

NFCS KPI Summary

Covid-19 Vaccine No Fault
Compensation Schemes



This Summary examines the performance of a selection of No-Fault Compensation Schemes for injuries following Covid-19 vaccination.

These findings arose from a project looking at No-Fault Compensation Scheme carried out at the Centre for Socio-Legal Studies, University of Oxford.

This summary can stand alone or can be read in conjunction with other reports from this project.

Project Funding

This project is funded by an independent grant from the International Federation of Pharmaceutical Manufacturers & Associations ([IFPMA](#)).

Covid-19 Vaccine NFCS – KPI summary

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Introduction

We identified 29 national schemes that were offering no-fault vaccine compensation at the start of the pandemic in January 2020. A rapid proliferation in NFCS was triggered by the pandemic, the number of jurisdictions with a no-fault compensation scheme which covers at least some of the Covid-19 vaccines given in that jurisdiction increased almost five-fold in under two years.

The first stage of our research mapped the NFCS landscape, with our findings set out on the [project website](#) and in a [series of reports](#).

Phase 2 of this project has sought to research the performance of a selection of these schemes in more detail, looking at a range of key performance indicators. These are described in this report. Phase 3 will focus on examining the social impact of these schemes.

Methodology

The methodology used will be briefly outlined below.

Selection of NFCSs for including in phase 2

We were aware that it would not be feasible to include all of the jurisdictions that we had investigated in phase 1. To try to achieve a balanced sample we included schemes based on the following criteria; substantial increase in coverage: multi-national schemes; availability of data; schemes with particular point of interest; geographical and socio-economic distribution

Multi-national schemes

The majority of the increase in coverage is due to the three multi-national NFCS for Covid Vaccines.

- AVAT (36 countries) - The African Union Vaccine Acquisition Trust
- COVAX (92 countries) – Covid-19 Vaccines Global Access, which is a WHO/GAVI¹/CEPI² initiative
- UNICEF (18 countries) – UNICEF Covid-19 Response

We therefore included all three of these schemes in phase 2. The intention was that this would mean we had information on schemes in low and middle income countries, particularly in the global south where schemes had been rare pre-pandemic.

Data collection and/or publication

During phase 1 of our research we noted which schemes collected and/or published data on scheme performance, see table 1. The data collected and/or published did not provide all of the information we were looking for, but we felt this would be a helpful starting point.

Country	Collect data	Publish data
Canada (not Quebec)	Yes	No
Canada – Quebec	Yes	No
Denmark	Yes	Yes

¹ Officially Gavi, the Vaccine Alliance

² The Coalition for Epidemic Preparedness Innovations

Finland	Yes	Yes
France	Yes	Yes
New Zealand	Yes	Yes
Norway	Yes	Yes
Poland	Yes	No
Russia	Yes	Yes
Singapore	Yes	Yes
Sweden	Yes	Yes
Taiwan	Yes	Yes
US	Yes	Yes

Table 1 Schemes identified in phase 1 that collect and/or publish data

We decided to include all of these countries in the phase 2 research, with the exception of Russia as their state-run scheme has a very low compensation value and it was felt that there was a low likelihood of cooperation with UK based researchers given the current political climate.

Schemes with particular points of interest

During phase 1 we had noted some schemes have characteristics or particular points of interest that distinguish them from other NFCS, such as Israel which is the only adversarial scheme we encountered, see table 2 The following schemes were included:

Country	Distinguishing feature(s)
Australia	Newly established, provides a comparator the well established NFCS in New Zealand
Estonia	Newly established, Funding for the covid vaccine comes from central govt. funds, but funding for all other vaccines comes from a levy on each dose
Israel	This is the only adversarial scheme we encountered
Italy	This scheme has a statutory requirement that information about the scheme is displayed in specified locations
Peru	Compensation procedure is started <i>ex officio</i>
Poland	Manufacturer/supplier contributes to the NFCS funding Fee to make a claim
Thailand	Compensates for any injury arising from vaccination
Taiwan	Variable threshold for compensation

Table 2. NFCS with particular distinguishing features

Geographical and socio-economic distribution

Established national NFCSs were primarily distributed in the global north and in developed economies. As far as possible we wanted to have a sample that included national NFCSs in all continents and from a range of economies. We included the following counties, table 3, in addition to those listed above:

Country	Continent	World bank classification
South Africa	Africa	Upper middle income
Guatemala	Americas	Upper middle income
Indonesia	Asia Pacific	Upper middle income
Philippines	Asia Pacific	Lower middle income

Vietnam	Asia Pacific	Lower middle income
Austria	Europe	High income
Germany	Europe	High income
Switzerland	Europe	High income
UK	Europe	High income

Table 3 Countries included to broaden the geographical and economic coverage of phase 2

Jurisdictions from which data was requested – overall coverage

The map below shows which jurisdictions were included in phase 2 in orange in figure 1. This was intended to provide fairly comprehensive global coverage, including all continents and a range of economies. The majority of the jurisdictions were included as part of one or more of the multinational NFCSs. Some jurisdictions may be included in more than one scheme, for example COVAX and AVAT, so there may be multiple data requests covering a single country.

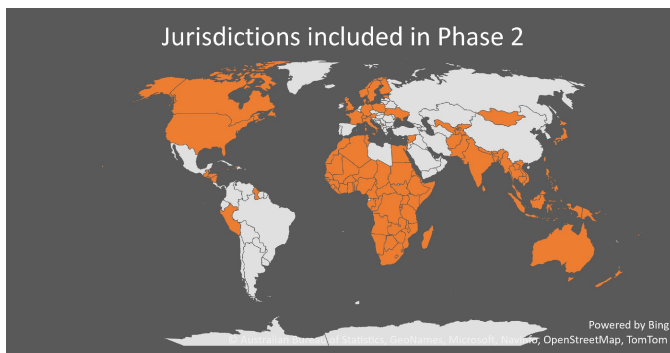


Figure 1. Jurisdictions covered by a NFCS included in phase 2

The 26 national schemes and one provincial Scheme (Quebec, Canada) from which data was requested are shown in red below in figure 2.

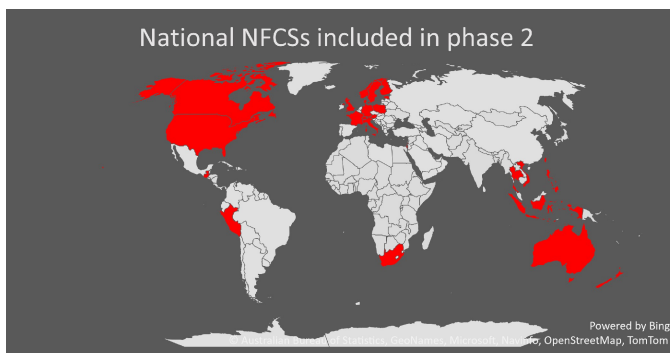


Figure 2. National NFCS included in phase 2

A full list of the jurisdictions which were asked for data can be found in Appendix A.

Information sought

The aim of this phase of the project was to map out how schemes, both national and multinational, were performing. Having established our sampling frame we then developed a questionnaire to ascertain the key metrics for measuring scheme performance. Draft question themes were approved by the project [advisory board](#) and circulated to a range of stakeholders, including representatives from patient groups, vaccine manufacturers, the Legal Preparedness Action Package of the Global Health Security Agenda (GHSA) based at Georgetown University Law Center, and the AVAT/WHO/UNICEF.

As far as possible the questionnaire was standardised to allow for comparison between schemes, though some slight variation was needed for example in the national NFCs questions asked whether the claimant was a Citizen of that country, in the multinational schemes this was broadened to ask which country the claimant was a citizen of.

Questionnaires were online using Qualtrics. PDF and hard copies were available on request. The questionnaire and the invitation email were translated into French, German, Italian, Polish and Spanish (South American) by native speakers. This was done as we felt it would increase the likelihood of us receiving a response. Our past interactions with the Scandinavian countries meant we were confident that they would respond to the English language version and not require translated versions, but for other countries we wanted to maximise the chance of a response. English language copies of these can be found at Appendix B; the French, German, Italian, Polish and Spanish versions are available on request.

If the questionnaires were not answered after follow up requests had been made then we considered the possibility of making a freedom of information request. Clearly there were a number of jurisdictions which do not have an appropriate statutory provision to enable a freedom of information request. Even where a statutory framework exists a requests was not always possible. For example, in South Africa we made a Promotion of Access to Information Act (PAIA) request to the Information Regulator and were redirected to the Department of Health, unfortunately there was no response from emails to the relevant individual at the Department of Health. We are still waiting on the results of a US FOI request, once this has been returned we will update this report.

Themes explored

There were seven main themes that were explored in the questionnaire. The questions did not ask for information that would be personally identifying for individual claimants. Questions were asked for the years 2020, 2021 and 2022.

