addition, health-care workers will face heightened personal risks while participating in pandemic response efforts; risks that some may wish to avoid. The critical questions that planners must address are: (1) Is there an unlimited duty of health-care workers to provide care in any circumstances? (2) If there are limitations, where do they lie? (3) Should these considerations be codified within policy documents or professional codes of ethics?

To inform the working group's deliberations, Professor Upshur examined 61 existing codes of ethics of relevance to professional health-care workers. Only 8 of these contained specific guidance about the duty to care in the event of a pandemic. An additional 23 contained broader statements about health-care workers' duties, some suggesting that health-care professionals have an unlimited duty to continue working, even when their lives are at risk, while others state that the duty to provide care is "not unlimited." Professor Upshur noted that the working group had only reviewed codes of ethics written in English and he invited participants to submit further codes of ethics, particularly from other languages, to supplement the working group's findings.

Professor Upshur also reviewed records from past influenza outbreaks as well as studies that had looked at the attitudes of health-care workers towards their responsibilities in any future pandemic. The literature review revealed that, in times of emergencies, most health-care workers continue to work despite the heightened risks. However a significant number of health-care workers report that they would have reservations in the event of an influenza pandemic. Health-care workers' willingness to work appears to depend on their belief in the effectiveness and availability of infection control methods and protective mechanisms, the perceived importance of their role as health staff, and their level of education.

An important question to consider in parallel is whether health-care systems owe health-care providers a minimum level of support in times of crisis and, if so, what level of support could be expected. The role and obligations of other health professionals from both public and private sectors, such as pharmacists, also must be considered as well as the appropriateness of assigning to such individuals tasks outside of their usual scope of activity.

Finally, it is also important to pay attention to the process by which these questions are considered, in order to enhance the legitimacy of decisions and encourage providers' compliance. Public attitudes and expectations should be factored into the analysis.

## **Perspectives from New Zealand**

Presented by Dr Jamie Hosking

The National Ethics Advisory Committee is an independent advisory body to the New Zealand Minister of Health. The Committee recently published a document discussing the ethical issues that should guide pandemic preparedness.

The Committee identified several values related to the decision-making process, including: inclusiveness, openness, reasonableness, responsiveness, and responsibility. It also identified values related to the substance of decisions: minimizing harm, respect, fairness, neighbourliness, reciprocity, and unity. The concept of neighbourliness reflects the fact that health-care workers will probably not be able to provide all necessary health-care services and individuals will therefore need to rely on the support of other community members.

The Committee concluded that health-care workers have an obligation to provide care during a pandemic, but that this obligation is not unlimited. Health-care workers' provision of care creates a reciprocal obligation on the part of society to create conditions that permit workers to care for both patients and themselves. For example, there should be an emphasis on maximizing the safety of working conditions and providing safety training. Giving health-care workers priority access to treatment should be considered. Efforts should be made to promote trust in health-care institutions and to prevent stigmatization of health-care workers. Articulating high expectations is an important part of achieving good results.

Countries also have an obligation to promote "helping behaviour" among all community members.

## **Discussion**

### **Obligations to health-care workers**

Many participants stressed that society has responsibilities towards health-care workers in exchange for those individuals' willingness to assume risks for the benefit of others. These responsibilities include the following:

- *Obligations of governments and employers* – Governments and employers have a duty to minimize the risks to workers exposed to heightened risks by providing adequate training, access to protective measures and other methods of infection control. Workers at heightened risk are not limited to health-care professionals but may also include other health-care workers and providers of essential services other than health care.
- *Education about risk* – It is often argued that individuals who enter the health-care professions have voluntarily assumed to take risks to their own health. This argument only holds true, however, if the potential risks associated with providing health care are clearly disclosed to health-care providers as part of their training.
- *Education about methods of transmission* – Workers should be given timely and comprehensive access to information about the methods of avoiding transmission of an infection. This information is important not only for their own benefit, but also to protect public health. It was noted that lack of knowledge about methods of transmission created significant problems in the early years of the HIV pandemic.
- *Legal protections* – During a pandemic, health-care providers may be forced to make difficult triage decisions or to provide treatment beyond pre-existing standards of care. Providers should be protected from inappropriate civil or criminal penalties. One participant noted that professional associations of health-care workers can contribute to this effort by developing

guidelines for providing care during a pandemic that could be cited as evidence of a legal standard of care.

