

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

Insights on preferences for pandemics and their consistency from representative adult samples in England and Germany



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Vienna, 16 September 2024

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# Allocation of scarce resources in pandemics

# Scarcity of public goods



Emanuel et al., 2022; Garrett et al., 1993; Jonsen et al., 1998; Kennedy, 2016;  
Mannelli, 2020; Persad et al., 2009; Rhodes, 2014; Smith & Upshur, 2020; Tong, 2014

# Ethical distributive justice principles

## Benefit maximisation (Utilitarianism)

Save as many as possible!



## Equality

Lottery!

First come, first served!



## Need (Equity)

(Deontology)

Prioritise the vulnerable!



## Social usefulness

Health care personnel first!



## Merit

Adherent individuals first!



## Entitlement

Nobalty first!



Boyd, 1997; Boylan, 2014; Campbell et al., 2001; Daniels, 1987; Day et al., 2020; Emanuel et al., 2022; Garrett et al., 1993; Gillon, 1997; Jonsen et al., 1998; Mikula, 1980; Persad et al., 2009; Tong, 2014; Vincent & Creteur, 2020

# Ethical distributive justice principles

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**Equality**  
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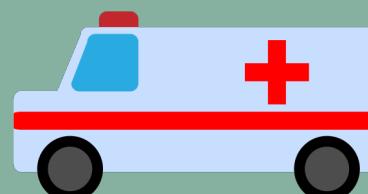
**Not new!**



(Von Neumann-Morgenstern utility theory)  
Prioritise the vulnerable!



**Social usefulness**  
Health care personnel first!



**Adherence**  
Adherent individuals first!



**No entry**  
Non-adherent individuals last!



Boyd, 1997; Boylan, 2014; Campbell et al., 2001; Daniels, 1987; Day et al., 2020; Emanuel et al., 2022; Garrett et al., 1993; Gillon, 1997; Jonsen et al., 1998; Mikula, 1980; Persad et al., 2009; Tong, 2014; Vincent & Creteur, 2020

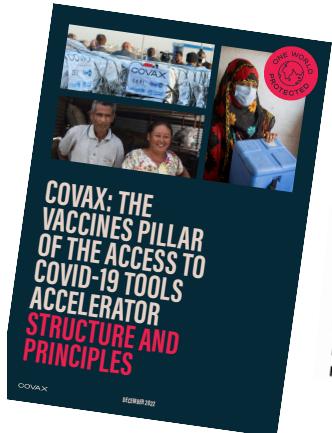
# During pandemics, distributive justice is global.



Ali et al., 2024; Bolcato, et al., 2021; Bruce & Tallman, 2021; Chen et al., 2021; Emanuel, Persad, Kern et al., 2020; Emanuel, Persad, Upshur et al., 2020; Evans, 2020; Hempel et al., 2021; Holtzman et al., 2022; Ismail et al., 2021; Jecker et al., 2021; Liu et al., 2020; Luna & Holzer, 2021; Marmot & Allen, 2020; Marmot et al., 2020; McMahon et al., 2020; Moodley et al., 2021; Shadmi et al., 2020; Sirleaf et al., 2021; Wild et al., 2022; WHO, 2020

# Solidarity

(“Vaccine cosmopolitanism”)



**The Washington Post**  
Democracy Dies in Darkness

**White House launching \$5 billion program to speed coronavirus vaccines**

'Project Next Gen' would succeed 'Operation Warp Speed' with a mission to develop next-generation vaccines and therapies

Corona-Pandemie

**Berlin nimmt schwer kranke Patienten aus Frankreich auf**

Sa 28.03.20 | 16:02 Uhr

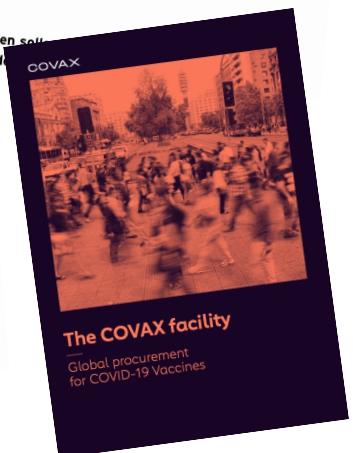
Nach ersten Covid-19-Patienten aus Italien soll Frankreich an der Berliner Charité behandeln

**COVAX: THE VACCINES PILLAR OF THE ACCESS TO COVID-19 TOOLS ACCELERATOR STRUCTURE AND PRINCIPLES**

**The New York Times**

**Pfizer Will Allow Its Covid Pill to Be Made and Sold Cheaply in Poor Countries**

The company announced a deal that could help significantly expand access to the Covid-19 treatment, but the agreement excludes a number of countries hit hard by the pandemic.



Abbas, 2020; Ali et al., 2024; Bollyky & Bown, 2020; COVAX, 2020; Gadenberger et al., 2023; Herlitz et al., 2021; ICODA, 2024; McMahon et al., 2020; Sirleaf et al., 2021; Tandon, 2021; WHO, 2023a, 2023b; Wouters et al., 2021; see Jecker et al., 2023, and Luna & Holzer, 2021, for in-depth analyses

# Protectionism

(“Vaccine nationalism”)



**Advance Purchase Agreements**

**The Guardian**

**US secures world stock of key Covid-19 drug remdesivir**

**No other country will be able to buy remdesivir, which can help recovery from Covid-19, for next three months at least**

The US has bought up virtually all the stocks for the next three months of one of the two drugs proven to work against Covid-19, leaving none for the UK, Europe or most of the rest of the world.

Earlier this week, Germany and the Czech Republic decided to ban exports of medical protection equipment such as masks and gloves. The objective was to make sure that health workers have enough to deal with the coronavirus outbreak.

But this is something that Belgian health minister Maggie de Block criticised today.

**Impf-Patente: Merkel widerspricht Biden**

Der US-Präsident vollzieht eine radikale Wende und will Lizenzen für Covid-19-Vakzine freigeben. Berlin und Brüssel setzen dagegen auf Exporte in ärmerre Länder.

Bundeskanzlerin Angela Merkel (CDU) hat skeptisch auf den Vorstoß der USA reagiert, die Patente für Impfstoffe befristet freizugeben, um so deren globale Verteilung zu beschleunigen. "Der Schutz von

Quelle von Innovation und

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**Coronavirus puts Europe's solidarity to the test**

#CBC | MENU ▾

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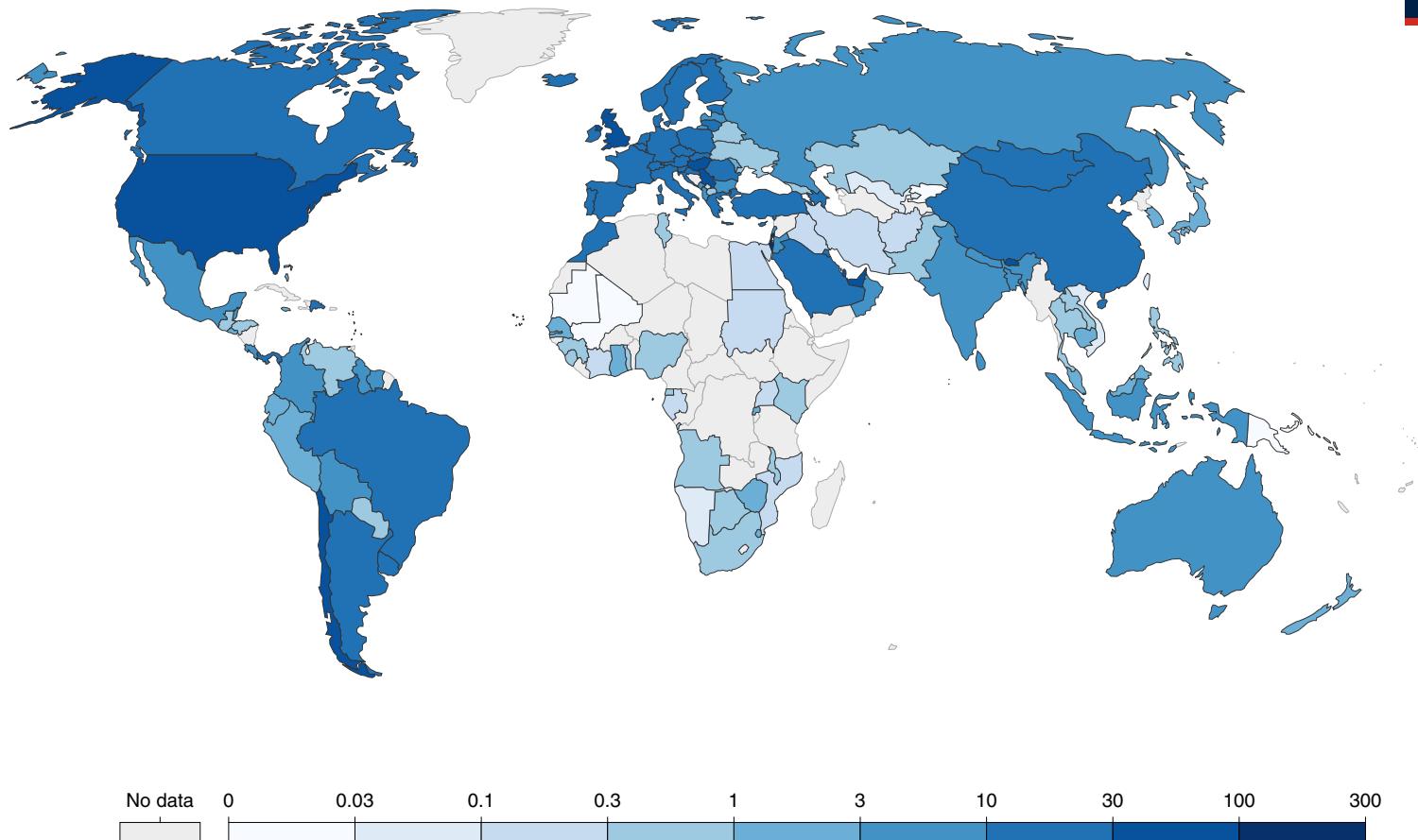
World

Canada

**Canada has ordered more than 400 million COVID-19 vaccine shots: Here's the progress report**

Six months into vaccination campaign, some companies have delivered while others are a work in progress

COVAX, 2020; COVAX, 2022; <https://pixabay.com/vectors/ai-generated-handshake-finger-middle-hand-142/>; <https://www.nytimes.com/2021/11/16/health/covid-pill-pfizer.html>; <https://www.washingtonpost.com/2021/04/10/operation-warp-speed-successor-project-nextgen/>; <https://www.bb24.de/panorama/coronavirus/beitraege/frei-corona-loft-polstam-berlin-frankreich.html>; [https://www.euractiv.com/section/coronavirus-news/coronavirus-deliveries-progress-report-1-6034624/](https://www.euractiv.com/section/coronavirus/news/coronavirus-news/coronavirus-deliveries-progress-report-1-6034624/); <https://www.theguardian.com/world/2020/jun/30/us-buys-up-world-stock-of-key-covid-19-drug-to-the-test/>; <https://www.cbc.ca/news/politics/canada-vaccine-deliveries-progress-report-1-6034624/>



**Fig. 3 | Cumulative vaccine doses administered per 100 people in the total population.** Shown are the global data as of 7 April 2021. Single doses are counted, and may not equal the total number of people vaccinated, depending on the specific dose regime (some people may have received multiple doses).

