CMA Recommendations on Canada’s First National Adaptation Strategy: Addressing the health impacts of climate change
https://policybase.cma.ca/link/policy14484

POLICY TYPE: Parliamentary submission
DATE: 2022-06-23
TOPICS: Population health, health equity, public health
Health systems, system funding and performance

Documents
CMA Recommendations on Vaccine Equity and Intellectual Property
https://policybase.cma.ca/link/policy14476

POLICY TYPE
Parliamentary submission

DATE
2022-05-13

TOPICS
Ethics and medical professionalism
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents
Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

https://policybase.cma.ca/link/policy14474

POLICY TYPE
Parliamentary submission

DATE
2022-05-03

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents

Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

Dr. Alka Lafontaine
President, Canadian Medical Association

May 4, 2022

(Check against delivery)
Study on Bill S-209, An Act respecting Pandemic Observance Day
https://policybase.cma.ca/link/policy14467

POLICY TYPE
Parliamentary submission

DATE
2022-02-09

TOPICS
Health care and patient safety
Ethics and medical professionalism

Documents

Appearance before the Senate Standing Committee on Social Affairs, Science and Technology

Study on Bill S-209, An Act respecting Pandemic Observance Day

Dr. J. E. Grant
President of the Canadian Medical Association

February 08, 2022
[Signature]
CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities’ study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code
https://policybase.cma.ca/link/policy14464

POLICY TYPE
Parliamentary submission

DATE
2021-12-15

TOPICS
Health care and patient safety
Ethics and medical professionalism

Documents

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https://policybase.cma.ca/link/policy14464
Canadian Medical Association input in advance of the World Health Assembly Special Session
https://policybase.cma.ca/link/policy14461

POLICY TYPE  Parliamentary submission
DATE       2021-11-17
TOPICS     Population health, health equity, public health
           Ethics and medical professionalism

Documents
New Criminal Code offence to protect health workers from threats and violence, including online
https://policybase.cma.ca/link/policy14463

POLICY TYPE
Parliamentary submission

DATE
2021-11-16

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents
The Lancet Countdown on Health and Climate Change – Policy brief for Canada, October 2021
https://policybase.cma.ca/link/policy14455

POLICY TYPE: Policy endorsement
DATE: 2021-10-20
TOPICS: Population health, health equity, public health

Documents

The Lancet Countdown on Health and Climate Change
Policy Brief for Canada
October 2021
São Paulo Declaration on Planetary Health

https://policybase.cma.ca/link/policy14456

POLICY TYPE  Policy endorsement
DATE  2021-10-04
TOPICS  Population health, health equity, public health

Documents
Mandatory COVID-19 vaccination of health care workers
https://policybase.cma.ca/link/policy14449

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health human resources
Population health, health equity, public health

Documents

Mandatory COVID-19 vaccination of health care workers

Policy position recommendation:
1. All health care workers should be fully vaccinated for COVID-19 in accordance with their workplace policies.
2. Public health officials and health care leaders should ensure that their workplaces are prepared to provide safe and equitable vaccine access for all health care workers.
3. Public health officials and health care leaders should develop and implement strategies to increase vaccine acceptance among health care workers.
4. Health care workers and their employers should be provided with clear information about the benefits and risks of COVID-19 vaccination.
5. Health care employers should develop and implement clear policies and procedures for COVID-19 vaccination.

COVID-19 vaccination strategies:
1. Education and communication campaigns to increase awareness and understanding of COVID-19 vaccination.
2. Provision of vaccine clinics and onsite vaccination services to improve access.
3. Provision of incentives such as paid time off for vaccination.
4. Review and update of workplace policies and procedures to ensure they are consistent with public health guidelines.
5. Providing information on COVID-19 vaccination to workers and their families, including information on how to access the vaccine.

COVID-19 vaccination impact on health care workers:
1. Improved patient outcomes due to lower risk of transmission of SARS-CoV-2 among vaccinated health care workers.
2. Reduced risk of hospitalization and death among health care workers who are fully vaccinated.
3. Improved morale and job satisfaction among health care workers who are fully vaccinated.

COVID-19 vaccination impact on the health care system:
1. Improved safety and security for patients, staff, and visitors in health care settings.
2. Reduction in the burden of COVID-19 on health care resources and staff.
3. Improved ability to manage the COVID-19 pandemic.

COVID-19 vaccination impact on the community:
1. Increased confidence in the importance of vaccination and public health measures.
2. Decreased transmission of SARS-CoV-2 in the community.
3. Improved public health outcomes.

COVID-19 vaccination impact on the economy:
1. Reduced economic burden on health care systems.
2. Increased economic productivity due to healthier and more productive workers.
3. Reduced economic burden on businesses due to lower rates of absenteeism and sick leave.

COVID-19 vaccination impact on the environment:
1. Reduced greenhouse gas emissions due to decreased travel for health care workers.
2. Improved air quality due to reduced pollution from the health care system.

COVID-19 vaccination impact on global health:
2. Improved ability to address future pandemics.
3. Increased global economic stability.

COVID-19 vaccination impact on international relations:
1. Improved international relations due to increased confidence in vaccine efficacy and safety.
2. Improved ability to address global health challenges.