- *Access to vaccines and treatment* – The fact that health-care workers are likely to assume greater risks to their own health than other members of society is an argument in favour of giving them priority access to pandemic vaccination to prevent infection and to antivirals if they become sick. Some participants noted that this argument could be applied now, during the pandemic alert period, for workers such as animal cullers who could become exposed to avian influenza viruses that can cross species and infect humans.
- *Access to insurance and other benefits* – Workers who become infected as a result of caring for others should be guaranteed adequate health and disability insurance coverage. If they die, their families should be eligible for death benefits. Countries should consider whether they will be able to assume the entire burden of providing these benefits or whether private insurers should be asked to contribute to the effort.

### **Establishing minimum obligations**

Participants agreed that it is important to articulate the minimum obligations that workers would be expected to assume in a pandemic. Issues discussed included:

- *Source of obligations* – Professional associations should develop guidelines setting forth minimum obligations in pandemic situations. Employers should include clauses defining minimum obligations in pandemic situations in employment contracts and other relevant documents. Regulatory authorities should also set forth minimum standards.
- *Scope of obligations* – Minimum obligations should not necessarily be limited to health-care professionals, but should also be extended to non-professional health-care workers and emergency response workers who are not formally part of the health-care sector.
- *Dual commitments* – Many participants noted that some workers might be deterred from assuming risks because of conflicting obligations towards their families. Women are especially likely to be torn between their employment duties and their family responsibilities, particularly given that the burden of caring for family members falls disproportionately on women. These issues should be taken into account in determining workers' minimum obligations.

### **Sanctions and incentives**

Participants believed that the consequences for noncompliance with minimal obligations should be carefully circumscribed.

- *Appeals process* – If sanctions are imposed, there should be an appeals process in place for individuals to challenge the sanctions.
- *Consistency* – It is important that any sanctions that are applied are done so consistently across similar situations and contexts.
- *Limit sanctions to existing penalties* – The penalties for failing to report for duty should be limited to existing methods of professional discipline, such as dismissal from employment or loss of license. Special sanctions, such as fines or jail time, should not be imposed.
- *Incentives* – In addition to sanctions, countries and institutions should consider establishing incentives to encourage workers to take on additional responsibilities during a time of crisis.

## **Issues that arise between governments when developing a multilateral response to a potential outbreak of pandemic influenza**

### **Working Group Four: preparatory work**

Presented by Dr Robert Archer

The fourth Working Group focused on the ethical and legal obligations of countries to one another. Dr Archer noted that an influenza pandemic would most likely affect individuals around the world and will therefore require a coordinated global response. However, countries' international obligations are typically less well defined than their obligations at the national level. While some obligations are set forth in treaties, there is often some ambiguity regarding the nature, scope, or timing of countries' obligations.

A pandemic is comparable to a natural disaster. Countries have a solid tradition of recognizing the needs of other countries and demonstrating international solidarity in such situations. However, unlike natural disasters, all countries would be affected by an influenza pandemic. Therefore, there are likely to be domestic pressures on countries to use resources primarily for the country's own citizens. If domestic pressures drive national policies, it will be difficult to coordinate an effective global policy for combating a pandemic.

There is an additional risk that vulnerable groups within countries, such as foreign residents, travellers, and members of minority groups, may be victimized. Countries have a duty to ensure the safety of all persons on their soil. International safeguards for vulnerable groups may be more difficult to enforce during a pandemic.

The working group recommended that, prior to a pandemic, countries should develop strong mechanisms for decision-making by entities that are independent from the government to minimize the impact of political pressures on public policy. International organizations should support these efforts. In addition, they should consider countries' probable needs in the post-pandemic period, when the need for international cooperation is also likely to be great.