Abbas, 2020; Ali et al., 2024; Campbell et al., 2001; Garrett et al., 1993; Ismail et al., 2021; Jecker et al., 2021; Jonsen et al., 1998; Katz et al., 2021; Lagman, 2021; Luna & Holzer, 2021; Mandavilli, 2024a; Mathieu et al., 2021; McMahon et al., 2020; Smith & Upshur, 2020; Tandon, 2021; WHO, 2023b, 2024



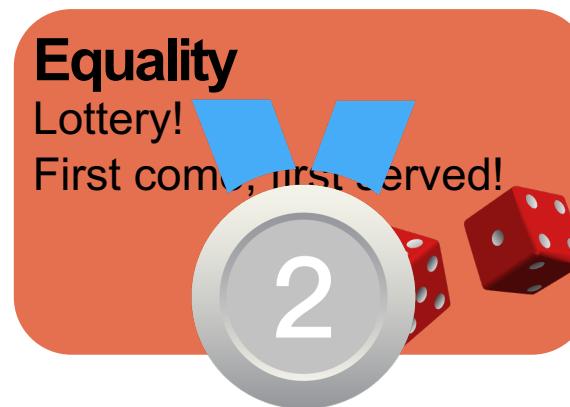
**Did this align with the will of the people?**

How would “ordinary” citizens have decided?



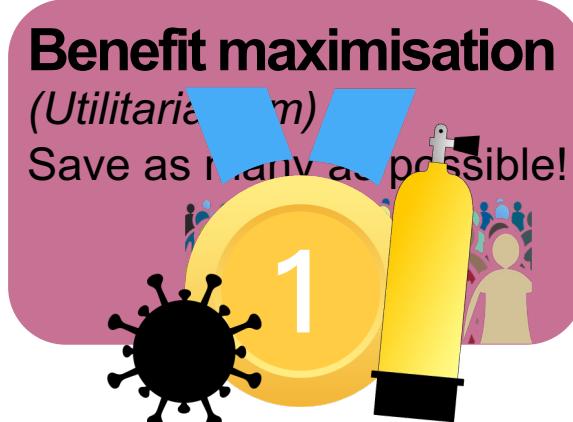
# What do people think (within-society distribution)?

before COVID-19



Bailey et al., 2011; Biddle et al., 2020; Ceccato et al., 2023; Cookson & Dolan, 1999; Dowling et al., 2022; Duch et al., 2021; Gandenberger et al., 2023; Grover et al., 2020; Jensen & Petersen, 2017; Kappes et al., 2022; Knotz et al., 2021a, 2021b; Krüttli et al., 2016; Oedingen et al., 2019; Persad et al., 2021; Sprengholz et al., 2021; Tong et al., 2010

# What do people think (within-society distribution) during COVID-19?



Bailey et al., 2011; Biddle et al., 2020; Ceccato et al., 2023; Cookson & Dolan, 1999; Dowling et al., 2022; Duch et al., 2021; Gandenberger et al., 2023; Grover et al., 2020; Jensen & Petersen, 2017; Kappes et al., 2022; Knotz et al., 2021a, 2021b; Krüttli et al., 2016; Oedingen et al., 2019; Persad et al., 2021; Sprengholz et al., 2021; Tong et al., 2010

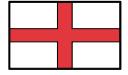
# What do people think (**global** distribution)?



# Our study

# Samples

## Cohort 1

- ✓ Online questionnaire study
- ✓ Summer 2021
- ✓ Recruitment: Respondi (Bilendi)
- ✓  
- ✓ Representative
- ✓ Quality checked
- ✓ **N = 2692**  
 $(n_{\text{England}} = 1328, n_{\text{Germany}} = 1364)$

## Cohort 2

- ✓ Online questionnaire study
- ✓ Spring 2024
- ✓ Recruitment: Bilendi (Respondi)
- ✓ 
- ✓ Representative
- ✓ Quality checked
- ✓ **N = n<sub>Germany</sub> = 1155**

Hagel et al., 2022

14

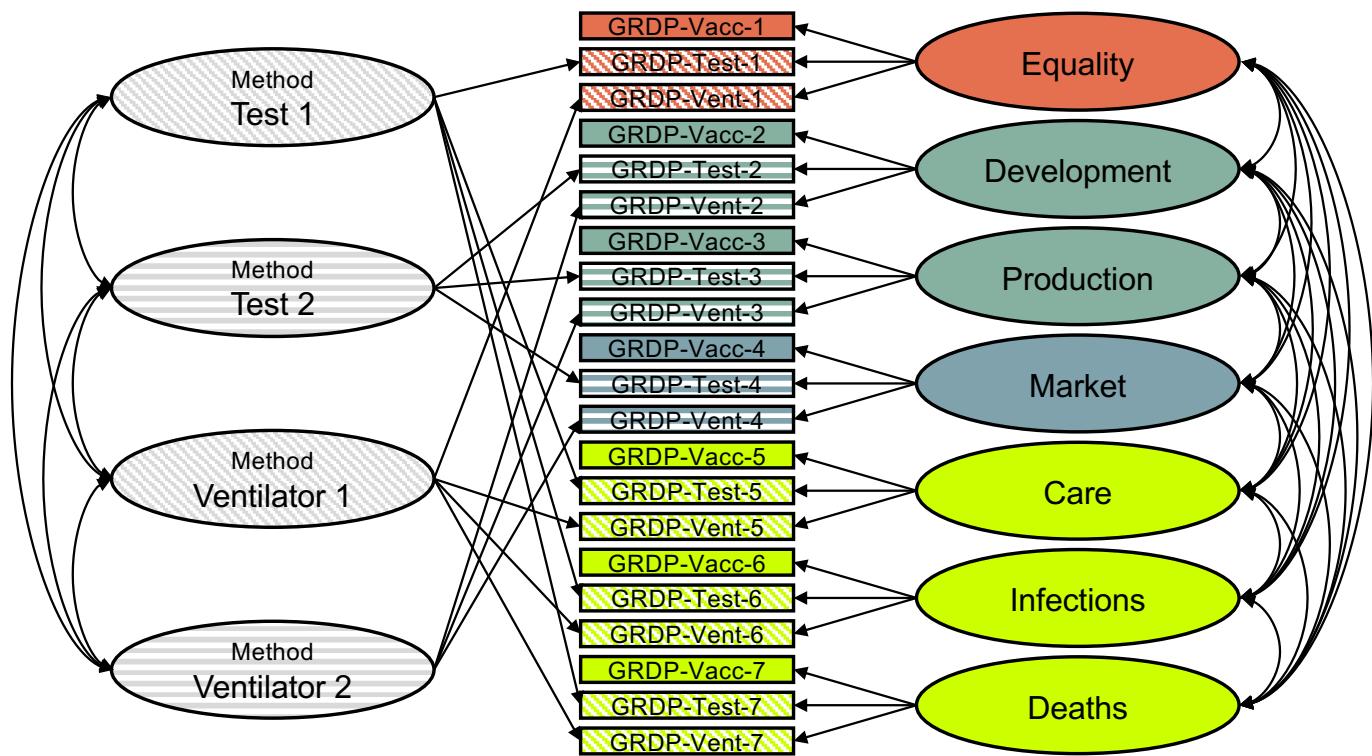
# Global Resource Distribution Principles Scale (GRDP)

Until enough COVID-19 vaccine can be produced to supply the entire world, I think it would be just if ...	
1	Equality
2	Merit: Development
3	Merit: Production
4	Entitlement: Market
5	Need: Care
6	Need: Infections
7	Need: Deaths



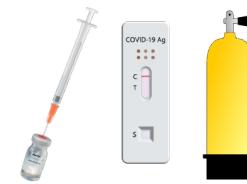
<https://pixabay.com/vectors/suba-tank-diving-tank-oxygen-23932/>; <https://pixabay.com/vector/covid-self-test-negative-corona-6155830/>; <https://pixabay.com/illustrations/vaccine-injection-covid-19-vial-5779405/>

cf. Fischer et al., 2017



### Justice principle

- █ Equality
- █ Merit
- █ Entitlement
- █ Need
- █ Benefit maximisation



# Global Resource Distribution Principles Scale (GRDP)

Until enough COVID-19 vaccine can be produced to supply the entire world, I think it would be just if ...		2021
1	Equality	<i>All countries equally (per capita)!</i>
2	Merit: Development	<i>Countries that developed the resource first!</i>
3	Merit: Production	<i>Countries that produced the resource first!</i>
4	Entitlement: Market	<i>Countries that pay more first!</i>
5	Need: Care	<i>Countries with worse treatment possibilities first!</i>
6	Need: Infections	<i>Countries with highest infection rates first!</i>
7	Need: Deaths	<i>Countries with highest death tolls first!</i>



<https://pixabay.com/vectors/suba-tank-diving-tank-oxygen-23932/>; <https://pixabay.com/illustrations/vaccine-injection-covid-19-vial-5779405/>