Claims

Claim status - under consideration, approved, rejected;

total claims made

Who made the claim - vaccinee; representative of a live vaccinee, representative, legal heir or estate of deceased vaccine recipient;

payments made to representatives

Demographics of the vaccinee

Gender; Age; Nationality/citizenship; HCP; ethnicity

Rejected claims

Insufficient/incorrect documentation; standard of proof not met; injury not covered; deadlines not met; other

Financial data

Total set aside for C-19 vaccine claims; value of compensation awarded

Compensation award values

Values of individual awards; range of awards

Claims handling

Average time from filing to decision;

number of appeals/reconsiderations to the NFCS itself; number of appeals/reconsiderations to an external agency

If NFCS handles other claims % of claims related to C19

Public Awareness

What steps have been taken to let patients and potential claimants know about the NFCS?

Where can potential claimants find more information about the scheme?

Key findings

There was a relatively low response rate from the NFCS we asked for information.

Responses from Multinational schemes.

Of the three multinational schemes we understand that there were no claims made to either the AVAT or the UNICEF schemes. The COVAX NFCS provided us with claims data, this was provided to us directly rather than using the questionnaire and is published on their website.³ Having data to work with from a multinational scheme was a real positive for the project. The COVAX data is broken down by region, but not by country meaning there is no information on claimant citizenship. They do not publish any financial information, such as award values or the funding set aside for the NFCS.

Responses from National NFCS

The following national schemes completed our questionnaire or provided us with equivalent data.

- Australia (limited data following an FOI request)
- Canada
- Denmark
- Estonia
- Finland
- New Zealand
- Norway
- Poland
- Sweden
- United Kingdom

In many cases the NFCS did not collect all the data we were seeking, so we do not have answers from every national NFCS in each category.

Conclusions on Responses

The national schemes that responded are all high-income countries according to the World Bank classification and are predominantly European countries. To some extent this reflects the pre-pandemic distribution of national NFCSs, so is not entirely surprising. Ideally, we would have liked a broader set of responses, but we cannot control who will respond to our data requests. The data from the COVAX scheme and the knowledge that the AVAT and UNICEF schemes did not have any claims do go some way to offsetting this. However, as we look forward with the project it is worth reflecting that our data collection in phase 2 has not been as comprehensive as we would have liked and we will have to plan our phase 3 research in jurisdictions which we are confident will cooperate with us.

³ <https://covaxclaims.com/wp-content/uploads/2024/02/COVAX-Compensation-Program-Data.pdf>

Public Awareness of Schemes

For NFCSs to be useful, potential claimants need to be aware that there is a scheme operating in their country which might cover their injury. The majority of the National NFCSs who responded to our survey had long established NFCS, and the Scandinavian countries in particular responded to say that each NFCS was well known in the national population and had received a high degree of media coverage during the pandemic.

This is a very different position from the newly established schemes. Just one of the new national NFCSs, Estonia, responded to our question about information provision. We will carry this research theme into phase 3 as awareness of the scheme clearly influences access to the scheme and is a very important factor when considering the wider social impact of these schemes.

We were interested to know whether schemes which had been in operation for longer received a higher volume of claims than newly created schemes. When we plotted the time a scheme had been in operation (in days) against the claims per vaccine dose⁴ we saw a clear trend, see figure 3. Generally, the longer a national scheme had been in operation the higher the number of claims per vaccine dose. There was one outlier, Estonia, which is a new scheme, but shows a much higher rate of claiming than any other national NFCS. If Estonia was included in the analysis of national NFCS using a Spearman's rank correlation this trend was non-significant, ($r_s = .62$, $n = 10$, $p = .326$). If Estonia was excluded from the analysis as an outlier a significant correlation was seen. ($r_s = .60$, $n = 9$, $p = .044$). We will explore the reasons for the situation in Estonia in phase 3.

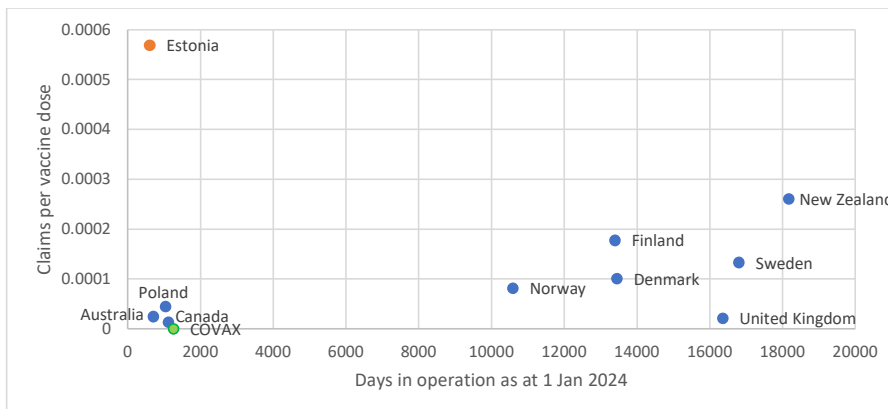


Figure 3 Claims per vaccine dose by days in operation.

The multinational schemes were newly created have had very low levels of claiming. The AVAT and UNICEF schemes have not had any claims. The COVAX scheme has had 172 applications/enquiries made as at 31 May 2024,⁵ of these 23 were identified as relating to a COVAX distributed vaccine.⁶ Given that COVAX administered 1.75 billion vaccines this is a very low claiming rate. As we only had

⁴ While we have tried to standardise by including data up to the end of December 2022 the Australian figures for vaccines given and for claims made are until the end of October 2022.

⁵ <https://covaxclaims.com/wp-content/uploads/2024/02/COVAX-Compensation-Program-Data.pdf>

⁶ Some applications did not contain all the information required so this may not reflect the totality of potentially eligible claims

data for one multinational scheme, COVAX, this not been included in any statistical analysis with the national schemes, but is plotted on figure 3 in green for comparison.

All the new schemes had to raise public awareness from a base of nothing. The multinational schemes, understandably, devolved the provision of information about the NFCS to the national governments of participating states. It is impossible for us to know what information (if any) was provided to individuals whose vaccines were covered by the AVAT, COVAX, and UNICEF NFCS. We found that the AVAT NFCS does not publish a list of participating nations, and during phase 1 we struggled to clarify which countries take part. During our research we have found a concerning lack of awareness of the availability of this compensation in some AVAT NFCS countries, including contradictory statements from Government Ministers reported in the press.⁷ We expect this is a factor in the low claim rates.

We hope that our website will provide a resource to enable individuals to determine where NFCS provision exists, but it is not a replacement for effective publication of the schemes in the countries where these schemes operate.

Claims made

Covid Vaccine no-fault compensation schemes cover vaccines which were predominantly used in the adult population. This differs from most other no-fault vaccine compensation schemes, where the majority of the vaccines (and in some cases all of the vaccines) covered are administered as part of the childhood immunisation programmes. This severely limits the usefulness of comparison between covid vaccine NFCSs and other vaccine-specific NFCSs.

However, covid vaccine NFCSs fit within a broader category of healthcare injury NFCSs. It is widely recognised that the vast majority of patients who are injured by health services do not go on to make a compensation claim. This underclaiming is seen in jurisdictions that use negligence test based tort⁸ as well as in countries where administrative schemes with different thresholds⁹. Claimants are an anomaly, not the norm, among injured patients. This report only compared covid vaccine No-Fault compensation schemes, it does not consider litigation (litigation will be considered in phase 3). Although not directly comparable there is some evidence this trend is the same for Covid vaccines, but with considerable variation between countries.

In the UK yellow card reporting of ADRs¹⁰ for covid vaccines indicates that the monovalent and bivalent vaccines used in the primary and the booster campaigns had a Yellow card reporting rate of

⁷ Macleod S, Uberti F, Kameni E. No-fault compensation schemes for COVID-19 vaccine injury: a mixed bag for claimants and citizens. *J Med Ethics*. 2024 Jun 18;jme-2024-109900. doi: 10.1136/jme-2024-109900. Epub ahead of print. PMID: 38889950.

⁸ Brennan, T.A., et al., Incidence of adverse events and negligence in hospitalized patients. Results of the Harvard Medical Practice Study I. *N Engl J Med*, 1991. 324(6): p. 370-6.

⁹ Bismark, M.M., et al., Claiming behaviour in a no-fault system of medical injury: a descriptive analysis of claimants and non-claimants. *Med J Aust*, 2006. 185(4): p. 203-7; Johansson, H., The Swedish system for compensation of patient injuries. *Ups J Med Sci*, 2010. 115(2): p. 88-90.; Pukk-Harenstam, K., et al., Analysis of 23 364 patient-generated, physician-reviewed malpractice claims from a non-tort, blame-free, national patient insurance system: lessons learned from Sweden. *Postgrad Med J*, 2009. 85(1000): p. 69-73.; Davis, P., et al., Compensation for medical injury in New Zealand: does "no-fault" increase the level of claims making and reduce social and clinical selectivity? *J Health Polit Policy Law*, 2002. 27(5): p. 833-54.; Ohn, A., et al., Reporting of sentinel events in Swedish hospitals: a comparison of severe adverse events reported by patients and providers. *Jt Comm J Qual Patient Saf*, 2011. 37(11): p. 495-501.

