Hertie School
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Policy Brief

German public preferences for priority access to the COVID-19 vaccination

How do preferences match up with official regulations?

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#COVID-19
#Vaccination
#Polling

Vaccination against COVID-19 has started around the globe. Policymakers in Germany, as elsewhere, have defined criteria to regulate who gets priority access to the vaccination, such as age, underlying health conditions, or those who hold system-relevant jobs. The success of the vaccination project depends on public acceptance of this distribution plan. We present data on public views from a population survey conducted in Germany in September 2020. Our study shows that the German government's criteria are in line with those popular among the general public. However, we also find differences in priorities: for example, the general population does not identify age as a decisive criterion.

1 Germany's plan to prioritise COVID-19 vaccination

A key challenge to distributing COVID 19 vaccines is determining who gets priority access, as supply of the vaccine is initially limited. Because not everyone may be vaccinated immediately, governments face both a distribution conflict regarding who gets the vaccine first and the logistical challenge of administering it.

In December 2020, the German Federal Standing Committee on Vaccination (Ständige Impfkommission, STIKO) at the Robert Koch Institute published recommendations for prioritising distribution.

Following this recommendation, the Federal Ministry of Health published a statutory order that came into force retroactively from 15 December 2020.

The regulation establishes prioritisation according to several tiers (highest priority, high priority, increased priority, all others eligible) based on age, care status, occupation, and medical precondition, among other factors (see Annex, Table 1 for an overview).

2   Public preferences matter, but can be at odds with expert guidelines

This study looks at whether German public preferences for prioritising vaccine distribution coincide with expert recommendations and government regulations for the current vaccine distribution programme. Due to scarcity, trade-offs as to who gets priority access to the vaccine are inevitable. In this policy brief, we provide evidence on the standards that citizens apply for vaccine distribution policy.

Vaccination will improve people's access to the right to health and a broad range of civil, political and social rights that are currently subject to restrictions. Public support for vaccination regulations can contribute to the vaccine's wider acceptance. Therefore, implementing vaccination regulations should not be viewed in isolation from public sentiment. Just as in the first phase of the pandemic when public willingness to adhere to social distancing rules was critical to curbing case rates, the success of a vaccination campaign will also depend on their willingness to take the vaccine and support the prioritisation plan.

3   Key findings

Most prioritized groups (in order):

- People with medical preconditions
- Healthcare workers
- People who have a lot of contact with others at work
- The elderly

While no single group clearly took preference over others, the majority of survey participants ranked the two most-preferred groups – those with preconditions and healthcare workers – as highest (51-57%). In addition, children were given a significantly lower priority.

Respondents considered leading politicians, business leaders and professional athletes to be least worthy of prioritised vaccine access.

Figure 1: Average ranks of groups by preferred priority ("Which of the following groups should get vaccinated sooner, which later?"). N = 1,585 respondents.
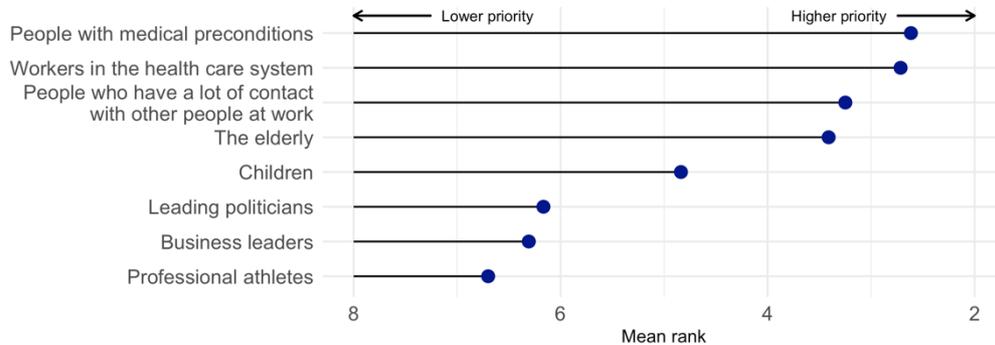
Who should get the vaccine first?

- Respondents were most interested in people's occupations.
- Regardless of other characteristics, nursing staff and physicians had a 30% higher probability of being selected than an unemployed candidate, and still between 10 and 20% higher probabilities compared to teachers, cooks, and professors.
- Candidates with medical preconditions were also substantially more likely to be selected than those without (by about 20%).

Old age not the decisive factor for most

While it is well-known that advanced age is one of the most important risk factors for a severe course of a COVID-19 infection, candidates in the oldest age category (76 years old) *were no more likely to be selected than people in the youngest category* (21 years old).

However, candidates in the **middle categories** (ages 42 and 61) were s**omewhat more likely to be prioritised** than those in the other categories. This pattern could indicate that participants may rate lifetime over saving lives of individuals in higher age groups.

First-come first-serve principle is popular.

Participants overall seem to favor a first-come, first-serve logic, by prioritising those who "signed up early to get vaccinated".