# Global Resource Distribution Principles Scale (GRDP)

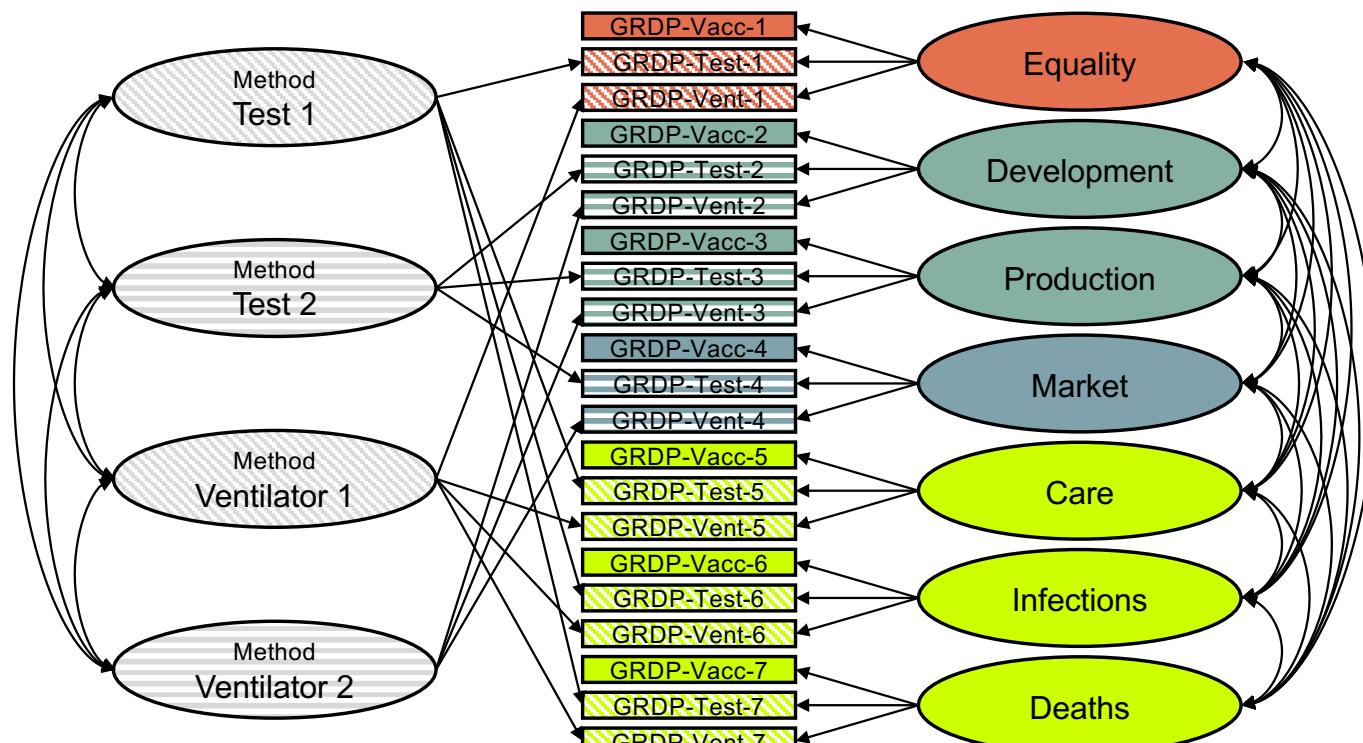
		<b>In a fictional future pandemic, until enough vaccine can be produced to supply the entire world, I think it would be just if ...</b>	<b>2024</b>
1	Equality	<i>All countries equally (per capita)!</i>	
2	Merit: Development	<i>Countries that developed the resource first!</i>	
3	Merit: Production	<i>Countries that produced the resource first!</i>	
4	Entitlement: Market	<i>Countries that pay more first!</i>	
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7	Need: Deaths	<i>Countries with highest death tolls first!</i>	
8	Benefit maximisation: Efficiency	<i>End the pandemic globally asap!</i>	
9	Merit: Adherence	<i>Societies that adhere to containment measures first!</i>	
10	Entitlement: "Value"	<i>Countries with more "valuable" citizens first!</i>	

<https://pixabay.com/vectors/suba-tank-diving-tank-oxygen-23932/>; <https://pixabay.com/vector/covid-self-test-negative-corona-615830/>; <https://pixabay.com/illustrations/vaccine-injection-covid-19-vial-5779405/>



cf. Fischer et al., 2017

2021



### Justice principle

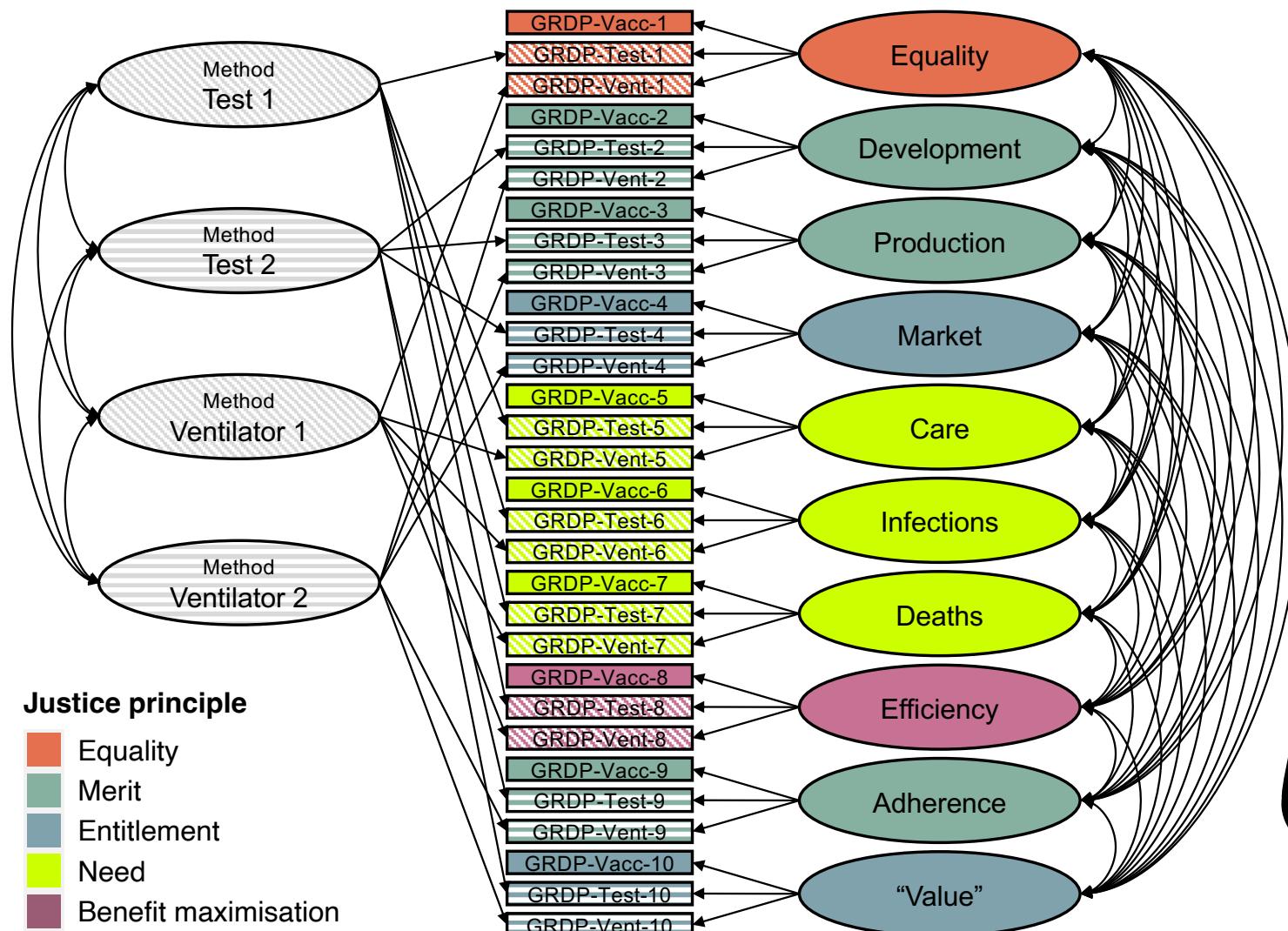
- Equality
- Merit
- Entitlement
- Need
- Benefit maximisation