¹⁰ <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

2-5 reports per 1,000 doses. The booster campaign used bivalent vaccines which had lower Yellow card reporting rates of around 0.5 Yellow Cards per 1,000 doses administered. The rate of claims made to the UK VDPS was 0.021 claims per 1,000 doses.

In Finland there have been 28,498 adverse incidents reports¹¹ for the 13,810,417¹² doses given in Finland, a rate of 2 reports per 1,000 doses. Finland's NFCS has a claim rate of 0.177 claims per 1,000 doses.

In both of these countries, which have very different NFCSs, the claims rate for compensation is much lower than the reported ADR rate. The spontaneous ADR reporting rate for pharmaceutical adverse reactions is known to be a substantial underestimate of the rate of ADR occurrence, estimates indicate that 10% of serious ADRs are reported using spontaneous reporting and just 2-4% of non-serious ADRs.¹³ However, there is also significant variation between the levels of ADR reporting between different countries. A cursory look at the EMA information on the individual covid vaccines broken down by EEA county shows the rate of reporting of ADRs varies does not appear to be directly correlated to the size of the population in a given country.¹⁴ Clearly caution must be exercised when considering these subjects as there are multiple factors which can impact on an individual's propensity to report an ADR and their propensity to make a claim under a NFCS.

Overall, we see considerable variation in the rate of claiming for covid vaccine injury between different NFCSs see figure 4. As we examined earlier this may in part be due to public awareness of the scheme. However, there may be a number of other socio-cultural factors that influence claiming behaviour. To investigate this we asked about the demographics of those making claims.

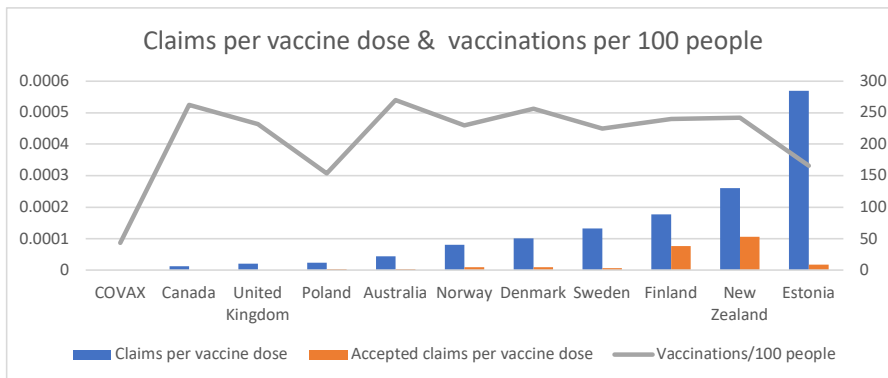


Figure 4 Claims per vaccine dose and vaccinations per 100 people by NFCS

¹¹ <https://fimea.fi/en/current-events/coronavirus-covid-19-/adverse-reactions-reported-on-corona-vaccines>

¹² <https://vaccinetracker.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#national-ref-tab>

¹³ Rawlins M (1994) Pharmacovigilance: paradise lost, regained or postponed? Journal of the Royal College of Physicians of London 29:1, Heeley E, Riley J, Layton D, Wilton LV, Shakir SAW (2001) Prescription-event monitoring and reporting of adverse drug reactions. The Lancet 358: 1872-73

¹⁴ https://www.adrreports.eu/en/search_subst.html#

Demographics of the claimants

We have investigated a number of factors in relation to the demographics of the claimants and, where information is available the vaccine recipient.

Who makes the claim?

In every NFCS that provided us with data the vast majority of claims for compensation were made by the vaccine recipient, see figure 5. This clearly contrasts with a more 'standard' vaccine no-fault compensation model, where the vaccine recipients are usually children and so claims are made on their behalf.

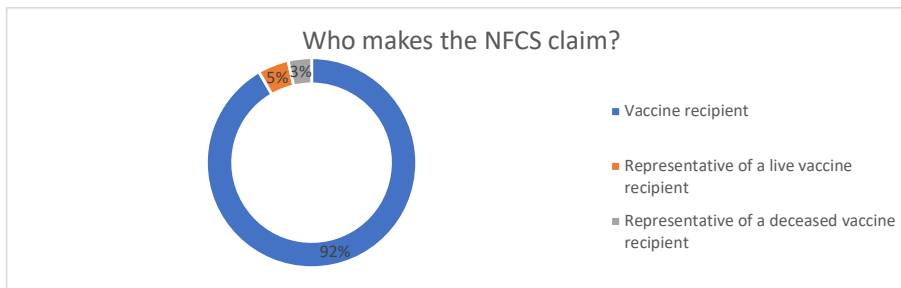


Figure 5. NFCS claims by claimant type

There will be some variation between national NFCSs caused by stipulations firstly in who is eligible to make a claim and secondly who is eligible to be a beneficiary. Some jurisdictions have priority orders for those who can make a claim, for example the Philippines, whereas others, such as the US, prioritise who can receive the benefits. These factors are likely to impact on claiming behaviour in a specific manner which cannot be generalised across different NFCSs.

Gender of claimants

Women are statistically more likely to make a claim under a NFCS, (Wilcoxon Signed Rank test, $Z = 2.197$, $p < 0.028$) Table 4 shows the total claims received by each country in 2021 and 2022, with 62% of these claims made by women. This breaks down as women making 67% of claims in 2021 and 60% of claims in 2022.

Country	Claims made by Males	Claims made by Females	% of claims made by Males	% of claims made by females
Finland	849	1504	36%	64%
Norway	331	669	33%	67%
Denmark	568	935	38%	62%
Estonia	462	792	37%	63%
Sweden	1283	1804	42%	58%
New Zealand	1152	2174	35%	65%
Poland	715	711	50%	50%
Total	5360	8589	38%	62%

Table 4. Claims made by claimant gender.

Superficially this gender imbalance in claimants is not particularly surprising as women were more likely to report ADRs than men.¹⁵ However, it could also reflect several other underlying factors. Firstly, women seem to be more likely than men to make a claim against a NFCS for healthcare injuries. This pattern is consistently seen in claimants in medical negligence compensation using NFCSs. In Sweden women made up 54.6% of the hospital discharges but 60.5% of the claims for compensation.¹⁶ In Denmark they are 56.4% of claims for compensation for hospital treatment are made by women.¹⁷ Likewise historically in New Zealand women made up 61.7% of the compensation claims to ACC.¹⁸

Secondly, it may reflect difficulties in earning that disproportionately impact women. Disabled individuals are less likely to be earning than non-disabled people, and specifically disabled women are likely to earn less than disabled men.¹⁹ If one of the primary rationales behind making a claim is to make up for lost earnings it is potentially not surprising that there would be a larger number of claims made by women.

Thirdly, this disparity may also reflect cultural factors, such as women being more likely to represent claims for disabled children and/or other injured family members. Given that only 5% of the NFCS claims were made on behalf of a living vaccine recipient this cannot entirely explain the gender disparity in claims. Further, more detailed research and analysis would be needed to explore these issues.

There was one country, Poland, where there was a slight preponderance of male claimants (715 males and 711 females made a claim to the NFCS in 2022). As has been noted in other countries female sex has been associated with higher levels of both local and systemic vaccine adverse events in a study population in Krakow, Poland.²⁰ While there is some evidence that Polish women were more likely to be vaccine hesitant than Polish men,²¹ this finding is not consistent with Babicki and Mastalerz-Migas finding that women had more favourable attitudes to Covid-19 vaccination.²² At present this mixed picture means we cannot draw any conclusions on this and so we will explore the potential reasons for this unusual pattern in our phase 3 research by gathering qualitative data from relevant stakeholders. We will also consider if the application fee had a disproportionate impact on

¹⁵ Raethke M, et al. van Hunsel F, Luxi N, Lieber T, Bellitto C, Mulder E, Ciccimarra F, Riefolo F, Thurin NH, Roy D, Morton K, Villalobos F, Batel Marques F, Farcas A, Sonderlichová S, Belitser S, Klungel O, Trifirò G, Sturkenboom MC. Frequency and timing of adverse reactions to COVID-19 vaccines; A multi-country cohort event monitoring study. *Vaccine*. 2024 Apr 2;42(9):2357-2369. doi: 10.1016/j.vaccine.2024.03.001. Epub 2024 Mar 6. PMID: 38448322.

¹⁶ Pukk, K., et al., Do women simply complain more? National patient injury claims data show gender and age differences. *Qual Manag Health Care*, 2003. 12(4): p. 225-31.

¹⁷ Tilma, J., et al., No-fault compensation for treatment injuries in Danish public hospitals 2006-12. *Int J Qual Health Care*, 2016. 28(1): p. 81-5.

¹⁸ Bismark, M., et al., *Accountability sought by patients following adverse events from medical care: the New Zealand experience*. *Cmaj*, 2006. 175(8): p. 889-94.

