

22 March 2021

Attention:

The Right Honourable Justin Trudeau, Prime Minister of Canada
The Honourable Mary Ng, Minister of Small Business, Export Promotion and International Trade
The Honourable Navdeep Bains, Minister of Innovation, Science and Industry
The Honourable Patty Hajdu, Minister of Health
The Honourable Karina Gould, Minister of International Development

Re: Canada, evidence- and equity-informed pandemic recovery, and global distribution of vaccine

Dear Prime Minister and Ministers:

COVID-19 spread through an intensely interconnected world, where the health and life trajectories of people were already determined by extreme inequities in the distribution of wealth, power, and resources within and between countries. Data repeatedly reveal that the weight of the pandemic weighs heaviest on populations already bearing greater burdens of inequities (1–4). Critical pathways to promoting health and dignified lives involves action on the structural drivers of inequities, even during a pandemic (5,6), including international and domestic policy choices made by wealthy countries, including Canada.

After a year of pandemic, people across Canada and around the world are grappling with grief, fatigue, and prolonged economic and social hardships. Relief afforded by vaccinating the world’s wealthiest countries first is likely to be short-lived and costly. The International Chamber of Commerce Foundation’s recent modelling shows that economic costs of inequitable vaccine distribution could cost the global economy \$9.2 trillion, with half of these cost burdens falling to wealthy countries like Canada (7). Investing in global recovery from the pandemic is in the best interests of Canada.

While the September 23rd throne speech concluded by stating, “*we cannot eliminate this pandemic in Canada unless we end it everywhere,*” current policy positions by this government stand to slow global progress and risk a prolonged recovery with implications for the health of all people, everywhere. On March 5th, Minister Anand announced that Canada will not share with other countries until all Canadians are vaccinated. Currently, global vaccine distribution privileges access to wealthy countries who were able to secure pre-purchase agreements that were impossible for lower-middle income countries (LMICs).

Canada’s rhetoric on the global stage is of a commitment to health and human rights, and equity. Action speaks louder than words. By protecting national interests over the global public good, Canada stands to slow global pandemic progress, inviting long-term risks and costs both within our country and beyond. *Recognizing the importance of global efforts to respond to a global pandemic, researchers, leaders and health professionals (listed below) call upon the government of Canada to take immediate action on three evidence-informed steps to preserve the possibility of health-equitable futures. We implore this government to take action on these three feasible, immediate steps toward equity.*

Action 1: Enable equitable global access to vaccine

Globally, current vaccine distribution prioritizes access to wealthy countries that were in a position to negotiate pre-purchase agreements with pharmaceutical companies. Many of these countries are already reaching or exceeding targets of vaccinating 20% of their high priority populations as poorer countries fall further behind in the vaccination race (8). While all Canadians are likely to be vaccinated before the end of summer, health and other essential workers in poorer countries are unlikely to be vaccinated before the end of the year or well into 2022. There are many reasons for this (9), but the single most important one is an insufficient supply of vaccine. To ensure that high priority populations and health and other essential workers in low-income countries have rapid access to vaccines: *Canada should share 20% of our current vaccine allocation to immediately contribute to global recovery efforts by allocating them to the COVAX facility for eligible developing countries.*

Further, fifty-eight member countries are petitioning the World Trade Organization to implement a waiver of trade-related intellectual property rights, so they are able to scale up manufacture of COVID-19 diagnostics, therapeutics, and approved vaccines without fear of encountering trade disputes. This waiver would suspend temporarily TRIPS agreement barriers to rapidly scale up production of all approved (and presently patent-protected) vaccines and COVID-19 treatments. Control over the production and sale of these vaccines rests with the patent-holding companies who have chosen not to share their discovery and knowledge with other manufacturers that are capable and available to scale up production, allowing for a rapid increase in vaccine supply.

Existing flexibilities in the TRIPS agreement are not fit for purpose in the midst of a once-in-a-century global pandemic. The proposed waiver is limited in time to the acute phase of the pandemic, until global herd immunity is achieved. It is supported by more than 100 member countries, including the African Union. It has the support of Director General of the World Health Organization, Dr. Tedros Adhanom, and 118 European Union parliamentarians. In Canada, 40 networks and organizations signed an open letter to this government, detailing the reasons why the waiver matters and calling upon the government to support the waiver (10). Despite widespread support for this waiver, Canada and other wealthy countries continue to stall by requesting evidence (that has already been provided). While Canada navigates temporary emergency measures to amend patent rights within our own borders, we block temporary emergency measures that would enable rapid scale-up of vaccine manufacturing (11). Canada stands among wealthy countries blocking the proposed waiver of the World Trade Organization's TRIPS agreement. To maintain, or regain, its reputation for global health, *Canada should come out in full support of the temporary waiver, or at least abstain from opposing it if the waiver is to put to a vote by WTO member countries.*

Action 2: Scale-up contributions to multi-lateral solutions

In 1970, wealthy countries agreed to contribute 0.7% of its GNP to development assistance. Canada has never achieved that target and in 2019 contributed only 0.27% of GNP. Canada ranks in the bottom third of donor countries in terms of generosity (12). Concerns about the ways in which official development assistance is increasingly tied to advancing the national interests of donors has prompted calls for principled aid, driven by equity-centred goals for safer more prosperous global futures (13). Aid conditionalities that restrict healthcare spending pose significant risks to the capacity of health systems in LMICs to respond to the pandemic (14). Many international agreements and declarations, including Sustainable Development Goals (15), point to the importance of improving the conditions of daily living and building robust, responsive health, education and social care systems as central to advancing health worldwide. Inequities illuminated by this pandemic are deepening, with 71 million people pushed into

extreme poverty in 2020 and millions more at risk for hunger (16). Multi-lateral contributions offer the most promising, equity-centred, and responsive mechanism for distributing development assistance. *Canada should take immediate steps to resolve this global underperformance by dedicating 1% of its own national pandemic spending to multi-lateral development processes, contributing to organizations positioned to support equitable COVID-related solutions (e.g., WHO, UNICEF, COVAX/CEPI).* This would provide an estimated \$5B increase in Canada's health development assistance.

Action 3: Practice transparency

Canada and all countries, globally, benefit from transparency and open-access to data and other critical knowledge during a pandemic, including public-private sector agreements reached to protect public health. This includes disclosure of public contracts for COVID-related vaccines, diagnostics and therapeutics. Indeed, open access to data can lead to understanding this pandemic in new ways and open new evidence-informed policy options (e.g., revisitation of clinical trial data enabled the National Advisory Committee on Immunizations to adapt recommendations on schedules for second doses of vaccine). Decisions being made by this government are exceedingly complex and difficult. Data are dynamic. What we understand about the pandemic today is dramatically different than it was last year, or even last month. Collaborative effort to advance knowledge, minds, and energy that could be contributing to robust debate about the most evidence- and equity-informed options available at any given moment. Governments interested in using science to guide decision making require a scientific community equipped to provide responsive analysis. The more we can pool our collective scientific, political, economic, and human resources, the more likely we are to not only move toward a more equitable global future now—but we will be better positioned to navigate future challenges to global health. *Canada should make national (and provincial) data and COVID-related agreements open access, providing essential access to information needed to leverage collective and adaptive learning.*

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