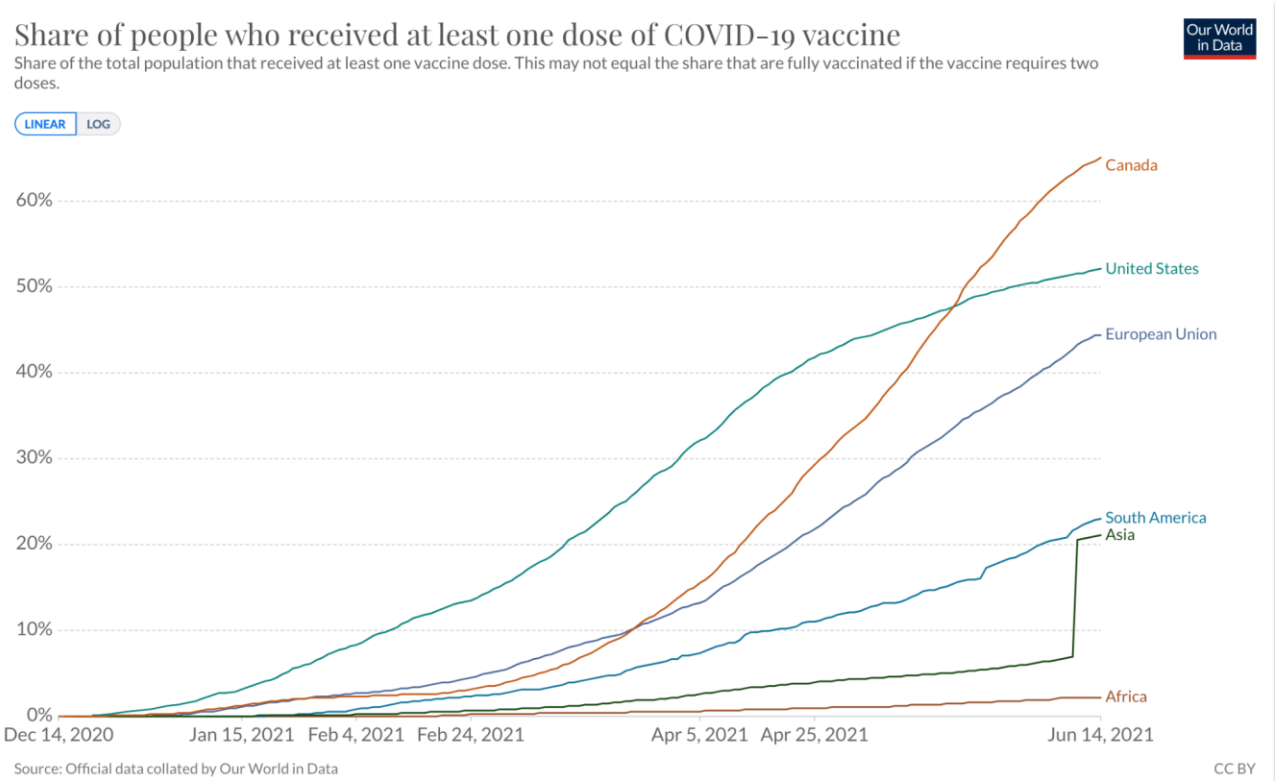
WHAT CANADA NEEDS TO DO ABOUT GLOBAL VACCINE INEQUITY

As the country recovers from a third wave of COVID-19 infections, vaccinations have been ramping up. Canada now leads the world in terms of the share of the population vaccinated with at least one dose. While Canada has been lauded by some for this achievement, it has simultaneously been rebuked for 'hoarding vaccines' in securing enough doses to inoculate the Canadian population 5 times over - the largest vaccine portfolio of any government in the world. As vaccination rates inch closer to 70% in Canada, that number for the entire continent of Africa, with a population of over 1.2 billion, is just 2.24%.



At current vaccination rates, low-income countries would only see widespread, full vaccination coverage by the year 2078, according to Oxfam International. While Canadians have been eagerly looking forward to the same lifting of public health restrictions in Canada as in the United States or United Kingdom, it seems that not nearly enough of us have wondered why Canada has been able to access such high volumes of vaccine so quickly, relative to other countries in the Global South, many of which have not even begun to vaccinate frontline healthcare workers. If this disparity does not concern us for equity reasons, Canadians should, at least, remember that the pandemic does not end until it ends globally.