¹⁹ <https://wbg.org.uk/analysis/2018-wbg-briefing-disabled-women-and-austerity/>

²⁰ Oleszczyk M, et al. A. COVID-19 vaccine short-term adverse events in the real-life family practice in Krakow, Poland. *Eur J Gen Pract*. 2023 Dec;29(2):2147500. doi: 10.1080/13814788.2022.2147500. Epub 2022 Dec 5. PMID: 36469611; PMCID: PMC10249448.

²¹ Raciborski F, et al.. Factors Associated with a Lack of Willingness to Vaccinate against COVID-19 in Poland: A 2021 Nationwide Cross-Sectional Survey. *Vaccines*. 2021; 9(9):1000. <https://doi.org/10.3390/vaccines9091000>

²² Babicki M, Mastalerz-Migas A. Attitudes toward Vaccination against COVID-19 in Poland. A Longitudinal Study Performed before and Two Months after the Commencement of the Population Vaccination Programme in Poland. *Vaccines (Basel)*. 2021 May 13;9(5):503. doi: 10.3390/vaccines9050503. PMID: 34068054; PMCID: PMC8152483.

potential female claimants over the impact it had on potential male claimants. This could include exploring attitudes of male and female claimants and considering if men are more confident in attributing their injury to the vaccine, so more willing to risk losing what is quite a substantial fee.

Age of claimants

This is likely to be complicated by the fact that different jurisdictions had different vaccination policies for different age groups. All jurisdictions prioritised older age groups during the initial vaccination campaigns. Many countries still operate prioritisation for vaccines, for example, in the UK there is an ongoing booster vaccination programme for those over 75 and other groups with specific medical conditions. On this basis older individuals are likely to have had a higher number of number of vaccines. The data we have is someone limited, but it does not indicate higher claims volumes in older age groups, see figure 6.

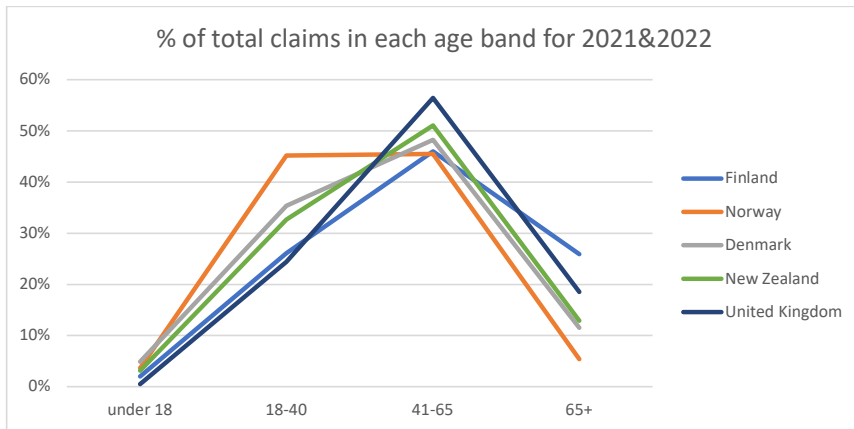


Figure 6. The Percentage of covid-19 vaccine compensation claims by age band

In all the countries that responded with this data the majority of claims were made by the 41-65 age group. This is despite the fact that those in the 65+ age bracket are likely to have received more vaccinations. This may reflect the fact that the reported rates of adverse events following vaccinations decrease with advancing age.¹⁵ There may also be issues with computer literacy and/or difficulties with making a claim that we will explore in phase 3.

The pattern we see with covid vaccines compensation schemes is also consistent with the pattern observed for medical accident compensation more widely, where there is not a linear relationship between hospital use (and therefore exposure to adverse events) and compensation claims. See figure 7 taken from Pukk et al 2003 which describes the situation in Sweden.¹⁶ This pattern is international and has been consistently reported since the 1980s; reports from New Zealand confirm higher relative claiming in middle age;⁹ and in England the NAO analysis concluded that those aged 65 plus experience 53% of harmful incidents reported, but only make 23% of all claims.²³

²³ National Audit Office/DoH. 2017. *Managing the costs of clinical negligence in trusts* (HC 305, 2017-2019) [online] London: The National Audit Office. [accessed 31 May 2024] available from <https://www.nao.org.uk/reports/managing-the-costs-of-clinical-negligence-in-trusts/#publication-details>

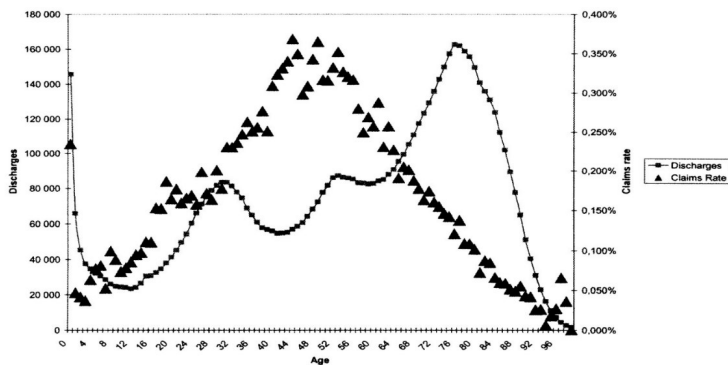


Figure 7. Swedish compensation claim rates and hospital discharges by age taken from Pukk et al

This pattern may reflect the fact that compensation is used to make up for earnings which have been lost due to an incapacity. Pension payments are not contingent upon the ability to work and this may explain the results we have seen in the countries who responded to our research requests. In New Zealand claimants can either chose to seek monetary compensation from ACC or non-monetary accountability from the Health and Disability Commissioner. Bismark et al 2006 found that 32.4% of those seeking non-monetary remedies were over 65, but 65+ year olds made up 17.3% of those seeking financial remedies.¹⁸ The pattern might be very different in a country that does not have established social security/pension provision.

Other Claimant-related factors

In our survey we asked about the ethnicity of claimants, but the only country which collected this data was New Zealand. The ethnic profile of claimants claiming for covid vaccine injuries appear to be broadly in line with from the profile of those claiming for treatment injuries,²⁴ see figure 8. The proportion of covid vaccine claims made by Asian and ‘other’ ethnicities is slightly higher than is seen with treatment injuries generally. Previous research indicates that for general treatment injury claims Māori and other minority ethnic groups are underrepresented, see table 5.

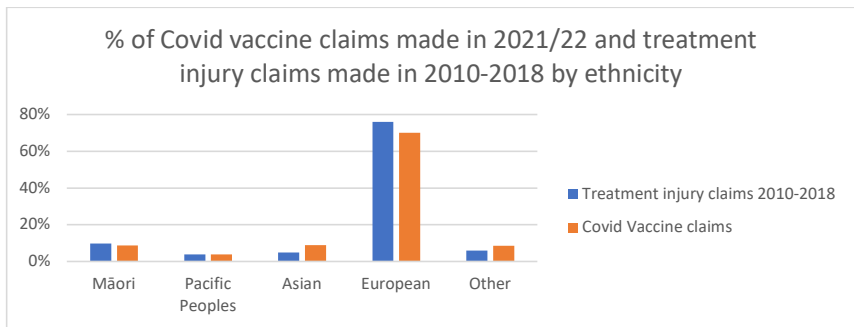


Figure 8 Percentage of covid vaccine and treatment injury claims made by ethnic grouping.

²⁴ACC - New treatment injury claims accepted by gender, ethnic group, treatment facility and injury type 2011–2018 available at <https://figure.nz/table/E3zblpxUmuFYhFPX>

We also asked whether the claimant was a health care professional, again just one country, Finland, provided this information. Unfortunately, we cannot draw meaningful conclusion from such a small data sample

Denmark was the only country that provided information on the citizenship of claimants to the Danish NFCS. All of those claiming for a covid vaccine injury were citizens.

In addition to the factors detailed above the academic literature identifies a multitude of factors which have been correlated with the likelihood of an injured claimant suing/seeking compensation for injury.²⁵ It is not always clear whether these are causal or ancillary. As there is no information on their relevance to covid vaccine claims they will not be explored further.

Conclusions on claimant demographics.

The profile of claimants making claims for covid vaccine injuries is very different to those who make claims for childhood vaccine injuries. However, there do appear to be similarities between those who make claims for covid vaccine injuries and for treatment injuries.

Claim processing

We have asked for information on the outcomes of claims (the proportion that are accepted, rejected and carried over), the average claim processing time and the quantum of awards.

Reaching a decision on a claim

We noted vastly different outcomes patterns between different countries. In 2021 Denmark reached a decision on all claims that were made to the scheme, this contrasts with the UK where only 3% of claims were decided, the remaining 97% were carried forward to 2022, see figures 9 and 10.