cf. Eid et al., 2017

19



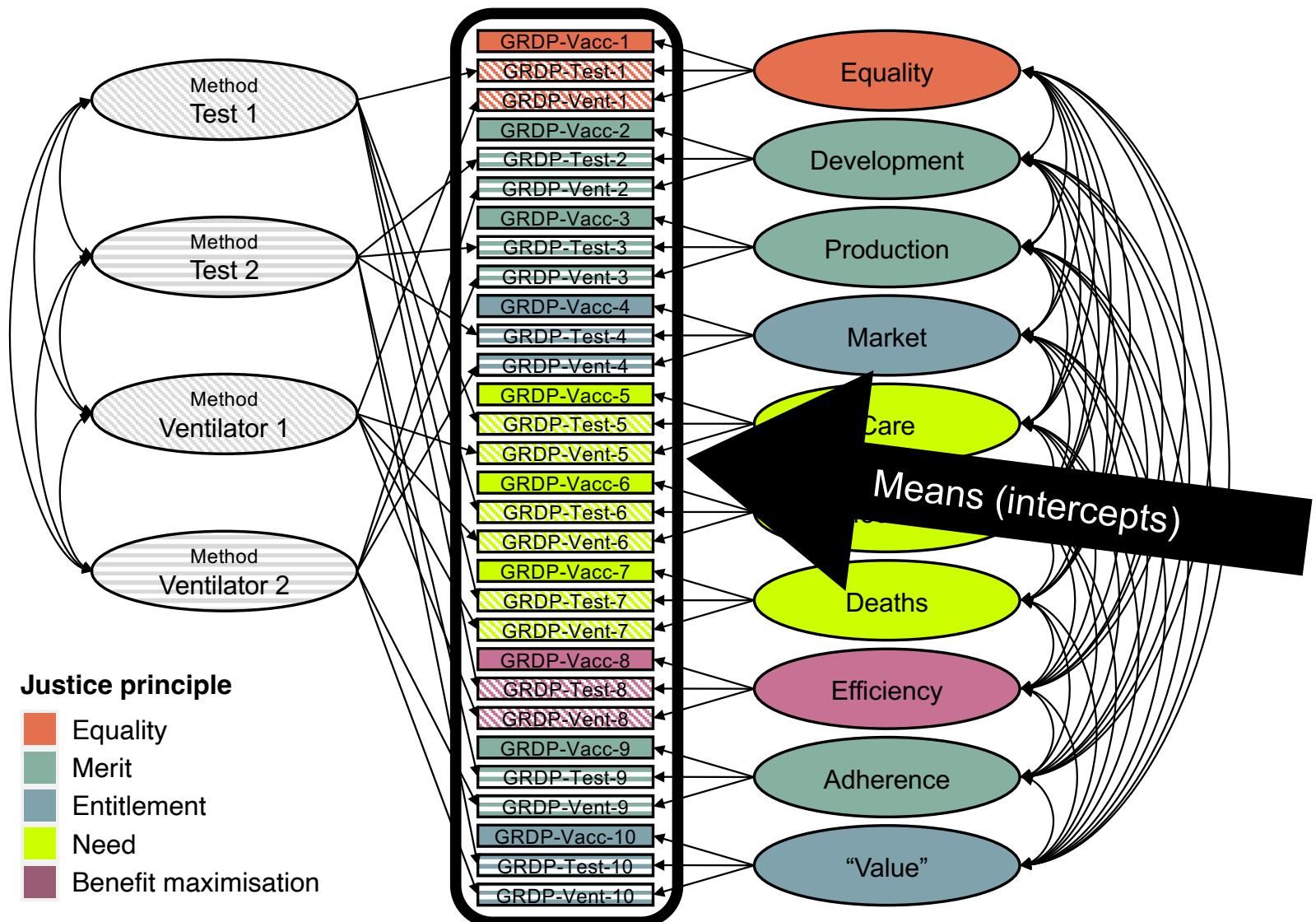
2024

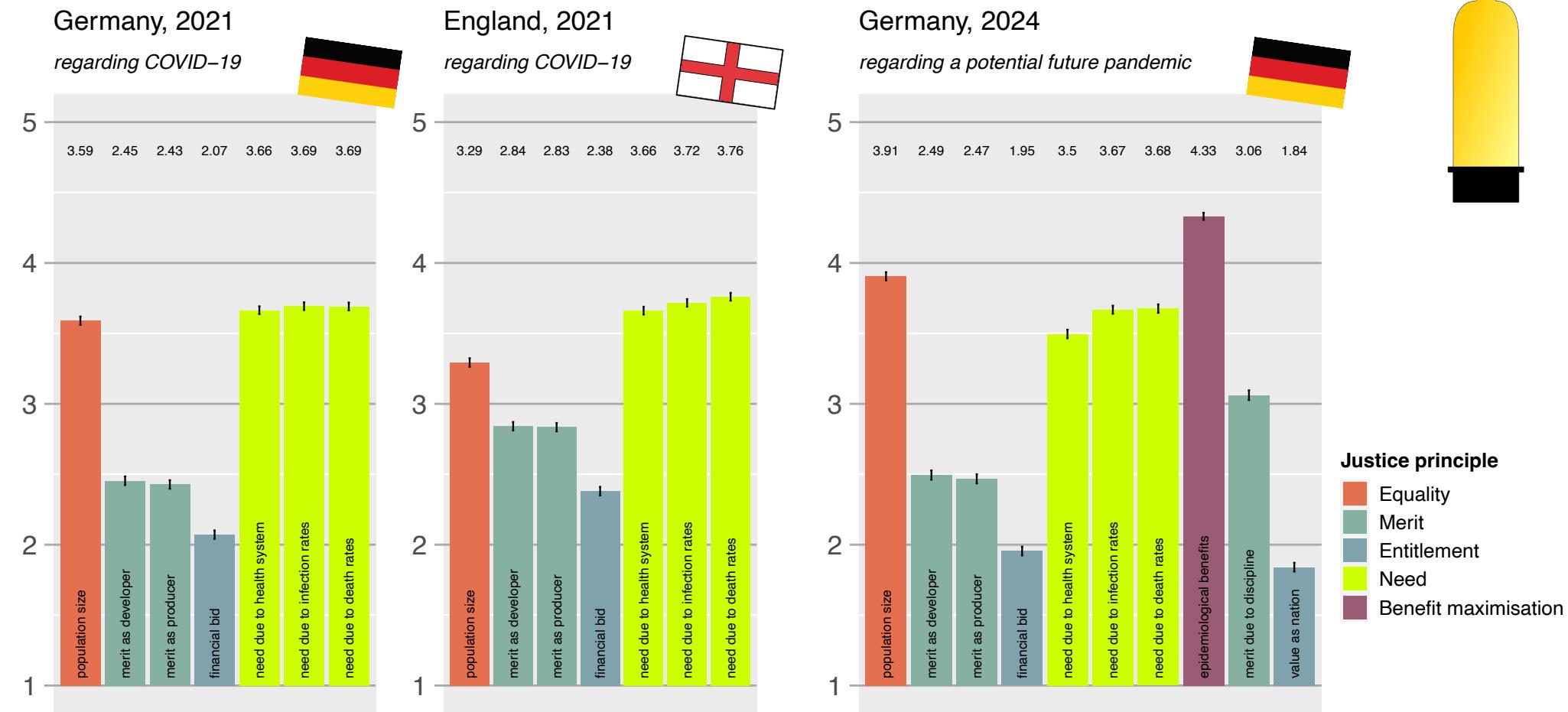


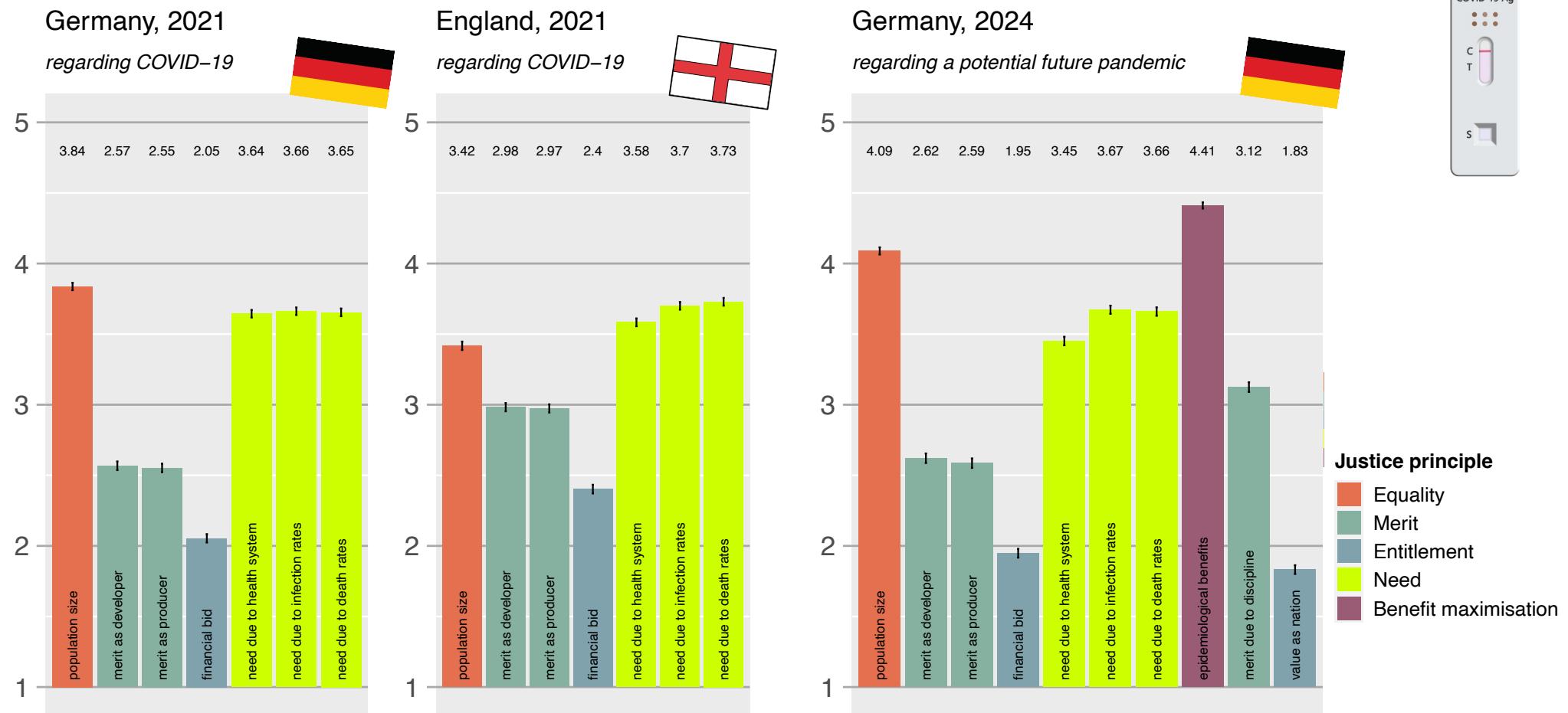
**Model fit:** ☺  
**Reliability:** ☺  
**Variance:** ☺

cf. Eid et al., 2017

20



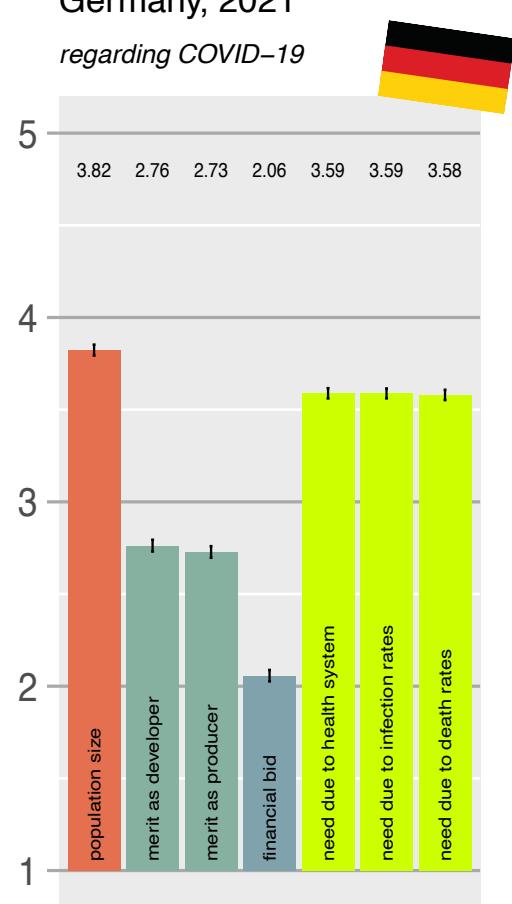




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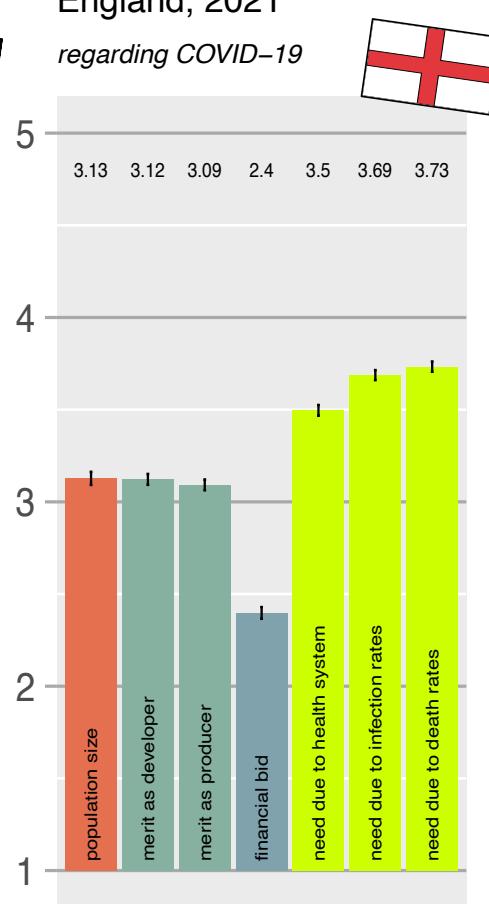
## Germany, 2021