In the early days of Canada's vaccine procurement, both levels of government were mindful of prioritizing vaccines for Indigenous communities across the country and particularly across the

territories early on, where, even today, rates of full vaccination are much higher than the national average. This was done in recognition of the fact that Indigenous communities may be more skeptical of measures introduced by the Canadian government, in addition to systemic factors stemming from colonialism that render Indigenous communities, particularly more rural ones, more susceptible than non-Indigenous communities to the harms of a COVID-19 outbreak. Embracing similar principles, Canada has a responsibility toward ensuring that vaccines are equitably distributed globally, especially because we, alongside other developed economies, have directly contributed to producing the existing disparity.

Canada was one of a handful of wealthy nations that was financially capable of making bilateral agreements directly with companies like Pfizer and Moderna early on that would guarantee shipments of COVID-19 vaccines from them upon eventual domestic authorization. COVAX, an initiative that sought to ensure that vaccine distribution was equitable, was also established early on in the pandemic and intended on pursuing a multilateral system of vaccine distribution. The aim was for countries to join the initiative and then leverage the clout of COVAX to negotiate with pharmaceutical companies and manufacturers in hopes of driving vaccine prices lower. Once they were acquired by COVAX, they would be equitably distributed to countries around the world according to their population sizes. Ultimately, however, COVAX was undermined by the bilateral agreements that wealthy nations were already making, resulting in 96% and 100%, respectively, of the Pfizer and Moderna vaccines intended to be produced by the end of 2021 already being bought up by January, 2021. These bilateral agreements essentially pushed wealthy countries to the front of the vaccine queue, and left COVAX and poorer countries reliant on vaccine donations or scrambling to acquire what little vaccine was left 'unclaimed' by wealthy nations. Given that Canadians tend to take pride in our single-payer healthcare system, implemented precisely to avoid a tiered system, it is unfortunate, to say the least, that this was not our approach toward global vaccine distribution.

One other major impediment to a more equitable vaccine distribution worldwide is the corporate control over the intellectual property around vaccine technologies. In order to bypass this hurdle, India and South Africa have proposed a waiver of these intellectual property rights at the World Trade Organization (WTO). Upon initial discussion at the WTO in October, 2020, most developed countries opposed the proposal, including Canada. As it stands, the intellectual property rights around vaccine technologies allow for private pharmaceutical companies to maintain higher prices due to patents and limit the production of these life-saving vaccines. In an article published in the Hill Times, South African High Commissioner Sibongiseni Dlamini-Mntambo asserted that "traditional intellectual property protection has no place in a global pandemic like the one we are facing".

Considering the systemic factors that historically privilege Canada as a developed Western economy, in addition to the ways in which Canada has embraced a form of vaccine nationalism

that has directly contributed to a global vaccine disparity, it is imperative that Canada plays a meaningful role in committing to narrowing this disparity. We can do so in the three following ways: donating vaccines, committing funds to scale up manufacturing capacity globally, and supporting the TRIPS waiver at the WTO.

A report by Public Citizen, entitled "How to Make Enough Vaccine for the World in One Year", charts a detailed path forward for how 8 billion mRNA vaccines can be produced by May 2022. 8 billion inoculations globally is the target this report provides for attempting to reach global herd immunity, covering approximately 80% of the global population. While Canada has previously pledged to offer up to 100 million vaccine doses, this only accounts for approximately 1.25% of the inoculations required to reach global herd immunity, and does not seem to correspond proportionately to Canada's potential. Canada can and should also increase contributions toward COVAX, given that it is currently failing to reach its goal of delivering 2 billion shots by the end of 2021. Canada can also commit funds toward scaling up vaccine manufacturing capacity globally, especially where the manufacturing of mRNA vaccines are concerned, given that they are relatively novel technology. The Public Citizen associates an aggregate cost of US$23B to supply the world with 8 billion doses of mRNA vaccines, of which US$3.2B is associated with the capital costs for retrofitting facilities. Lastly, Canada should follow the lead of the United States in supporting the TRIPS waiver proposal put forward by India and South Africa at the WTO. With a waiver on intellectual property rights, developing nations could start to scale up vaccine supply within 6 to 8 months, instead of waiting until 2024 or 2025 for the same if these rights are not waived. Given that much of the funding for the development of today's COVID-19 vaccines came from government investments, the governments of developed Western economies can take confidence in supporting the TRIPS waiver and affirming that the fate of global vaccine distribution should not be restricted by the will of private corporations.

As richer countries inch closer to herd immunity, prospects for increased vaccine donations and an overall improvement of vaccination efforts in developing countries seem better. However, this can quite easily be jeopardized once again if there is a need for booster shots in developed countries. Until this gap is drastically reduced, the potential for newer and more dangerous variants persists. The total elimination of this disparity will require an unprecedented global effort, particularly amongst developed economies.