There were also clear differences between 2021 and 2022. A large number of schemes did not have any claims in 2021. The figures for 2022 include more countries, and show that a higher proportion of claims were resolved than in the previous year in all countries except Denmark which still resolved an impressive 93% of claims. While the UK made substantial improvements in reaching outcomes on

²⁵ These include but are in no way limited to:-

Injury severity – for example see Fenn Paul, et al., Funding clinical negligence cases Access to justice at reasonable cost? Nuffield Foundation 2016. Available at

https://www.nuffieldfoundation.org/sites/default/files/files/Funding_clinical_negligence_cases_Fenn_v_FINA_L.pdf

Educational attainment – for example Fishbain, D.A., et al., *What patient attributes are associated with thoughts of suing a physician?* Arch Phys Med Rehabil, 2007. **88**(5): p. 589-96.

Ethnicity – for example see Fishbain et al *ibid*; Bismark, M.M., et al., Claiming behaviour in a no-fault system of medical injury: a descriptive analysis of claimants and non-claimants. Med J Aust, 2006. 185(4): p. 203-7

Mental health issues – for example see Elbers, N.A., et al., *Do compensation processes impair mental health? A meta-analysis.* Injury, 2013. **44**(5): p. 674-83.

High BMI - Murgatroyd, D., et al., *Predictors of seeking financial compensation following motor vehicle trauma: inception cohort with moderate to severe musculoskeletal injuries.* BMC Musculoskelet Disord, 2017. **18**(1): p. 177; Kuehl, K.S., et al., *Body mass index as a predictor of firefighter injury and workers' compensation claims.* J Occup Environ Med, 2012. **54**(5): p. 579-82.

Anger with and/or cynical view of doctors - for example Fishbain, D.A., et al., *What patient attributes are associated with thoughts of suing a physician?* Arch Phys Med Rehabil, 2007. **88**(5): p. 589-96.

Representation by a lawyer - for example Fishbain, D.A., et al., *What patient attributes are associated with thoughts of suing a physician?* Arch Phys Med Rehabil, 2007. **88**(5): p. 589-96.

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claims, up from just 3% in 2021 to 15% in 2022, but this still leaves 85% of the 2022 claims unresolved.

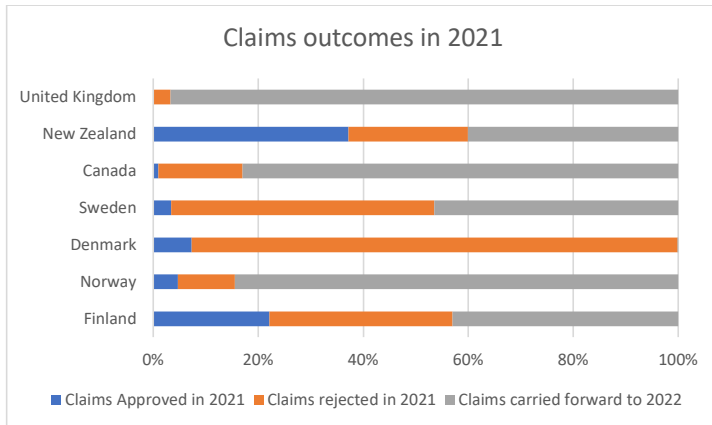


Figure 9 Claims outcomes in 2021

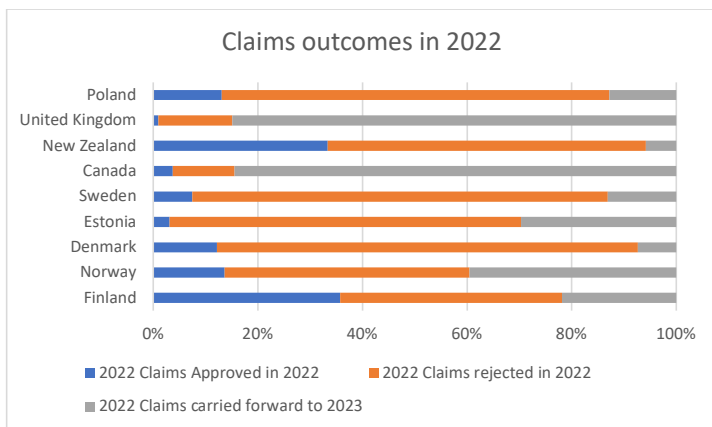


Figure 10 Claims outcomes in 2022

Claim Acceptance rates

NFCS have different thresholds and the acceptance rates of claims. The proportion of resolved claims that were accepted is show in figure 11, and there is a very obvious difference. However, it must be remembered that some of the schemes, such as the COVAX NFCS have very low numbers of claims to resolve, making it impossible to draw particularly meaningful conclusions.

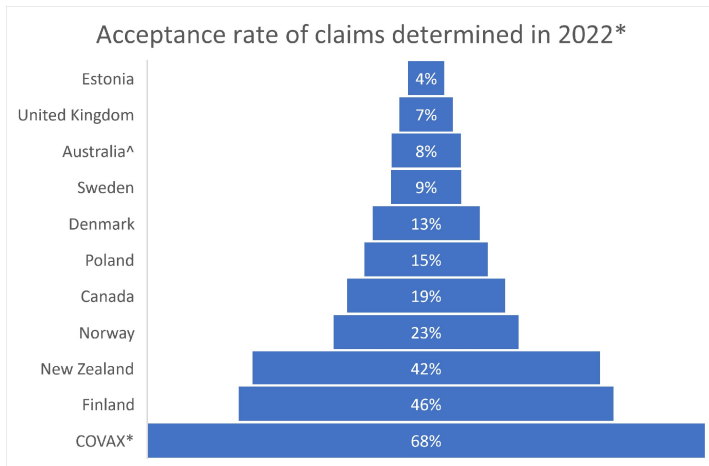


Figure 11 Accepted claims as a proportion of claims determined in 2022

Accepted claims can be plotted against the number of vaccines administered, figure 12, giving a measure of the relative compensation rates for the different jurisdictions. These are all very low numbers as the rate of claiming is low compared to the rate of vaccination, but there are very marked differences between the different schemes. The COVAX NFCS accepted one claim per 0.000,000,000,857 vaccines, in contrast New Zealand accepted one claim per 0.000,105,798 vaccines.

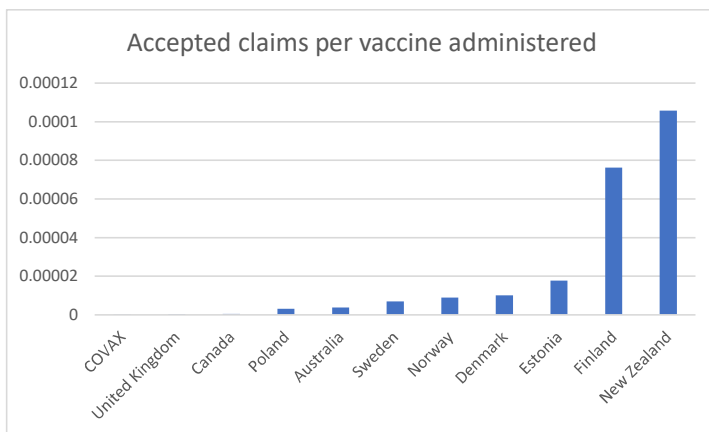


Figure 12 Accepted claims per vaccine administered by NFCS.

Reasons for rejecting claims

We asked NFCSs for their reasons for rejecting claims using five standardised categories:-

- Incorrect/insufficient documentation supplied (Docs)
- Standard of proof not met (Proof)
- Injury not covered (Cover)
- Failure to meet deadline (Time)
- Other (Other)

Table 5 shows the reasons for rejection, which show clear variation between NFCS. The standard of proof not being met is the highest value in most of the schemes that responded. Interestingly Poland, Estonia and Denmark seem to reject claims on the injury not being covered, which contrasts with other countries.

	2021					2022				
	Docs	Proof	Cover	Time	Other	Docs	Proof	Cover	Time	Other
Finland	28	403	6	0	158	38	584	0	0	62
Norway	4	15	0	0	0	2	282	0	0	0
Denmark	0	0	146	0	3	0	0	786	0	0
Estonia	-	-	-	-	-	0	409	434	0	0
Sweden	0	0	0	0	860	0	0	0	0	1088
Poland	-	-	-	-	-	40	6	1013	0	0
UK	-	0	12	0	<5 (not vaccinated in UK or Isle of Man); <5 (Withdrawn); <5 (Duplicate claim); <5 (Invalid claim/Claim closed)	-	419	6	0	7 (not vaccinated in UK or Isle of Man); <5 (Withdrawn); 6 (Duplicate claim); <5 (Invalid Claim/Claim closed); <5 (Vaccination not verified); <5 (Child under 2 years of age); 21 (Causation accepted but disablement due to vaccination <60%)

Table 5 Reasons for rejecting covid vaccine claims

Award values

We asked for the average award value²⁶ and found the following, set out in table 6. There is substantial variation between the value of awards given out by NFCS. The UK is the highest value,

²⁶ The following conversion rates were used

	National currency	Euro value
Norwegian Krone	1	0.087
Danish Krone	1	0.13
Pound sterling	1	1.19
Polish zloty	1	0.23

and has a fixed sum award (£120,000) so there is no variation between claimants. The range of awards for other schemes are shown in figure 13.