*regarding COVID-19*



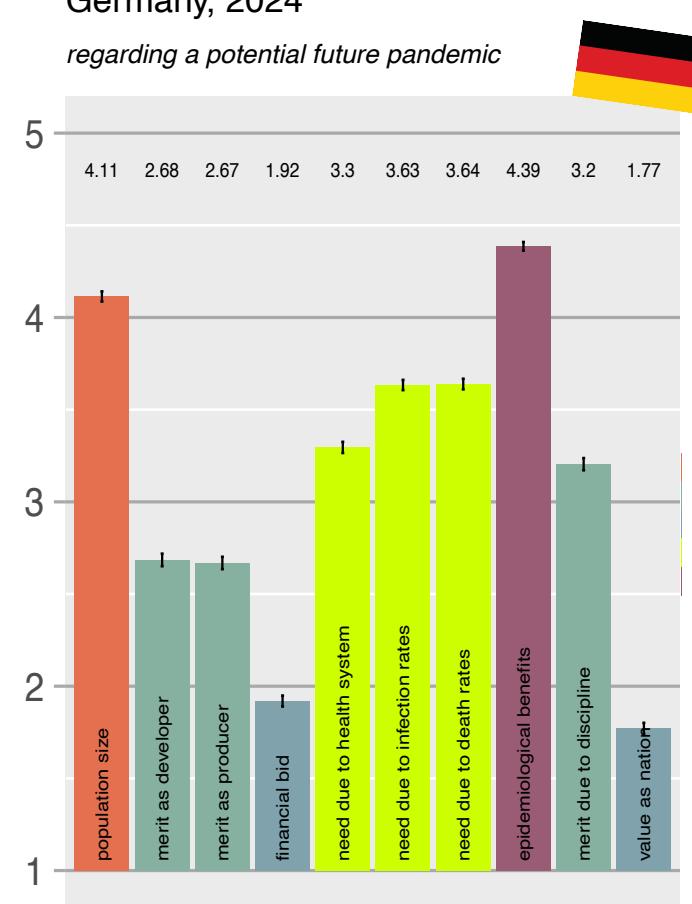
## England, 2021

*regarding COVID-19*



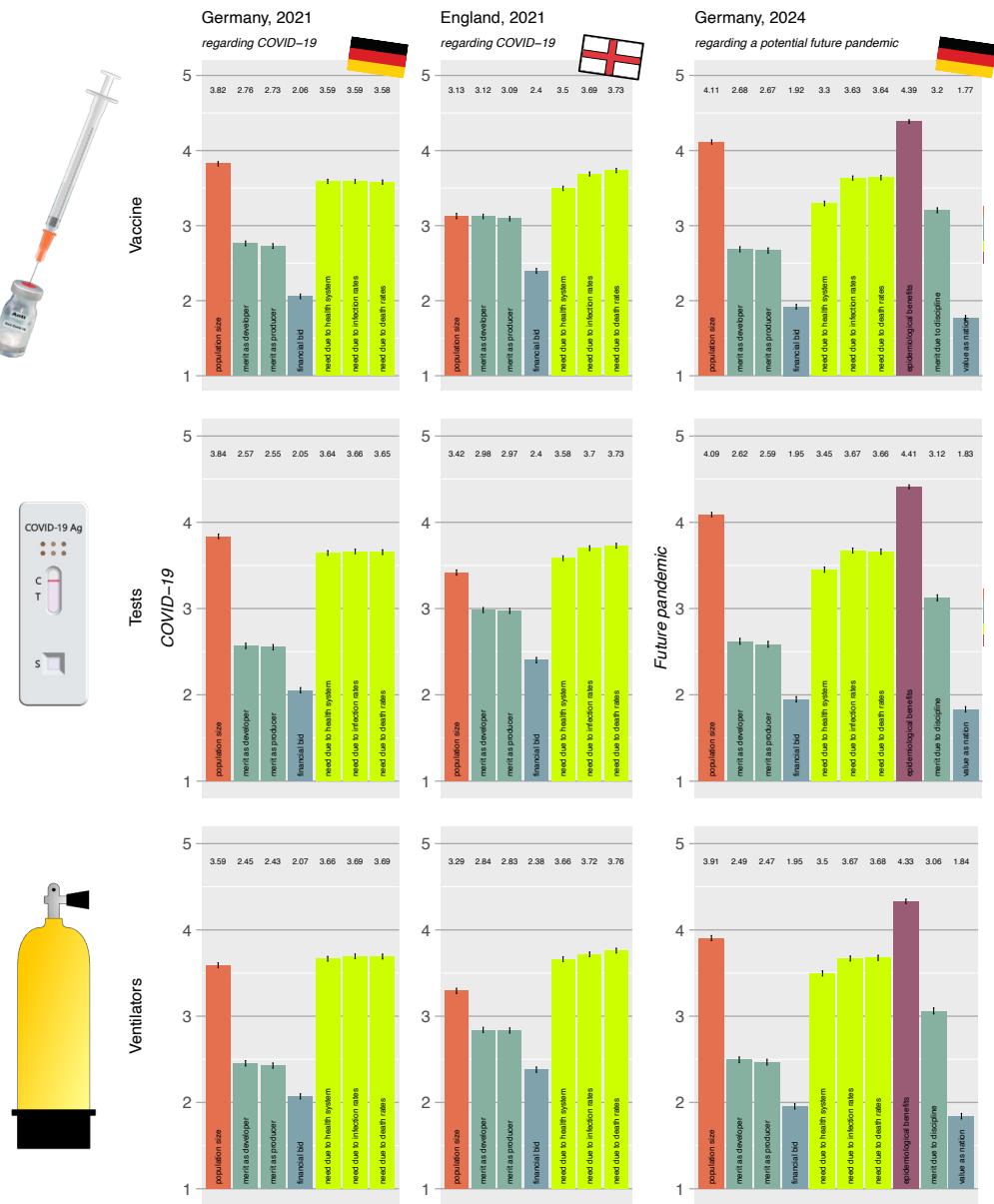
## Germany, 2024

*regarding a potential future pandemic*



- Justice principle**
- Equality
  - Merit
  - Entitlement
  - Need
  - Benefit maximisation





## Justice principle

- Equality
- Merit
- Entitlement
- Need
- Benefit maximisation

# What we have learned

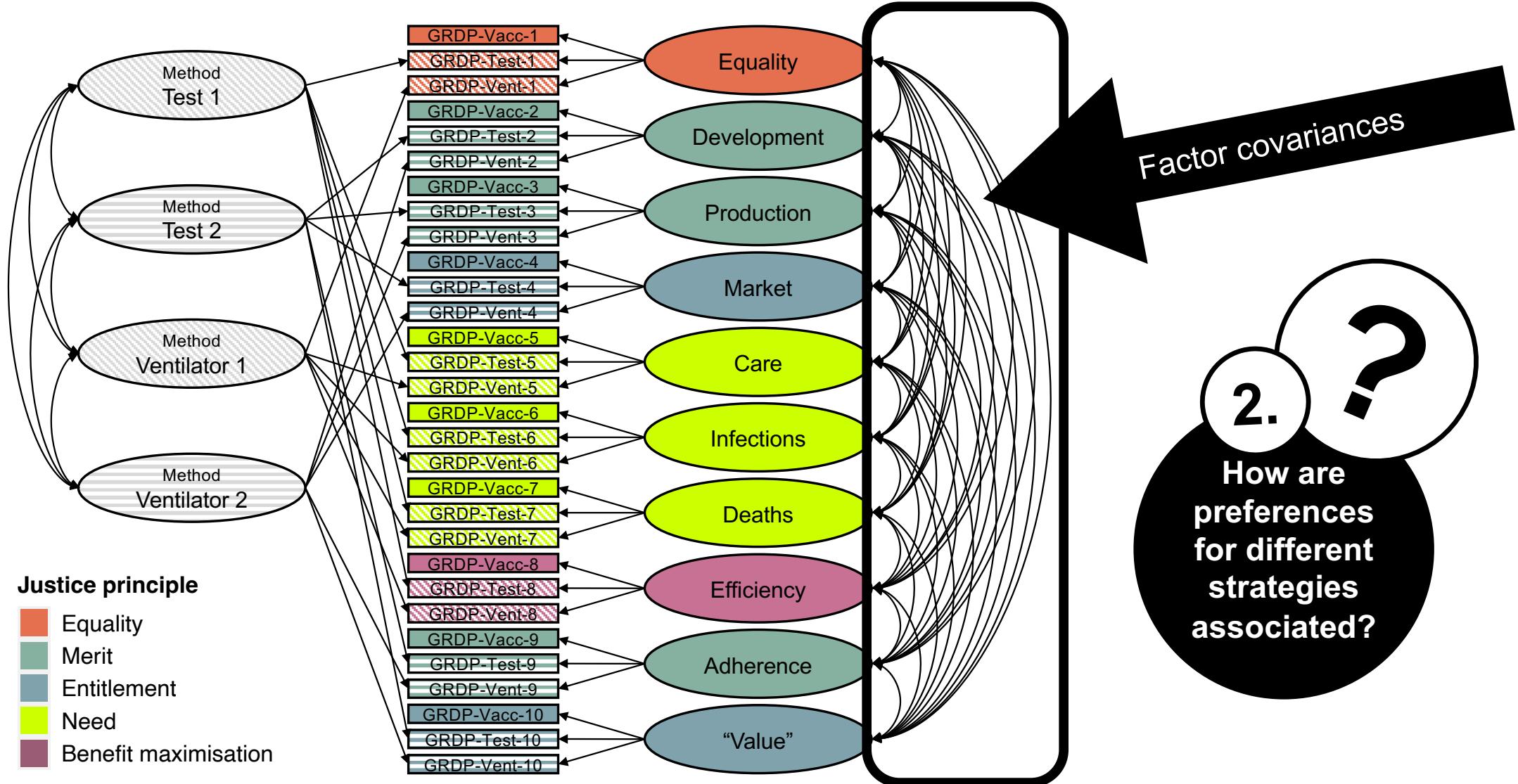
Citizens in England and Germany disapprove of national protectionism in pandemics.

They opt for more efficiency, equity and equality in global health resource distribution.

1

?





# Latent correlations

First cohort, 2021  
(COVID-19)



	1	2	3	4	5	6	7
1. Equality	<b>0.76</b>	-.31	-.33	-.42	.56	.54	.53
2. Development		<b>1.30</b>	.98	.57	-.14	-.10	-.08
3. Production			<b>1.28</b>	.59	-.13	-.11	-.08
4. Market				<b>0.96</b>	-.24	-.20	-.20
5. Care					<b>0.73</b>	.85	.81
6. Infections						<b>0.84</b>	.91
7. Deaths							<b>0.90</b>



	1	2	3	4	5	6	7
1. Equality	<b>0.57</b>	-.15	-.13	-.14	.42	.42	.42
2. Development		<b>1.08</b>	.97	.53	-.09	-.09	-.13
3. Production			<b>1.04</b>	.52	-.07	-.07	-.11
4. Market				<b>1.00</b>	-.19	-.21	-.25
5. Care					<b>0.75</b>	.89	.84
6. Infections						<b>0.85</b>	.96
7. Deaths							<b>0.91</b>

# Latent correlations



	1	2	3	4	5	6	7	8	9	10
1. Equality	<b>0.55</b>	-.33	-.32	-.40	.33	.31	.33	.64	-.06	-.33
2. Development		<b>1.25</b>	.98	.62	.00	.04	-.01	-.19	.47	.50
3. Production			<b>1.25</b>	.61	.02	.05	-.00	-.18	.48	.50
4. Market				<b>0.78</b>	-.13	-.09	-.11	-.34	.28	.61
5. Care					<b>0.68</b>	.81	.74	.32	.14	-.16
6. Infections						<b>0.70</b>	.93	.34	.21	-.12
7. Deaths							<b>0.82</b>	.35	.17	-.15
8. Efficiency								<b>0.40</b>	.07	-.40
9. Adherence									<b>0.88</b>	.36
10. Value										<b>0.78</b>

Second cohort, 2024  
*(fictional future pandemic)*

# What we have learned

Citizens in England and Germany disapprove of national protectionism in pandemics.