### **Perspectives from Finland**

Presented by Dr Ritva Halila

Dr Halila's comments focused on the special needs of developing countries, where vaccines and medications are less likely to be available. Wealthy nations have an ethical obligation to help developing countries. They should consider measures such as developing stockpiles of drugs in excess of their domestic needs and allocating resources to support developing countries at each phase of the pandemic (pandemic alert, pandemic and post-pandemic period). Countries, regions, and international organizations should focus on developing a comprehensive global strategy before a pandemic occurs.

## Discussion

### Obligations to other nations

During a pandemic, even wealthy countries may lack sufficient resources for protecting their own citizens. Nonetheless, to minimize the global impact of a pandemic, it will be important for countries to look beyond their domestic needs to the needs of the international community. Countries should consider the following issues:

- *Special needs of developing countries* – Many participants expressed particular concern for developing countries. On the one hand, developing countries provide benefits to the entire global community by sharing virus specimens for research and engaging in surveillance. On the other hand, limited resources and immediate health-care needs make it difficult for these countries to develop and implement adequate pandemic preparedness and response plans. Participants agreed that wealthy countries should help developing countries establish stockpiles of drugs or set up mechanisms by which drugs and vaccines could be provided in case of need.
- *The importance of regional cooperation* – Countries have a particular responsibility to consider the needs of other countries in the same region. Countries should develop preparedness and response plans at the regional level.
- *Cross-border issues* – Countries should attempt to avoid situations where care is available in one country but not immediately across its borders. Avoiding disparities in care across borders will require regional collaboration.

### Post-pandemic preparedness

- *Importance of post-pandemic preparedness* – Participants stressed that pandemic preparedness plans should not be limited to responding to the spread of the pandemic virus but should also address post-crisis needs.
- *Threats to governmental stability* – In a severe pandemic, the strain on health services and disruption of society might be so severe that some governments will collapse. Countries and international organizations should consider how they will contribute to rebuilding efforts in these situations.

### Achieving international coordination

Both public and private organizations can help promote coordination in pandemic planning and response. Participants suggested that international organizations consider the following issues:

- *Timely information sharing* – Because the effectiveness of interventions will depend on the characteristics of the virus (such as the transmission mode, duration of contagion, morbidity and fatality rate) and on the rapidity of their implementation it will be critical for countries to have access to timely and accurate scientific information. International organizations such as WHO are expected to play a key role in disseminating this information.
- *Role of foundations and the private sector* – While the working group paper focuses on intergovernmental obligations, the role of non-governmental actors within a global partnership should also be considered along with the possibilities of developing public/private partnerships for preparedness.

## **Summary of discussion**

Presented by Professor Alexander M. Capron

Professor Capron closed the first day's session with a summary of the major themes discussed during the meeting. He began by pointing out the repeated emphasis on the interaction of technical and ethical issues: ethically sound policies depend on scientific evidence. In planning for a situation that does not yet exist, it is important to recognize the high degree of scientific uncertainty. This uncertainty should be clearly conveyed to the public. Countries and international organizations should be willing to revise their plans as more information becomes available during the course of a pandemic.

Another important theme was the need for public engagement in all aspects of planning, whether at the international, national or local level. Those in positions of authority, as well as scientific experts, have an ethical obligation to share relevant information and to be transparent about the ethical dilemmas with which they are struggling. Public engagement is essential for developing confidence in the fairness and efficacy of plans. Without public confidence no plan can be successfully implemented. Communication with the public will also enable people to exercise their personal responsibilities for planning and preparation.

Professor Capron emphasized that ethics is not a set of answers, but instead is recognition of the inherent tension among a number of important values. Although no plan may be able to fully satisfy all relevant values, planners should seek to ensure they are all taken into account. Participants' comments highlighted four important values: (1) utility, or the obligation to use scarce resources to produce the maximum possible benefit; (2) fairness and justice; (3) liberty, autonomy, and individual choice; and (4) reciprocity. The principle of reciprocity means that countries should help each other by providing data for surveillance, access to the virus for study, and access to prophylactic and treatment methods. It also means that those who take risks for the benefit of the public, such as health-care workers, have a right to expect society's support.

Both universal human rights obligations and national and local cultures and environments should be taken into account while working through these ethical dilemmas, although there may be a tension between these concepts if a national or local culture places certain expectations or restrictions on the exercise of human rights obligations.