Country	2021 Mean Award	2022 Mean Award
Finland	€2,300	€2,300
Norway	€10,076	€3,773
Denmark	€3,891	€8,833
Estonia	-	€3,641
United Kingdom	€0.00	€142,800
Poland	-	€4,554

Table 6 Mean awards (in Euros) made by NFCS in 2021 and 2022

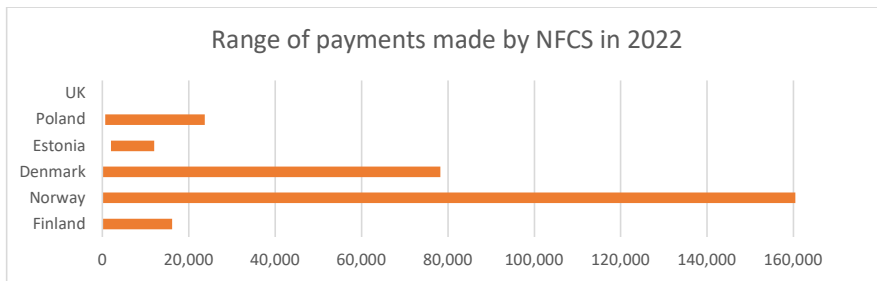


Figure 13 The range of payments (in Euros) made by NFCS in 2022

These two figures clearly show that most schemes pay a wide range of award values, with the majority of the claims at the lower end of the value range. The value of awards varies, in the Scandinavian countries NFCS awards are ‘top up’ payments that cover the additional costs of the injury that are not covered by social security payments. These are individualised payments to cover specific types of damage, which generally have top caps on the categories. This ‘top up’ quantification is used by both the NFCS and the courts in these countries, so there is no difference between the value of an award from the NFCS and a court award. Very few litigation cases are brought at the NFCS processes are generally quicker and have lower causation requirements.

The UK position regarding NFCS awards is different. Awards in the UK are ex gratia tax-free payments that do not impact on social security payments²⁷ that an individual (or a bereaved partner)²⁸ receives. They are fixed sum (£120,000) and not intended to mirror the payments that an individual would receive if they litigated. There is no bar on individuals who have received a vaccine damages payment scheme payment going on to litigate, but if that claimant is successful then the £120,000 payment made by the VDPS will be subtracted from the final litigation settlement (this applies whether it is a claim against the government or against the vaccine manufacturer). Interestingly anecdotal evidence suggests that the majority of litigants have already applied to the NFCS in England, which is a theme we will explore further in phase 3.

²⁷ The exception to this is claimants from Northern Ireland or the Isle of Man, where VDPS awards can affect entitlement to benefits

²⁸ The Social Security (Income and Capital Disregards) (Amendment) Regulations 2023

In both Poland and Estonia the value of awards is calculated using a tariff for different injury types/severities. Each country has a maximum top cap on the amount an individual can receive. In Poland if a claim has been made to the NFCS a person cannot then initiate litigation. In Estonia a person can initiate a claim after receiving a NFCS award, but it is limited to the extent that the NFCS payment has not compensated the damage. In both countries any monies paid by the NFCS are taken into account when calculating the final settlement sum.

In phase 3 we will explore in more detail why claimants chose to use the NFCS and/or litigate and how the factors which influence them to do so are or are not consistent across different jurisdictions.

Claim processing times

We asked how long it took from a claim being received to making a decision, as can be seen in figure 14. The quickest schemes returned a decision in 4-5 months. This is in contrast with the UK in 2021 where claims took on average over a year longer than that to conclude. The UK claim processing time for 2022 claims had dropped down to 41 weeks, which is still the longest time of all the NFCS schemes in figure 14. This is despite the fact that the UK scheme offers a fixed sum payment, so there is no requirement for a quantification phase, which is needed for all the other schemes in figure 14.

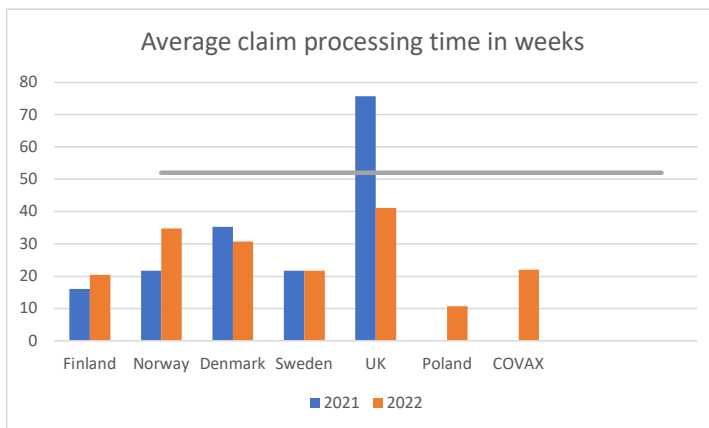


Figure 14 The time taken to reach a decision on a claim in 2021 and 2022

Appeals

We asked about both internal re-examinations and appeals to an external body. The composition and form of the external bodies varies between schemes, in some jurisdictions, such as the UK, the external body is a part of the national courts/tribunals service. In other cases, such as the COVAX NFCS, it is a body of external experts who are appointed by the NFCS itself. When a body is selected and paid by NFCS this raises questions about actual and perceived conflicts of interest. Ideally the independence of the appeal body should be beyond question, but that is not the case in a number of NFCS.

Figure 15 shows the appeals (both internal and external) made in a calendar year as a percentage of the claims closed in that year. This is clearly imprecise as an appeal may not be lodged in the same calendar year that the case was closed, but it gives an indication of relative rates. What is clear is that the Scandinavian NFCS had a relatively high proportion of decisions challenged by the claimant.

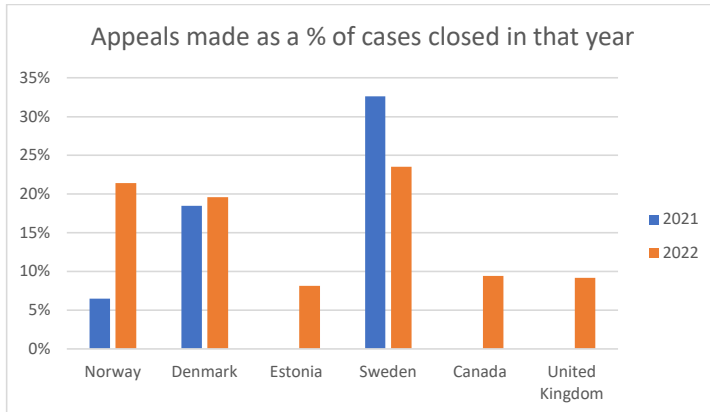


Figure 15 Appeals made in 2021 and 2022 as a % of cases closed in that year

These appeal figures do not appear to be related to the acceptance rates of claims, the UK has a relatively low acceptance rate of 7%, but only 9% of decisions are appealed. In contrast Norway accepts three times as many claims (23% claims), but had an appeal rate of 21% in 2022. Jurisdictions such as Canada and the UK have appeal percentages in single figures, but this does not necessarily mean they are doing better. Canada does not publish scheme rules and while the UK provides a guide to the procedure there are a number of unanswered questions over how claims are handled. A possible reason for the disparity in appeals rates could be that Canada and the UK have less clear processes, so it is difficult for claimants to assess if their claim has been dealt with using the correct procedures. These themes will be explored in phase 3.

Conclusions

The NFCS coverage globally has changed significantly. What is very clear from this comparative analysis of the scheme metrics is that there is substantial variation between NFCS on all aspects of scheme performance. The metrics for covid vaccine claims are very different to the metrics for other vaccine injuries, which is not surprising given at the covid vaccine immunisation programmes were aimed at a very different population demographic to childhood vaccination programmes.

The covid vaccine NFCS do show some signs of overlap with other injury compensation systems, both fault based and non-fault based, for example the preponderance of female claimants and working age claimants.

The time a scheme has been in operation is correlated to the volume of claims per vaccine dose that it receives, with one notable exception, Estonia. We know that claims could be made entirely online and that all Estonians have a digital record of every health procedure, including vaccinations and

treatment for complications. This ease of use is likely to have been important in enabling people to make a claim, but we will investigate the other factors which could also have impacted on claim rates in phase 3.

Covid vaccine injury compensation provides a unique research opportunity as the same vaccines were used in multiple jurisdictions. Claiming rates varied hugely between jurisdictions, and we have no reason to suppose that differences in the injuries that followed covid vaccination account for this variation in claiming. However, this does not mean it is simple to identify why the metrics for NFCS A vary from those for NFCS B as each scheme has a unique combination of scheme factors and wider social factors at play. As we move into phase 3 we will aim to unpick these aspects using qualitative surveys and interviews in a small number of schemes.

The disparity in claiming rates we have observed in phase 2 creates an obvious research question for phase 3 around raising awareness of the NFCS, particularly for the newer schemes.