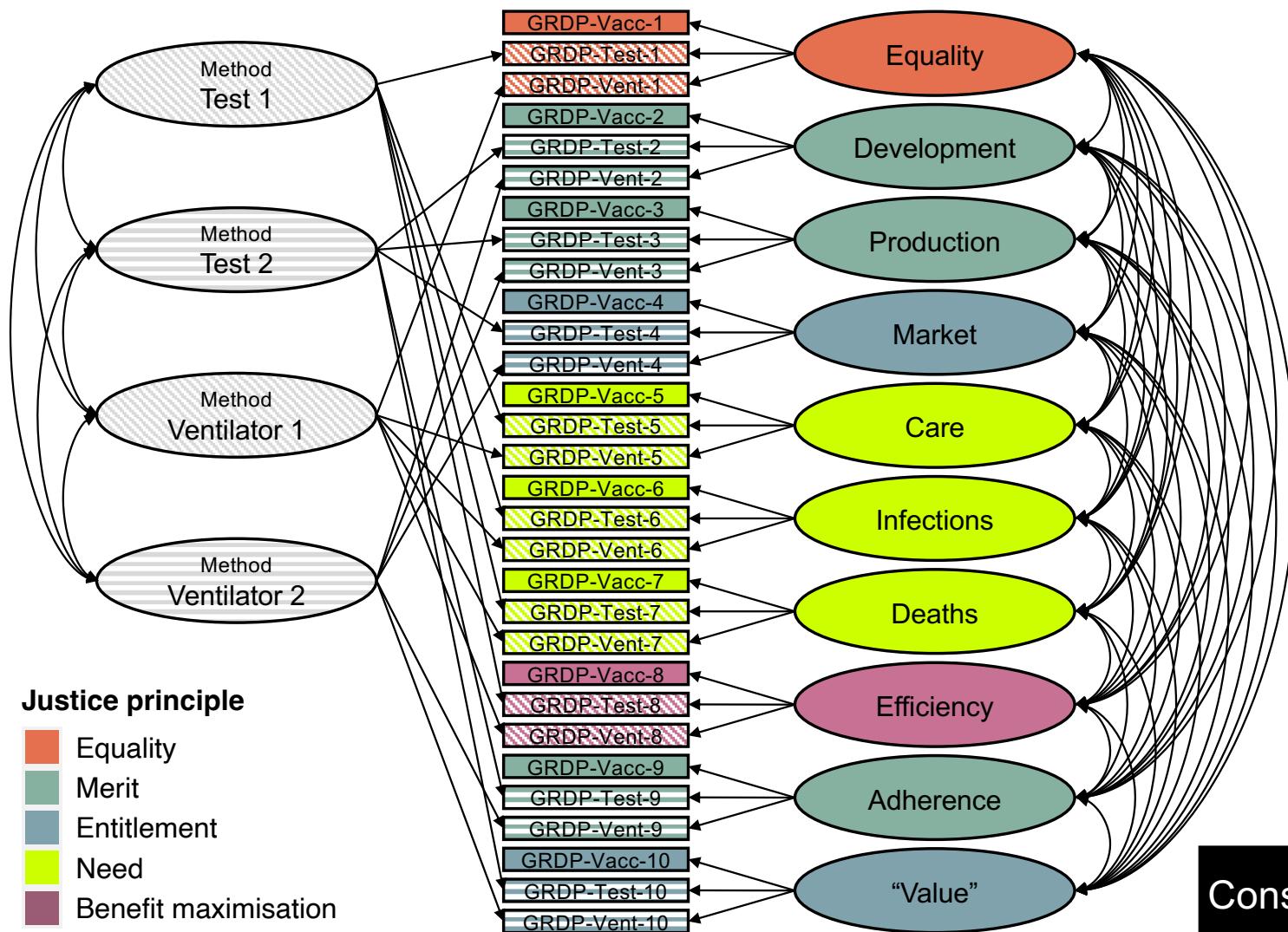
They opt for more efficiency, equity and equality in global health resource distribution.

2

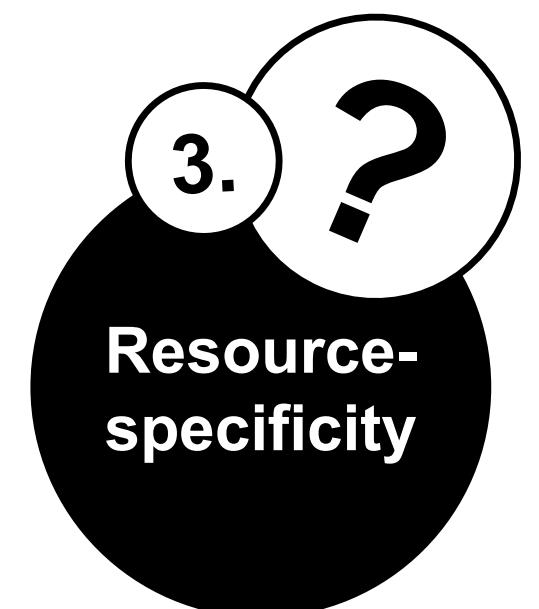
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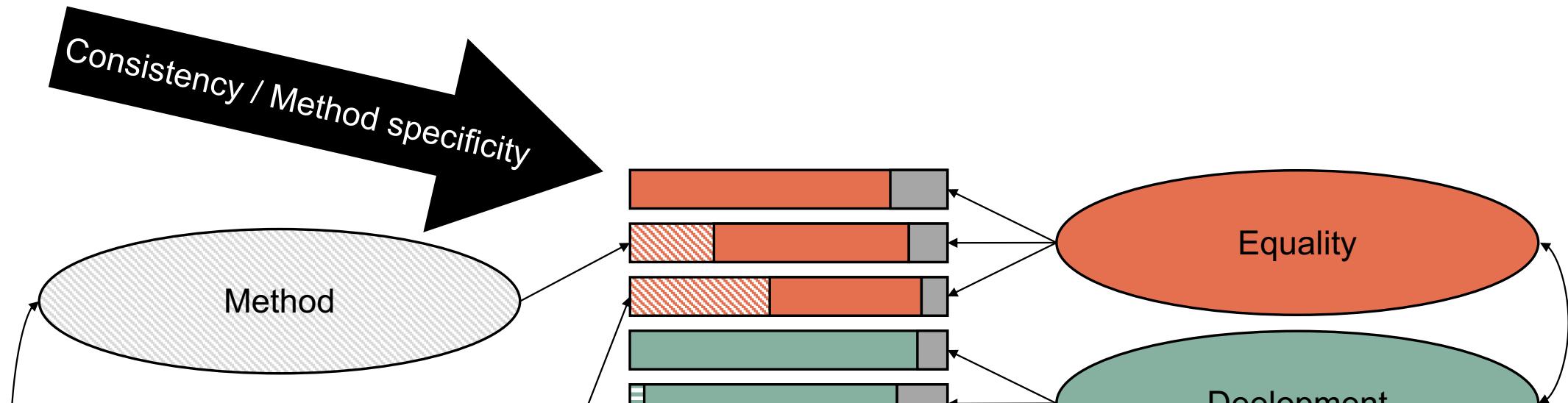
Preferences for different principles are related following ethical proximity.





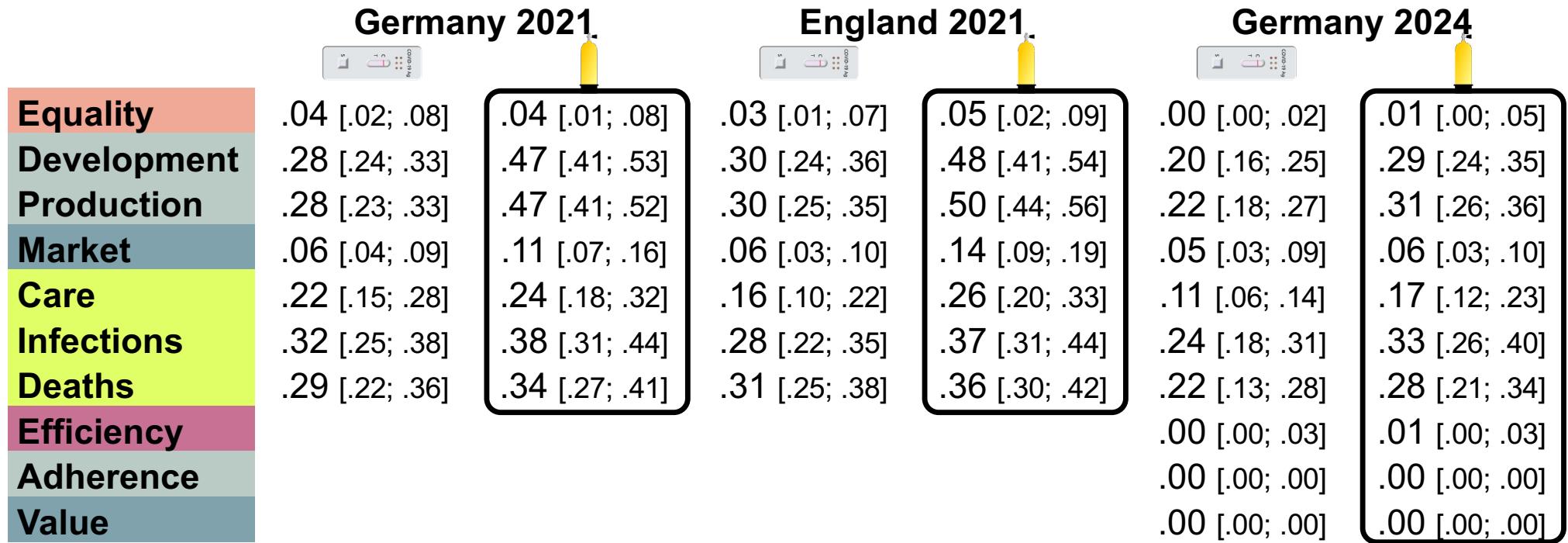
Consistency / Method specificity





	<b>Observed variable</b>	<b>True-score variable</b>
<b>Consistency</b>	$\text{Cons.}_Y = \frac{\sigma_{\text{Justice}}^2}{\sigma_{\text{Justice}}^2 + \sigma_{\text{Method}}^2 + \sigma_{\text{Error}}^2}$	$\text{Cons.}_\tau = \frac{\sigma_{\text{Justice}}^2}{\sigma_{\text{Justice}}^2 + \sigma_{\text{Method}}^2}$
<b>Method specificity</b>	$\text{Spec.}_Y = \frac{\sigma_{\text{Method}}^2}{\sigma_{\text{Justice}}^2 + \sigma_{\text{Method}}^2 + \sigma_{\text{Error}}^2}$	$\text{Spec.}_\tau = \frac{\sigma_{\text{Method}}^2}{\sigma_{\text{Justice}}^2 + \sigma_{\text{Method}}^2}$

