Global vaccine equity

Policy position recommendation

1. Every country must have equitable access to vaccines globally. The CMA recognizes that equitable global vaccine access is both a valuable public health tool and necessary to ensure that all countries meet their human rights obligations.

2. Increasing access to vaccines globally helps protect Canadians from future waves of COVID-19 and reduce the likelihood of the emergence of vaccine-resistant variants.

3. The CMA encourages the federal government to accelerate its donation of vaccines to COVAX and to commit to taking a strong leadership role in the global effort to ensure the equitable access and distribution of vaccines.

4. The CMA encourages the federal government to enable domestic vaccine production capacity. The CMA calls on the federal government to further expand Canada’s contribution to COVAX once domestic production capacity is operational.

A. Background

- Concern continues to rise about the inequitable global distribution of COVID-19 vaccines. Vaccine inequity could have a lasting and profound impact on socio-economic recovery in low- and lower-income middle countries.

- In Canada, 68.24% of the eligible population is considered fully vaccinated.\(^1\) Currently, only 15.6% of the global population is fully vaccinated.\(^2\) More than 4.46 billion doses have been administered worldwide, representing 58 doses for every 100 people.\(^3\) 83% of administered doses have gone to high and upper middle-income countries and only 0.3% of doses have been administered in low-income countries.\(^3\) For example, North America has administered 86 doses per 100 people, and Africa has administered 5.5 doses per 100 people.\(^3\) Canada had administered 134 doses per 100 people, and Haiti and Congo have administered 0.1 doses per 100 people.\(^3\)
• The Canadian government signaled that by the end of September 2021 Canada will have received 95 million doses of the dominant Pfizer and Moderna vaccines, “at least 20 million doses more than Canada could use even if 100 per cent of Canadians chose to get fully vaccinated.” The government has said it will keep enough doses to ensure supply for younger children when they become eligible. (There are about 4.8 million children in Canada under the age of 12).

• Canada has been criticized for its approach to acquiring vaccines. It has been suggested that Canada has not shown leadership on vaccine equity by engaging in bilateral deals with vaccine suppliers rather than through COVAX.

• Against this backdrop, the federal government recently announced that it is donating 17.7 million doses of the AstraZeneca vaccine to COVAX.

• WHO is calling on a moratorium on administering booster shots as a way of helping to ensure access to vaccine supply; and is calling on rich countries to do more to ensure access to vaccines in developing countries and has set a target of 10% of the population in every country for the end of 2021.

• Some have argued that global vaccine equity requires moving beyond aid models of vaccine donation, in which poorer countries are gifted vaccine leftovers, towards achieving global consensus for an intellectual property (IP) waiver, democratizing vaccine IP, and supporting low- and lower-income middle countries to build manufacturing capacity for this pandemic and future pandemics.

B. Rationale

• Contributing to and facilitating global access to and distribution of vaccines is a public health issue.

• Access to vaccines does not ensure equitable distribution of vaccines. The infrastructure to support vaccine distribution does not exist in many middle- and low-income nations and some have called on countries like Canada to support the distribution of vaccines, not only to make donations.

• Global cooperation is both a matter of social justice and a pragmatic response to ending the pandemic globally.

• A world crisis needs a global approach and sharing of resources. A globally coordinated strategy mitigates the risks of an uncoordinated patchwork of immunity that would exacerbate the rise of variants-of-concern that may alter vaccine effectiveness and lead to future waves of COVID-19.

Approved by the CMA Board of Directors August 2021