One of the other aspects we would like to explore is the perceptions of fairness in the compensation system. Previous research indicates this important to claimants and are correlated with recovery. In a comparative study the recovery and health status of road traffic claimants in the fault-based compensation system in New South Wales, (which was perceived to be fair by a minority of claimants) was significantly poorer than the health status of claimants claiming under the no-fault system in Victoria, Australia, (which was perceived to be fair by the vast majority of claimants).²⁹ This is backed up by further work by the same authors which found a correlation between perceptions of procedural justice and quality of life, and that processes that involved claimants being able to express their views and feelings and feeling involvement in the decision making process increased perceptions of procedural justice.³⁰

There is a general perception supported by the literature that having a compensable injury (as opposed to a non-compensable injury) results in slower recovery and poorer health outcomes.³¹ However, this conclusion is not supported by other studies,³² some of which suggest that poor outcome is a predictor for claiming rather than the converse.³³ The impact of compensation on recovery is complex, but there seems to be general agreement that a stressful claiming process is detrimental to claimant recovery.³⁴ As they are quite unique covid NFCS give us an ideal platform to explore some of these issues in more depth as we move into phase 3. We will draw upon the

²⁹ Elbers, N.A., et al., *Differences in perceived fairness and health outcomes in two injury compensation systems: a comparative study*. BMC Public Health, 2016. 16: p. 658.

³⁰ Elbers, N.A., et al. . *Procedural justice and quality of life in compensation processes*. Injury, 2013. 44(11), pp.1431-1436.

³¹ Bayen, E., et al., Negative impact of litigation procedures on patient outcomes four years after severe traumatic brain injury: results from the Paris-traumatic brain injury study. *Disabil Rehabil*, 2018. 40(17): p. 2040-2047.; Giummarra, M.J., et al., Associations between compensable injury, perceived fault and pain and disability 1 year after injury: a registry-based Australian cohort study. *BMJ Open*, 2017. 7(10): p. e017350.; Gabbe, B.J., et al., The relationship between compensable status and long-term patient outcomes following orthopaedic trauma. *Med J Aust*, 2007. 187(1): p. 14-7.

³² O'Donnell, M.L., et al., Does access to compensation have an impact on recovery outcomes after injury? *Med J Aust*, 2010. 192(6): p. 328-33.; Spearing, N.M. and L.B. Connelly, Is compensation "bad for health"? A systematic meta-review. *Injury*, 2011. 42(1): p. 15-24.

³³ Spearing, N.M., et al., Research on injury compensation and health outcomes: ignoring the problem of reverse causality led to a biased conclusion. *J Clin Epidemiol*, 2012. 65(11): p. 1219-26.

³⁴ Grant, G.M., et al., *Relationship between stressfulness of claiming for injury compensation and long-term recovery: a prospective cohort study*. JAMA Psychiatry, 2014. 71(4): p. 446-53.

relatively small body of literature using qualitative methods to examine the perceptions of claimants using compensation schemes when designing phase 3.³⁵

³⁵ For example Murgatroyd, D., et al., 2015. *The perceptions and experiences of people injured in motor vehicle crashes in a compensation scheme setting: a qualitative study*. BMC public health, 15, pp.1-10.

Appendix A

Continent	Country	Data request made to			
		Regional NFCS	AVAT NFCS	COVAX NFCS	UNICEF NFCS
Africa	Algeria			✓	
Africa	Angola			✓	
Africa	Benin		✓	✓	
Africa	Botswana		✓		
Africa	Burkina Faso		✓	✓	
Africa	Burundi			✓	
Africa	Cabo Verde			✓	
Africa	Cameroon		✓	✓	
Africa	Central African Republic		✓	✓	
Africa	Chad			✓	
Africa	Comoros			✓	
Africa	Côte d'Ivoire		✓	✓	
Africa	Dem. Rep. Congo		✓	✓	
Africa	Djibouti			✓	
Africa	Egypt		✓	✓	
Africa	Eritrea			✓	
Africa	Eswatini			✓	
Africa	Ethiopia		✓	✓	
Africa	Gabon		✓		
Africa	Gambia		✓	✓	
Africa	Ghana		✓	✓	
Africa	Guinea		✓	✓	
Africa	Guinea-Bissau		✓	✓	
Africa	Kenya		✓	✓	
Africa	Lesotho		✓	✓	
Africa	Liberia			✓	
Africa	Madagascar			✓	
Africa	Malawi		✓	✓	
Africa	Mali			✓	
Africa	Mauritania		✓	✓	
Africa	Mauritius		✓		
Africa	Morocco			✓	
Africa	Mozambique		✓	✓	
Africa	Namibia		✓		
Africa	Niger			✓	
Africa	Nigeria			✓	
Africa	Republic of the Congo			✓	
Africa	Rwanda		✓	✓	
Africa	São Tomé and Príncipe		✓	✓	
Africa	Senegal		✓	✓	
Africa	Sierra Leone		✓	✓	
Africa	Somalia			✓	

Africa	South Africa	✓			
Africa	South Sudan			✓	
Africa	Sudan		✓	✓	
Africa	Tanzania			✓	
Africa	Togo		✓	✓	
Africa	Tunisia		✓	✓	
Africa	Uganda		✓	✓	
Africa	Zambia		✓	✓	
Africa	Zimbabwe		✓	✓	
Americas	Antigua & Barbuda		✓		
Americas	Belize		✓		
Americas	Bolivia		✓		
Americas	Canada	✓			
Americas	Canada - Quebec	✓			
Americas	Dominica			✓	
Americas	El Salvador			✓	
America	Grenada			✓	
Americas	Guatemala	✓			
Americas	Guyana		✓	✓	
Americas	Haiti			✓	
Americas	Honduras			✓	
Americas	Jamaica		✓		
Americas	Nicaragua			✓	
Americas	Peru	✓			
Americas	St. Lucia			✓	
Americas	St. Vincent & the Grenadines			✓	
Americas	Trinidad & Tobago		✓		
Americas	United States	✓			
Asia-Pacific	Afghanistan			✓	
Asia-Pacific	Australia	✓			
Asia-Pacific	Bangladesh			✓	
Asia-Pacific	Bhutan			✓	
Asia-Pacific	Cambodia			✓	✓
Asia-Pacific	Fiji			✓	✓
Asia-Pacific	India			✓	
Asia-Pacific	Indonesia	✓		✓	✓
Asia-Pacific	Japan				
Asia-Pacific	Kiribati			✓	✓
Asia-Pacific	Korea, Dem, People's Rep			✓	
Asia-Pacific	Kyrgyz Republic			✓	
Asia-Pacific	Lao PDR			✓	✓
Asia-Pacific	Malaysia				✓
Asia-Pacific	Maldiv Islands			✓	
Asia-Pacific	Marshall Islands			✓	
Asia-Pacific	Micronesia, Fed. States			✓	

Asia-Pacific	Mongolia			✓	
Asia-Pacific	Myanmar			✓	✓
Asia-Pacific	Nauru				✓
Asia-Pacific	Nepal			✓	
Asia-Pacific	New Zealand	✓			
Asia-Pacific	Pakistan			✓	
Asia-Pacific	Papua New Guinea			✓	✓
Asia-Pacific	Philippines	✓		✓	✓
Asia-Pacific	Samoa			✓	✓
Asia-Pacific	Singapore	✓			
Asia-Pacific	Solomon Islands			✓	✓
Asia-Pacific	Sri Lanka			✓	
Asia-Pacific	Taiwan	✓			
Asia-Pacific	Tajikistan			✓	
Asia-Pacific	Thailand	✓			✓
Asia-Pacific	Timor-Leste			✓	✓
Asia-Pacific	Tonga			✓	✓
Asia-Pacific	Tuvalu			✓	✓
Asia-Pacific	Uzbekistan			✓	
Asia-Pacific	Vanuatu			✓	✓
Asia-Pacific	Vietnam	✓		✓	✓
Europe	Austria	✓			
Europe	Denmark	✓			
Europe	Estonia	✓			
Europe	Finland	✓			
Europe	France	✓			
Europe	Germany	✓			
Europe	Italy	✓			
Europe	Kosovo			✓	
Europe	Norway	✓			
Europe	Poland	✓			
Europe	Sweden	✓			
Europe	Switzerland	✓			
Europe	UK	✓			
Europe	Ukraine			✓	
Middle East	Israel	✓			
Middle East	Syrian Arab Republic			✓	
Middle East	West bank & Gaza			✓	
Middle East	Yemen			✓	
Total		27	36	91	18

Appendix B

Phase II – Data collection template email

Dear XXXXX,

We are researchers from the University of Oxford working on a project on no-fault compensation schemes for COVID-19 vaccine injuries.

For the first phase of our project, we have mapped out the regulation of COVID-19 vaccine compensation schemes across more than 100 countries. The results of this first phase of the project are available to the public on Oxford University's Law Department website at the following link: <https://www.law.ox.ac.uk/home-no-fault-compensation-schemes-covid-19-vaccines>.