# Latent method specificity (95% bootstrap CI)



# Latent method specificity (95% bootstrap CI)

	<b>Germany 2021</b>		<b>England 2021</b>		<b>Germany 2024</b>
 					
<b>Equality</b>	.04 [.02; .08]	.04 [.01; .08]	.03 [.01; .07]	.05 [.02; .09]	.00 [.00; .02]
<b>Development</b>	.28 [.24; .33]	.47 [.41; .53]	.30 [.24; .36]	.48 [.41; .54]	.20 [.16; .25]
<b>Production</b>	.28 [.23; .33]	.47 [.41; .52]	.30 [.25; .35]	.50 [.44; .56]	.22 [.18; .27]
<b>Market</b>	.06 [.04; .09]	.11 [.07; .16]	.06 [.03; .10]	.14 [.09; .19]	.05 [.03; .09]
<b>Care</b>	.22 [.15; .28]	.24 [.18; .32]	.16 [.10; .22]	.26 [.20; .33]	.11 [.06; .14]
<b>Infections</b>	.32 [.25; .38]	.38 [.31; .44]	.28 [.22; .35]	.37 [.31; .44]	.24 [.18; .31]
<b>Deaths</b>	.29 [.22; .36]	.34 [.27; .41]	.31 [.25; .38]	.36 [.30; .42]	.22 [.13; .28]
<b>Efficiency</b>					.00 [.00; .03]
<b>Adherence</b>					.00 [.00; .00]
<b>Value</b>					.00 [.00; .00]

# What we have learned

Citizens in England and Germany disapprove of national protectionism in pandemics.

They opt for more efficiency, equity and equality in global health resource distribution.

2

1

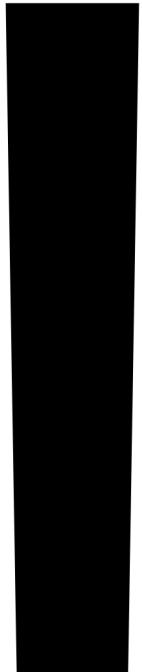
3

Preferences for different principles are related following ethical proximity.

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



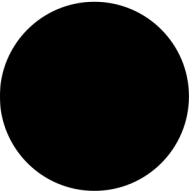
# Implications



## **Cooperation has got a mandate!**

Even citizens of rich Western countries opt for global solidarity and epidemiological efficiency – even in times of crisis.

### **For the next global emergency (Mpox? Bird flu?), let us...**

- implement fairer and more efficient global distribution mechanisms!
  - extend existing ethics-based domestic frameworks to the global level!
  - inform pandemic preparations with citizens' ethical views
    - to increase public trust and acceptance for necessary measures in difficult times!
    - to close the gap between ethical knowledge and policy!
  - conduct more public opinion research in non-WEIRD countries!
- 

Atuire & Bull, 2022; Emanuel et al., 2022; Henrich et al., 2010; Mandavilli, 2024b; Meyer & Sanklecha, 2016; WHO, 2022

# Thank you very much!

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# References

- Abbas, M. Z. (2020). Practical implications of "vaccine nationalism": A short-sighted and risky approach in response to COVID-19 (Research Paper, No. 124). Geneva: South Centre.
- Ali, S., Smith, M. J. & Stranges, S. (2024). Where did public health go wrong? Seven lessons from the COVID-19 pandemic. *The European Journal of Public Health*, 34(4), 618-619.
- Atuire, C. A. & Bull, S. (2022). COVID-19 heightens the imperative to decolonize global health research. *Global Justice: Theory Practice Rhetoric*, 13(02), 60-77.
- Bailey, T. M., Haines, C., Rosychuk, R. J., Marrie, T. J., Yonge, O., Lake, R. et al. (2011). Public engagement on ethical principles in allocating scarce resources during an influenza pandemic. *Vaccine*, 29(17), 3111-3117.
- Biddle, N., Edwards, B., Gray, M. & Sollis, K. (2020). *Public attitudes on vaccine distribution*. Acton: Australian National University Centre for Social Research and Methods. Available at: <https://csrm.cass.anu.edu.au/sites/default/files/docs/2021/2/Public%20attitudes%20on%20vaccine%20distribution.pdf>
- Bolcato, M., Rodriguez, D., Feola, A., Di Mizio, G., Bonsignore, A., Ciliberti, R. et al. (2021). COVID-19 pandemic and equal access to vaccines. *Vaccines*, 9(6), 538.
- Bollyky, T. J. & Bown, C. P. (2020). The tragedy of vaccine nationalism. Only cooperation can end the pandemic. *Foreign Affairs*, 99(5), 96.
- Boyd, K. M. (1997). Equity. In K. M. Boyd, R. Higgs & A. J. Pinching (Eds.), *The new dictionary of medical ethics* (p. 87). London: BMJ.
- Boylan, M. (2014). Ethical reasoning. In M. Boylan (Ed.), *Medical ethics* (2nd ed., pp. 1-11). Chichester: Wiley.
- Bruce, L. & Tallman, R. (2021). Promoting racial equity in COVID-19 resource allocation. *Journal of Medical Ethics*, 47(4), 208-212.

- Campbell, A., Gillet, G. & Jones, G. (2001). *Medical ethics* (3rd ed.). South Melbourne: Oxford University Press.
- Ceccato, I., Di Crosta, A., La Malva, P., Cannito, L., Mammarella, N., Palumbo, R. et al. (2023). Public opinion in vaccine allocation priority: Who comes first? *Psychology & Health*, 38(9), 1194-1214.
- Chen, J., Hoops, S., Marathe, A., Mortveit, H., Lewis, B., Venkatramanan, S. et al. (2021). Prioritizing allocation of COVID-19 vaccines based on social contacts increases vaccination effectiveness. *medRxiv*.  
<https://doi.org/10.1101/2021.02.04.21251012>
- Cookson, R. & Dolan, P. (1999). Public views on health care rationing: A group discussion study. *Health Policy*, 49(1-2), 63-74.
- COVAX (2020, August 6). The COVAX facility. Global procurement for COVID-19 vaccines. Available at: <https://www.who.int/docs/default-source/coronaviruse/act-accelerator/covax/covax-facility-background.pdf>
- COVAX (2022, November 30). COVAX: The vaccines pillar of the Access to COVID-19 tools accelerator. Structures and principles. Available at: <https://www.who.int/docs/default-source/coronaviruse/act-accelerator/covax/covax-structure-and-principles.pdf>
- Daniels, N. (1987). The ideal advocate and limited resources. *Theoretical Medicine*, 8, 69-80.
- Day, R. T., Guidry, B. S., Drolet, B. C. & Clayton, E. W. (2020). From ventilators to vaccines: reframing the ethics of resource allocation. *The American Journal of Bioethics*, 20(7), W15-W16.
- Dowling, A., Lane, H. & Haines, T. (2022). Community preferences for the allocation of scarce healthcare resources during the COVID-19 pandemic: a review of the literature. *Public Health*, 209, 75-81.
- Duch, R., Roope, L. S., Violato, M., Fuentes Becerra, M., Robinson, T. S., Bonnefon et al. (2021). Citizens from 13 countries share similar preferences for COVID-19 vaccine allocation priorities. *Proceedings of the National Academy of Sciences*, 118(38), e2026382118.

- Eid, M., Geiser, C., Koch, T. & Heene, M. (2017). Anomalous results in G-factor models: Explanations and alternatives. *Psychological Methods*, 22(3), 541-562.
- Emanuel, E. J., Persad, G., Kern, A., Buchanan, A., Fabre, C., Halliday, D. et al. (2020). An ethical framework for global vaccine allocation. *Science*, 369(6509), 1309-1312.
- Emanuel, E. J., Persad, G., Upshur, R., Thome, B., Parker, M., Glickman, A. et al. (2020). Fair allocation of scarce medical resources in the time of Covid-19. *The New England Journal of Medicine*, 382(21), 2049-2055.
- Emanuel, E. J., Upshur, R. E. & Smith, M. J. (2022). What Covid has taught the world about ethics. *New England Journal of Medicine*, 387(17), 1542-1545.
- Evans, M. K. (2020). Covid's color line—*infectious disease, inequity, and racial justice*. *New England Journal of Medicine*, 383(5), 408-410.
- Fischer, C., Baumert, A. & Schmitt, M. (2017). Skala zur Messung von Einstellungen zu Prinzipien der Verteilungsgerechtigkeit (EPriVerge). [Scale for the measurement of attitudes toward principles of distributive justice]. *Zusammenstellung sozialwissenschaftlicher Items und Skalen (ZIS)*. <https://doi.org/10.6102/zis253>
- Gandenberger, M. K., Knotz, C. M., Fossati, F. & Bonoli, G. (2023). Conditional solidarity-attitudes towards support for others during the 2020 COVID-19 pandemic. *Journal of Social Policy*, 52(4), 943-961.
- Garrett, T. M., Baillie, H. W. & Garret, R. M. (1993). *Health care ethics. Principles and problems* (2nd ed.). Englewood Cliffs: Prentice Hall.
- Gillon, R. (1997). Justice. In K. M. Boyd, R. Higgs & A. J. Pinching (Eds.), *The new dictionary of medical ethics* (p. 143). London: BMJ.
- Grover, S., McClelland, A. & Furnham, A. (2020). Preferences for scarce medical resource allocation: differences between experts and the general public and implications for the COVID-19 pandemic. *British Journal of Health Psychology*, 25(4), 889-901.