Finally, we observed less pronounced but still measurable differences **in favour of candidates with children, German citizenship, and for women.**

Figure 2: Change in selection probabilities by individual characteristics (compared to baseline characteristic). N = 1,585 respondents.
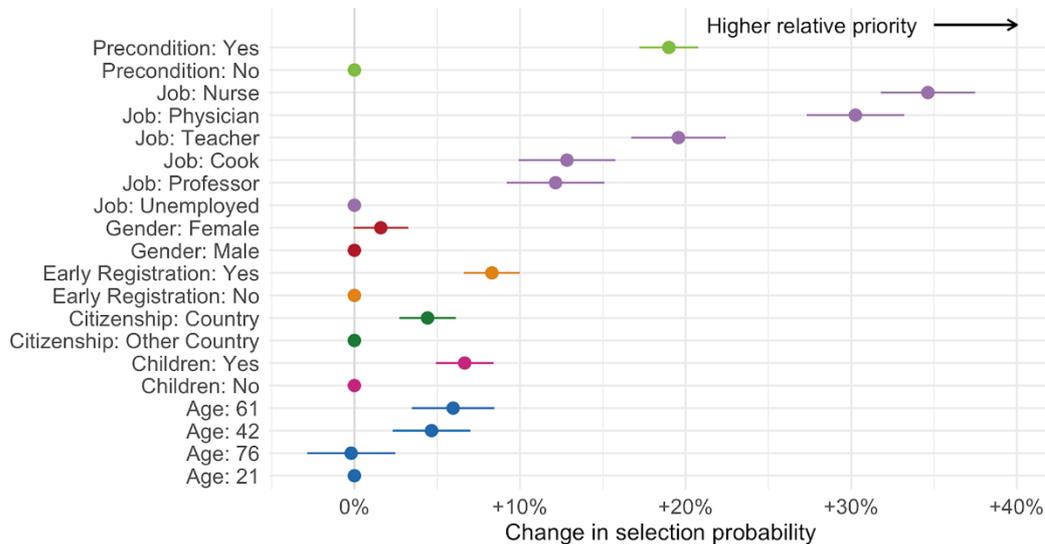
4 Discussion

Vaccination in the context of a raging pandemic is inevitably a question of life and death, and also creates a situation in which individuals compete for the enjoyment of fundamental rights. One person receiving the vaccine means someone else is left without, at least for some time. Given the gravitas of these consequences, the decision about whom to give prioritised access to vaccination is not easily delegated to the public - nor should it be. At the same time, public preferences can matter. Our findings indicate that the current prioritisation plan is not totally different from how German citizens' preferences.

Respondents clearly prioritise frontline workers in the medical sector (nurses, physicians) and people with medical preconditions. At the same time, our findings show no unequivocal public consensus. There is considerable variation in how people prioritise early access to vaccines.

We identify a considerable overlap between factors considered important by our respondents and the official guidelines, such as occupational groups and preconditions.

However, some of the criteria key in the official prioritisation strategy are less salient in the respondents' decisions, such as old age.

We recently replicated our study in several other contexts, including the United States, Italy, Poland, and Brazil. We observe very similar patterns across all countries. The only noticeable difference we find is that the low prioritisation of the oldest age group is peculiar to the German case. Persons in the highest age category are preferred over all other age categories in all other countries.

Survey and experiment details

We surveyed 1,585 participants from a commercial access panel, using quotas to approximate the age, gender, and education distribution of the German adult population. The survey was fielded from 11-23 September 2020, before news broke of the promising preliminary trial results from the Pfizer/Biontech and Moderna vaccines.

Survey: ranking groups by priority

We asked subjects to rank various groups in terms of preferred prioritisation for COVID-19 vaccine allocation.

Experiment: prioritising hypothetical candidates with different profiles

We showed participants profiles of hypothetical subject pairs and asked them to decide which of the two should be prioritised for vaccination. Each participant evaluated four profile pairs. This strategy allowed us to measure preferences based on individual characteristics that might be considered in a concrete trade-off scenario between two individuals.

The hypothetical persons were described using the following characteristics: (a) gender, (b) age, (c) having children, (d) job, (e) citizenship, (f) pre-existing medical condition, and (g) early registration for vaccination.

Caveats

Data for this study was collected in September 2020, before the first reports of successfully evaluated vaccines went public, the vaccination campaign began, and actual vaccinations started. Consequently, our design could not reflect all criteria that were considered in the final guidelines.

Participants' decisions were made under the assumption of a uniformly effective vaccine, while some of the vaccines may still turn out to be more or less effective in certain strata of the population.

Annex

Table 1. Simplified summary of eligibility and prioritisation criteria for COVID-19 vaccination according to statutory order by the German Federal Ministry of Health (December 21, 2020)

Eligibility		
(1) Individuals who are insured in Germany under public or private health insurance (2) Individuals who have their domicile or usual place of residence in Germany (3) Individuals who are treated, nursed, cared for or work in Germany in a nursing home or medical facility		
Highest priority	**High priority**	**Increased priority**
▪ 80 years of age or older ▪ Individuals who are treated, nursed, cared for in an inpatient facility ▪ Caregivers in inpatient facilities and ambulatory care services ▪ Staff in medical facilities with a very high risk of exposure to Corona or who work with patients at very high risk for severe or fatal disease progression.	▪ 70 years of age or older ▪ Individuals at very high or risk for severe or fatal disease progression after corona infection ▪ Close contacts of care recipients and of pregnant women ▪ Staff in medical facilities with a heightened or high risk of exposure ▪ Police and law enforcement officers who are exposed to a high risk of infection ▪ Persons working in the public health service or in a particularly relevant position for maintaining the hospital infrastructure ▪ People housed or working in shelters for the homeless and asylum seekers	▪ 60 years of age or older ▪ Individuals at heightened risk for severe or fatal disease progression after corona infection ▪ Medical personnel with low corona exposure risk ▪ Employees in particularly relevant positions in government, the armed forces, police, firefighters, civil protection, parliaments, and the judiciary, as well as other critical infrastructure institutions and companies; also, retail workers, educators and teachers; and people in precarious working conditions.