We are getting in touch because we would like to ask for your help with the second phase of our project.

For this second stage, we are collecting data on how these compensation schemes have operated in practice. This includes how many claims have been made through the vaccine compensation scheme in relation to COVID-19 vaccine injuries, the demographics of patients for whom compensation has been claimed, and the amounts of compensation awarded (if any awards have been made).

Being able to access and compare these data across different jurisdictions would be extremely helpful to assess how these schemes are currently working and also hopefully contribute to developing compensation best practices recommendations which could be implemented in the event of future pandemics.

We are including here below the link to our COVID-19 vaccine no-fault compensation schemes questionnaire, which we would like to invite you to complete:

[Website link]

We are very grateful for any assistance you can give us with this project. If you think we have reached out to the wrong person, we would really appreciate it if you could direct us to the appropriate person/department you think might be able to help.

All the best,

Sonia Macleod and Francesca Uberti
COVID-19 Vaccines No-Fault Compensation Schemes Project
Centre for Socio-Legal Studies, University of Oxford

Phase II – Data collection questionnaire (English)

The following lists all the possible questions that could have been asked. The online Qualtrics survey contained considerable display logic to ensure that only relevant questions were displayed depending on the answers given to preceding questions.



English (United Kingdom) ▾

Introduction

Thank you for taking the time to take these questions on no-fault compensation schemes (NFCs) for COVID-19 vaccination injuries.

You can exit the browser at any point and your answers will be saved and you can return at a later date using the original link to complete the questions. If you wish to return to the survey at a later date you will need to use the same machine and browser.

The data collected will serve to inform the findings of Phase 2 of the COVID-19 No-Fault Compensation Schemes Project carried out at the Centre for Socio-Legal Studies, University of Oxford.

The findings of Phase 1 of the project on the features of the global legal landscape for COVID-19 Vaccines no-fault compensation are available at <https://www.law.ox.ac.uk/centre-for-socio-legal-studies/no-fault-compensation-schemes-covid-19-vaccines>.

For any questions or clarifications on this survey or for further information please contact the lead investigator, Dr. Sonia Macleod: sonia.macleod@csls.ox.ac.uk

Questions number 1, 3, 4 and 5 require an answer, the remaining questions can be left empty.

No-fault compensation schemes - NFCS identity

Which no-fault compensation scheme/program are you responding on behalf of?

Which no-fault compensation scheme/program are you responding on behalf of?

Currency

We will ask some questions on financial aspects of COVID Vaccine compensation. Please tell us which currency your answers will be in ?

- The national currency
- US Dollars
- Euros
- Other - please specify

COVID-19 vaccine injury claim numbers - General

Claims made **for COVID-19 Vaccine Injury in 2020?**

Total claims made in 2020	<input type="text"/>
Claims approved in 2020	<input type="text"/>
Claims rejected in 2020	<input type="text"/>
Claims carried forward to 2021	<input type="text"/>

Claims made **for COVID-19 Vaccine Injury in 2021?**

Total claims made in 2021	<input type="text"/>
Claims approved in 2021	<input type="text"/>
Claims rejected in 2021	<input type="text"/>
Claims carried forward to 2022	<input type="text"/>

Claims made **for COVID-19 Vaccine Injury in 2022?**

Total claims made in 2022	<input type="text"/>
Claims approved in 2022	<input type="text"/>
Claims rejected in 2022	<input type="text"/>
Claims carried forward to the 2023	<input type="text"/>

Who made the COVID-19 vaccine injury claims? (please indicate numbers for claims made in each year)

	The claim was made			We do not collect this information
	by the Vaccine Recipient	On behalf of a living vaccine recipient	On behalf of a deceased vaccine recipient	
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

If the scheme pay representatives fees/expenses for making COVID-19 vaccine injury claims please give details.

	Number of payments made	Value of fee/expenses paid
Claims made in 2020	<input type="text"/>	<input type="text"/>
Claims made in 2021	<input type="text"/>	<input type="text"/>
Claims made in 2022	<input type="text"/>	<input type="text"/>

Demographics of COVID-19 Vaccinated Individuals in NFCS Claims

What gender is the COVID-19 vaccine recipient the claim relates to?

Please indicate numbers by the year the claim is **made**

	Gender				We do not collect this information
	Male	Female	Other	Unknown	
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

How old is the COVID-19 vaccine recipient the claim relates to?

Please indicate numbers by the year the claim is **made**

	Age of vaccine recipient					We do not collect this information
	Under 18	18-40	41-65	65+	unknown	
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

What is the citizenship status of the COVID-19 vaccine recipient the claim relates to?

Please indicate numbers by the year the claim is **made**

	Citizen of the country in which the claim was filed				We do not collect this information
	Citizen of the country in which the claim was filed	Born in the country in which the claim was filed	Other	Citizenship status unknown	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

2020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

Is the COVID-19 vaccine recipient the claim relates to a Healthcare Professional?

Please indicate numbers by the year the claim is **made**

	Healthcare professional status		We do not collect this information
	Vaccine recipient was a Healthcare professional	Healthcare professional status unknown	
2020	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2021	<input type="text"/>	<input type="text"/>	<input type="radio"/>
2022	<input type="text"/>	<input type="text"/>	<input type="radio"/>

Does this NFCS collect ethnicity data? Please select all the options that apply

- Yes - we collect information on the ethnicity of the individuals making a claim
- Yes - we collect information on the ethnicity of the vaccine recipient who suffered the adverse reaction
- No

Please provide the ethnicity you have for the **person making** the COVID-19 vaccine injury claim:

Please indicate numbers by the year the claim is **made**

2020	<input type="text"/>
2021	<input type="text"/>
2022	<input type="text"/>

Please provide the ethnicity information you have for the **vaccine recipients** that the COVID-19 vaccine injury claims relate to:

Please indicate numbers by the year the claim is **made**

2020	<input type="text"/>
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2021

2022

Rejected Claims - Reasons for Rejection

Reasons for rejecting COVID-19 vaccine-related claims

Please indicate numbers by the year the claim is **rejected**

	Insufficient/ incorrect claim documentation	Standard of proof not met	Injury not covered	Scheme deadline(s) not met	Other
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NFCS Financial Data

Value of COVID-19 injury compensation

	Total amount set aside for COVID-19 vaccine injury compensation (for example, funds allocated in the Government budget)	Value of compensation awarded for COVID-19 vaccine injuries
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>

Average (mean) award value for COVID-19 vaccine-related claims which have been paid

Average amount awarded by the NFCS for accepted individual claims

2020	<input type="text"/>
2021	<input type="text"/>
2022	<input type="text"/>

Range of awards for COVID-19 vaccine-related claims which have been paid

	Lowest amount awarded by the NFCS for accepted individual claim	Highest amount awarded by the NFCS for accepted individual claim
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>

	Lowest amount awarded by the NFCS for accepted individual claim	Highest amount awarded by the NFCS for accepted individual claim
2022	<input type="text"/>	<input type="text"/>

NFCS Claims Handling

Average time from claim to notifying the claimant of the final decision on compensation for COVID-19 vaccine-related claims

	Years	Months	Weeks
Claims filed in 2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claims filed in 2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claims filed in 2022	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appeals following rejected COVID-19 vaccine-related NFCS claims

	Number of appeals/reconsideration requests made to the NFCS	Number of appeals to an external agency/body
Claims filed in 2020	<input type="text"/>	<input type="text"/>
Claims filed in 2021	<input type="text"/>	<input type="text"/>
Claims filed in 2022	<input type="text"/>	<input type="text"/>

Internal NFCS appeals/reconsiderations: pending, accepted, rejected

*Please indicate numbers by the year the **appeal is made***

	Number of NFCS appeals pending	Number of NFCS appeals accepted	Number of NFCS appeals rejected
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the scheme administrator cover multiple vaccines/countermeasures/injuries from other causes?

- Yes
- No

If the scheme administrator covers multiple vaccines/countermeasures/injuries from other causes, please indicate the percentage of vaccine injury claims received by the scheme which relate to COVID-19 vaccines

	Percentage of NFCS claims which are for vaccine injuries	Percentage of vaccine injury claims which are for COVID-19 vaccines
2020	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>
2022	<input type="text"/>	<input type="text"/>

Nature of COVID-19 Vaccination Injuries in NFCS Claims

Does this scheme cover both **permanent** and **temporary** injuries related to COVID-19 vaccines?

- Permanent only
- Both permanent and temporary injuries covered
- Other (please specify)

Please specify what types of COVID-19 vaccine-related injuries are covered by this scheme:

Please specify the percentage of COVID-19 vaccines-related claims made for permanent injuries (i.e. claimed injuries resulting in death or permanent disability)

Percentage of COVID-19 vaccines claims filed for **permanent injuries**

2020

2021

2022

Awareness of NFCS

What steps have been taken to let patients and potential claimants know about the NFCS?

Where can potential claimants find more information about the scheme?

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