- Hagel, M. L., Trutzenberg, F. & Eid, M. (2022). Perceived parenting and identification with all humanity: Insights from England and Germany. *Frontiers in Psychology*, 13, 924562.
- Hempel, S., Burke, R., Hochman, M., Thompson, G., Brothers, A., Shin, J. et al. (2021). Allocation of scarce resources in a pandemic: Rapid systematic review update of strategies for policymakers. *Journal of Clinical Epidemiology*, 139, 255-263.
- Henrich, J., Heine, S. J. & Norenzayan, A. (2010). The weirdest people in the world?. *Behavioral and Brain Sciences*, 33(2-3), 61-83.
- Herlitz, A., Lederman, Z., Miller, J., Fleurbaey, M., Venkatapuram, S., Atuire, C. et al. (2021). Just allocation of COVID-19 vaccines. *BMJ Global Health*, 6, e004812.
- Holtzman, G. S., Yang, Y. & Louis, P. (2022). Did COVID-19 vaccines go to the whitest neighborhoods first? Racial inequities in six million phase 1 doses shipped to Pennsylvania. *medRxiv*. <https://doi.org/10.1101/2022.03.12.22272300>
- International COVID-19 Data Alliance (2024). International COVID-19 Data Alliance. <https://icoda-research.org>
- Ismail, S. J., Tunis, M. C., Zhao, L. & Quach, C. (2021). Navigating inequities: A roadmap out of the pandemic. *BMJ Global Health*, 6(1), e004087.
- Jecker, N. S., Atuire, C. A. & Bull, S. J. (2023). Towards a new model of global health justice: The case of COVID-19 vaccines. *Journal of Medical Ethics*, 49(5), 367-374.
- Jecker, N. S., Wightman, A. G. & Diekema, D. S. (2021). Vaccine ethics: an ethical framework for global distribution of COVID-19 vaccines. *Journal of Medical Ethics*, 47(5), 308-317.
- Jensen, C. & Petersen, M. B. (2017). The deservingness heuristic and the politics of health care. *American Journal of Political Science*, 61(1), 68-83.
- Jonsen, A. R., Siegler, M. & Winslade, W. J. (1998). *Clinical ethics* (4th ed.). New York: McGraw-Hill.

- Kappes, A., Zohny, H., Savulescu, J., Singh, I., Sinnott-Armstrong, W. & Wilkinson, D. (2022). Race and resource allocation: An online survey of US and UK adults' attitudes toward COVID-19 ventilator and vaccine distribution. *BMJ Open*, 12(11), e062561.
- Katz, I. T., Weintraub, R., Bekker, L. G. & Brandt, A. M. (2021). From vaccine nationalism to vaccine equity—finding a path forward. *New England Journal of Medicine*, 384(14), 1281-1283.
- Kennedy, F. (2016). *Dreizehn Leben* [Life raft]. (A. Opel, Trans.). Berlin: Felix Bloch Erben. (Original work published 2015)
- Knotz, C. M., Gandenberger, M. K., Fossati, F. & Bonoli, G. (2021a). Popular attitudes toward the distribution of vaccines against COVID-19: The Swiss case. *Swiss Political Science Review*, 27(2), 297-310.
- Knotz, C. M., Gandenberger, M. K., Fossati, F. & Bonoli, G. (2021b). Public attitudes toward pandemic triage: Evidence from conjoint survey experiments in Switzerland. *Social Science & Medicine*, 285, 114238.
- Krütli, P., Rosemann, T., Törnblom, K. Y. & Smieszek, T. (2016). How to fairly allocate scarce medical resources: Ethical argumentation under scrutiny by health professionals and lay people. *PLoS One*, 11(7), e0159086.
- Lagman, J. D. N. (2021). Vaccine nationalism: A predicament in ending the COVID-19 pandemic. *Journal of Public Health*, 43(2), e375-e376.
- Liu, Y., Salwi, S. & Drolet, B. C. (2020). Multivalue ethical framework for fair global allocation of a COVID-19 vaccine. *Journal of Medical Ethics*, 46(8), 499-501.
- Luna, F. & Holzer, F. (2021). Brief communication. International cooperation in a non-ideal world: The example of COVAX. *Cadernos ibero-americanos de direito sanitário = Cuadernos iberoamericanos de derecho sanitario*, 10(3), 199-210.
- Mandavilli, A. (2024a, May 24). Countries fail to agree on treaty to prepare the world for the next pandemic. *The New York Times*. Retrieved from: <https://www.nytimes.com/2024/05/24/health/pandemic-treaty-vaccines.html>

- Mandavilli, A. (2024b, August 14). W.H.O. declares global emergency over new Mpox outbreak. *The New York Times*. Retrieved from: <https://www.nytimes.com/2024/08/14/health/mpox-who-emergency-africa.html>
- Mannelli, C. (2020). Whose life to save? Scarce resources allocation in the COVID-19 outbreak. *Journal of Medical Ethics*, 46(6), 364-366.
- Marmot, M. & Allen, J. (2020). COVID-19: Exposing and amplifying inequalities. *Journal of Epidemiology and Community Health*, 74(9), 681-682.
- Marmot, M., Allen, J., Goldblatt, P., Herd, E. & Morrison, J. (2020). Build back fairer: The COVID-19 Marmot review. The pandemic, socioeconomic and health inequalities in England. London: Institute of Health Equity.
- Mathieu, E., Ritchie, H., Ortiz-Ospina, E., Roser, M., Hasell, J., Appel, C. et al. (2021). A global database of COVID-19 vaccinations. *Nature Human Behaviour*, 5(7), 947-953.
- McMahon, D. E., Peters, G. A., Ivers, L. C. & Freeman, E. E. (2020). Global resource shortages during COVID-19: Bad news for low-income countries. *PLoS Neglected Tropical Diseases*, 14(7), e0008412.
- Meyer, L. & Sanklecha, P. (2016). Philosophy of justice: Extending liberal justice in space and time. In C. Sabbagh & M. Schmitt (Eds.), *Handbook of social justice theory and research* (pp. 15-35). New York: Springer.
- Mikula, G. (1980). On the role of justice in allocation decisions. In G. Mikula (Ed.), *Justice and social interaction* (pp. 127-166). Bern: Huber.
- Moodley, K., Rennie, S., Behets, F., Obasa, A. E., Yemesi, R., Ravez, L. et al. (2021). Allocation of scarce resources in Africa during COVID-19: Utility and justice for the bottom of the pyramid? *Developing World Bioethics*, 21(1), 36-43.
- Oedingen, C., Bartling, T., Mühlbacher, A. C., Schrem, H. & Krauth, C. (2019). Systematic review of public preferences for the allocation of donor organs for transplantation: principles of distributive justice. *The Patient-Patient-Centered Outcomes Research*, 12, 475-489.

- Persad, G., Emanuel, E. J., Sangenito, S., Glickman, A., Phillips, S. & Largent, E. A. (2021). Public perspectives on COVID-19 vaccine prioritization. *JAMA Network Open*, 4(4), e217943.
- Persad, G., Wertheimer, A. & Emanuel, E. J. (2009). Principles for allocation of scarce medical interventions. *The Lancet*, 373(9661), 423-431.
- Rhodes, R. (2014). A review of ethical issues in transplantation. In M. Boylan (Ed.), *Medical ethics* (2nd ed., pp. 298-305). Chichester: Wiley.
- Shadmi, E., Chen, Y., Dourado, I., Faran-Perach, I., Furler, J., Hangoma, P. et al. (2020). Health equity and COVID-19: Global perspectives. *International Journal for Equity in Health*, 19, 1-16.
- Sirleaf, E. J. & Clark, H. (2021). Report of the Independent Panel for Pandemic Preparedness and Response: Making COVID-19 the last pandemic. *The Lancet*, 398(10295), 101-103.
- Smith, M. J. & Upshur, R. E. (2020). Learning lessons from COVID-19 requires recognizing moral failures. *Journal of Bioethical Inquiry*, 17, 563-566.
- Sprengholz, P., Korn, L., Eitze, S. & Betsch, C. (2021). Allocation of COVID-19 vaccination: When public prioritisation preferences differ from official regulations. *Journal of Medical Ethics*, 47, 452-455.
- Tandon, P. (2021). Ethical, public health, and economic dimensions of the inequitable global distribution of COVID-19 vaccines. *University of Toronto Medical Journal*, 98(3), 18-22.
- Tong, R. (2014). Shaping ethical guidelines for an Influenza pandemic. In M. Boylan (Ed.), *Medical ethics* (2nd. ed., pp. 345-360). Malden: Wiley.
- Vincent, J. L. & Creteur, J. (2020). Ethical aspects of the COVID-19 crisis: How to deal with an overwhelming shortage of acute beds. *European Heart Journal: Acute Cardiovascular Care*, 9(3), 248-252.

Wild, V., Heilinger, J.-C. & Thompson, A. (2022). Covid-19 and public health ethics. Taking justice seriously. *Public Health Forum*, 30(1), 24-27.

World Health Organization [WHO]. (2020, September 9). WHO concept for fair access and equitable allocation of COVID-19 health products. World Health Organization. Retrieved from: <https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>

WHO (2022). Bridging the gap between ethics and decision-making in pandemics. Report of the WHO Pandemic Ethics and Policy Summit. World Health Organization. Retrieved from <https://iris.who.int/handle/10665/365374>

WHO (2023a). The Access to COVID-19 Tools (ACT) Accelerator. Available at: <https://www.who.int/initiatives/act-accelerator/>

WHO (2023b). WHO coronavirus (COVID-19) dashboard. Available at: <https://covid19.who.int>

WHO (2024, February 19). WHO releases new guidance on monitoring the social determinants of health equity. Retrieved from <https://www.who.int/news/item/19-02-2024-who-releases-new-guidance-on-monitoring-the-social-determinants-of-health-equity>

Wouters, O. J., Shadlen, K. C., Salcher-Konrad, M., Pollard, A. J., Larson, H. J., Teerawattananon, Y. et al. (2021). Challenges in ensuring global access to COVID-19 vaccines: Production, affordability, allocation, and deployment. *The Lancet*, 397(10278), 1023-1034.

# Appendix

# Model fit

<b>Strategy</b>	<b>CFI</b>	<b>RMSEA</b>	<b>SRMR</b>
<b>Germany 2021</b>	0.992	0.034, 90% CI [0.029;0.040]	0.042
<b>England 2021</b>	0.997	0.021, 90% CI [0.013;0.028]	0.032
<b>Germany 2024</b>	0.988	0.033, 90% CI [0.029;0.036]	0.034

# Reliability

Strategy	Germany 2021			England 2021			Germany 2024		
									
Equality	.65	.64	.49	.34	.73	.54	.63	.67	.59
Development	.95	.93	.94	.95	.92	.92	.94	.93	.93
Production	.97	.94	.95	.93	.95	.97	.97	.98	.97
Market	.74	.87	.79	.76	.87	.79	.77	.85	.77
Care	.71	.83	.84	.68	.80	.83	.64	.81	.81
Infections	.87	.94	.94	.88	.92	.93	.80	.89	.87
Deaths	.86	.91	.89	.91	.95	.93	.87	.90	.91
Efficiency							.65	.75	.67
Adherence							.70	.84	.83
Value							.71	.84	.82