

# How to distribute scarce health care resources globally? Here's what people say.

## Insights on pandemics-related preferences and their consistency from representative adult samples in England and Germany

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During the COVID-19 pandemic, citizens in England and Germany favoured an equitable global distribution of vaccines, tests and ventilators, rather than buying out or hoarding them.

According to representative samples in 2021, resources should be distributed globally according to...

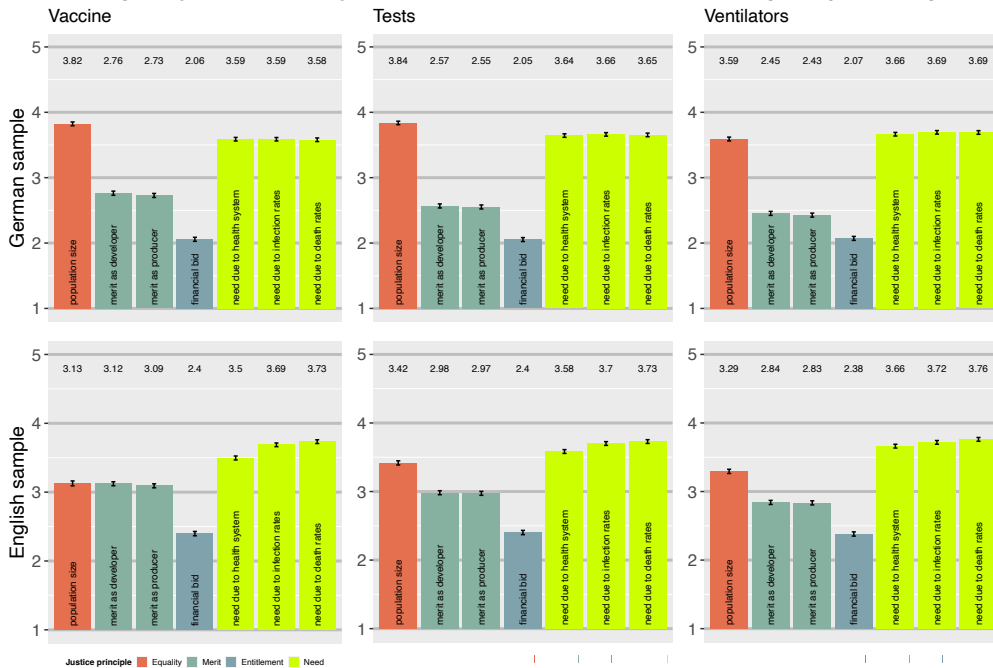


Figure 1: Agreement with each of seven provided principles for the global distribution of scarce health care resources during the COVID-19 pandemic (model-implied intercepts ± 1 standard error)

Preferences were similar across resources, but substantially resource-specific.

Principle	Tests		Ventilators	
	Germany	England	Germany	England
Equality	.044 [.017; .088]	.035 [.014; .065]	.039 [.011; .083]	.047 [.013; .094]
Development	.279 [.234; .326]	.297 [.244; .352]	.467 [.415; .522]	.478 [.417; .538]
Production	.277 [.234; .323]	.298 [.250; .352]	.466 [.411; .524]	.499 [.441; .560]
Market	.058 [.036; .085]	.060 [.032; .093]	.109 [.070; .159]	.137 [.094; .186]
Care	.216 [.154; .292]	.159 [.101; .227]	.243 [.180; .313]	.261 [.201; .327]
Infections	.320 [.259; .386]	.283 [.220; .351]	.377 [.308; .442]	.374 [.311; .433]
Deaths	.291 [.228; .357]	.310 [.250; .373]	.338 [.274; .406]	.360 [.304; .425]

Table 1: Resource-specific share of participants' (measurement-error-free) interindividual response differences (0: not resource-specific; 1: entirely resource-specific; latent method specificity for non-reference resource items)

### Background

**COVID-19 pandemic**

- Urgent global need for health care resources (masks, vaccines, tests, hygiene equipment, ...)
- Extreme global shortages

**Allocation of scarce resources in theory**

- Widely studied in philosophy, (medical) ethics and public health sciences for centuries
- COVID-19-specific global distribution frameworks immediately developed by experts

**Allocation of scarce resources in practice**

- International solidarity**
  - Cross-border hospitalisation
  - Access to COVID-19 Tools (ACT) Accelerator & COVAX (COVAX, 2020)
- Large-scale "vaccine nationalism"**
  - Advance Purchase Agreements
  - Resource hoarding
  - Resource buyouts

Aggravation of global inequalities  
Prolongation of the pandemic

### Research question

Did this align with the will of the people?

### Method

- Development of the *Measure of attitudes toward global resource distribution principles* (GRDP)
- Online questionnaire study with representative adult samples from England and Germany recruited by Respondi/Bilendi (N = 2694 (n<sub>Germany</sub> = 1365, n<sub>England</sub> = 1329))
- Analyses on the measurement-error-free level (structural equation modelling)

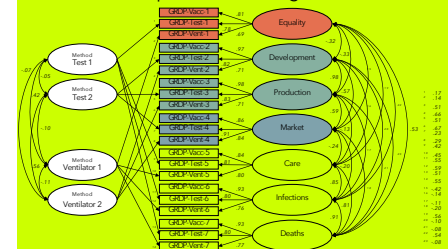


Figure 2: Extraction of measurement-error-free information from participants' replies on the GRDP (Extension of a bifactor(S-1) model)

### Implications

- For the next global emergency, let us implement fairer and more efficient global distribution mechanisms!
- Considering citizens' opinions for ethical dilemmas can increase public trust and acceptance for necessary measures in difficulty.
- Global leaders, cooperation has got a mandate! Even citizens of rich Western countries opt for global solidarity and epidemiological efficiency - even in times of crisis.

### References

COVAX (2020, August 6). The COVAX facility: Global procurement for COVID-19 vaccines. Available at: <https://www.inteldecide.eu/author/coronavirus/act-accelerator/covax/covax-facility-background.pdf>

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We have no conflicts of interest to declare.