Professor Capron argued that more attention should be given to the issue of allocating resources for needs unrelated to pandemics. Tradeoffs will have to be made, particularly in low-income countries, between spending resources for preparedness efforts and using those resources for other needs that may be more immediately pressing.

Finally, Professor Capron stressed that pandemic preparedness should not be considered solely a health-care issue.

International and regional collaboration is necessary in a variety of sectors, including animal health, trade, and employment.

## **Annex 1 – Agenda**

### **Global Consultation on Addressing Ethical Issues in Pandemic Influenza Planning 24–25 October 2006, Geneva, Switzerland**

#### **Tuesday 24 October 2006**

- 8:30 – 9:00**      **Welcome coffee and registration**
- 9:00**              **Welcome and introductory remarks**  
by Dr David L. Heymann, Acting Assistant Director-General, Communicable Diseases Cluster  
and Mrs Susanne Weber-Mosdorf, Assistant Director-General, Sustainable Development and  
Healthy Environments
- 9:20**              **Objectives of the meeting**  
Dr Andreas Reis, Department of Ethics, Trade, Human Rights and Health Law
- 9:30**              **Discussion of principal ethical questions regarding:**  
*Promoting equitable access to therapeutic and prophylactic measures*  
Presentation by Professor Marcel Verweij, Chair of Working Group One  
Comments by participants on these issues from a national perspective:  
Professor Christoph Rehmann-Sutter, Swiss National Advisory Commission on Biomedical  
Ethics  
Dr Carolina Alfieri, Canadian Pandemic Influenza Committee
- 10:15**             Open discussion
- 11:00**             Refreshment break
- 11:15**             **Discussion of principal ethical questions regarding:**  
*Isolation, quarantine, border control and social-distancing measures*  
Presentation by Professor Larry Gostin, Chair of Working Group Two  
Comments by participant(s) on these issues from a national perspective  
Professor Ruotao Wang, Chair of Institutional Review Board, National Centre for HIV/AIDS  
Control and Prevention, China
- 11:45**             Open discussion
- 12:30**             Lunch break
- 14:00**             **Discussion of principal ethical questions regarding:**  
*The role and obligations of health-care workers during an outbreak of pandemic influenza*  
Presentation by Professor Ross Upshur, Chair of Working Group Three  
Comments by participant(s) on these issues from a national perspective  
Dr Jamie Hosking, Dr Dale Bramley, National Ethics Advisory Committee New Zealand
- 14:30**             Open discussion
- 15:30**             Refreshment break
- 16:00**             **Discussion of principal ethical questions regarding:**  
*Issues that arise between governments when developing a multilateral response to a potential  
outbreak of pandemic influenza*  
Presentation by Dr Robert Archer, Chair of Working Group Four  
Comments by participant(s) on these issues from a national perspective  
Dr Ritva Halila, National Advisory Board on Health Care Ethics, Finland

- 16:30** Open discussion
- 17:30** **Summary of day one**  
Professor Alex Capron, University of Southern California, USA
- 18:00** **Reception** (at the CCV)

### **Wednesday 25 October 2006**

- 8:00 – 8:30** Welcome coffee
- 8:30** **Discussion of provisional recommendations and conclusions regarding:**  
*Equitable access to therapeutic and prophylactic measures*
- 9:30** **Discussion of provisional recommendations and conclusions regarding:**  
*Isolation, quarantine, border control and social-distancing measures*
- 10:30** Refreshment break
- 11:00** **Discussion of provisional recommendations and conclusions regarding:**  
*The role and obligations of health-care workers during an outbreak of pandemic influenza*
- 12:00** Lunch break
- 13:30** **Discussion of provisional recommendations and conclusions regarding:**  
*Issues that arise between governments when developing a multilateral response to a potential outbreak of pandemic influenza*
- 14:30** **Processes for integrating ethical considerations into national and international planning and response**
- 15:30** Refreshment break
- 17:00–18:00** **Summary of meeting outcomes and way forward**  
Professor Alex Capron, University of Southern California, USA

## **Annex 2 – List of participants**

### **Global Consultation on Addressing Ethical Issues in Pandemic Influenza Planning 24–25 October 2006, Geneva, Switzerland**

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