COVID-19 vaccination impact on societal trust:
1. Increased trust in health care systems and public health measures.
2. Improved ability to address public health challenges.
3. Increased confidence in the ability of health care systems to respond to future pandemics.

COVID-19 vaccination impact on justice:
1. Improved access to health care services for all members of society.
2. Reduced disparities in health outcomes.
3. Improved ability to address social determinants of health.
Vaccine acceptance
https://policybase.cma.ca/link/policy14450

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
Global vaccine equity

https://policybase.cma.ca/link/policy14451

POLICY TYPE: Policy document
DATE: 2021-08-21
TOPICS: Ethics and medical professionalism
Population health, health equity, public health

Documents
Return to school during COVID-19

https://policybase.cma.ca/link/policy14452

POLICY TYPE  Policy document
DATE  2021-08-21
TOPICS  Health care and patient safety
Population health, health equity, public health

Documents

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Return to school during COVID-19

Policy recommendation:

1. The Public Health Agency of Canada (PHAC) and its provincial and territorial counterparts should maintain and monitor outbreak investigation and response plans, including the identification of key personnel and their roles and responsibilities, to ensure readiness for the safe return to school. These plans should also include measures to address potential outbreaks, such as isolation, contact tracing, and testing.

2. PHAC and its provincial and territorial counterparts should maintain and monitor emergency preparedness plans, including the identification of key personnel and their roles and responsibilities, to ensure readiness for the safe return to school. These plans should also include measures to address potential outbreaks, such as isolation, contact tracing, and testing.

3. PHAC and its provincial and territorial counterparts should maintain and monitor communication and outreach plans, including the identification of key personnel and their roles and responsibilities, to ensure readiness for the safe return to school. These plans should also include measures to address potential outbreaks, such as isolation, contact tracing, and testing.

4. PHAC and its provincial and territorial counterparts should maintain and monitor community engagement plans, including the identification of key personnel and their roles and responsibilities, to ensure readiness for the safe return to school. These plans should also include measures to address potential outbreaks, such as isolation, contact tracing, and testing.

5. PHAC and its provincial and territorial counterparts should maintain and monitor education and training plans, including the identification of key personnel and their roles and responsibilities, to ensure readiness for the safe return to school. These plans should also include measures to address potential outbreaks, such as isolation, contact tracing, and testing.

6. PHAC and its provincial and territorial counterparts should maintain and monitor research and evaluation plans, including the identification of key personnel and their roles and responsibilities, to ensure readiness for the safe return to school. These plans should also include measures to address potential outbreaks, such as isolation, contact tracing, and testing.

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CMA Policybase - Canadian Medical Association
Interchangeability of vaccines (vaccine mixing)

Policy document

2021-08-21

Health care and patient safety
Population health, health equity, public health

Interchangeability of vaccines (vaccine mixing)

Policy position recommendation

1. The CMA recommends that the Canadian vaccine manufacturers ensure that the vaccines are supplied in a manner that allows for interchangeability. This includes ensuring that the vaccines are manufactured in a manner that allows for interchangeability.

2. The CMA recommends that the Canadian government continue to support the development and manufacture of vaccines that are interchangeable.

Interchangeability of vaccines

Interchangeability of vaccines is the ability of people to receive different vaccines as part of their vaccination schedule. It is important to ensure that vaccines are interchangeable to ensure that people receive the vaccines they need in a timely and efficient manner.

Interchangeability of vaccines is based on the following principles:

- Safety and efficacy: Interchangeable vaccines must be safe and effective.
- Immunogenicity: Interchangeable vaccines must be immunogenic.
- Immunization schedules: Interchangeable vaccines must be compatible with immunization schedules.
- Cost: Interchangeable vaccines must be cost-effective.

Interchangeability of vaccines and immunization:

Interchangeable vaccines are important for public health because they can help to improve the accessibility and availability of vaccines.

Interchangeability of vaccines and vaccine supply:

Interchangeable vaccines are important for vaccine supply because they can help to ensure that vaccines are available when they are needed.

Interchangeability of vaccines and vaccine manufacturer:

Interchangeable vaccines are important for vaccine manufacturers because they can help to ensure that vaccines are manufactured in a manner that allows for interchangeability.

https://policybase.cma.ca/link/policy14443

**POLICY TYPE**  
Policy endorsement

**DATE**  
2021-06-24

**TOPICS**  
Pharmaceuticals, prescribing, cannabis, drugs

Population health, health equity, public health

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**INTRODUCTION**  
Substance use disorders (SUDs) are a significant public health concern, impacting individuals, families, and communities. Traditional approaches to treating SUDs, including criminalization, have often failed to address the root causes of addiction and have led to negative health outcomes and stigmatization. Recognizing the limitations of these approaches, a growing number of jurisdictions have shifted towards more holistic strategies, including the decriminalization of drug use and possession for personal use.

**STRENGTHS OF THOSE PROPOSALS**  
- **Reduced Stigmatization:** Decriminalization of drug use and possession can help reduce the stigma associated with addiction, promoting a more supportive and health-focused environment.
- **Increased Access to Treatment:** Legalizing drug use and possession facilitates the development of access to evidence-based treatment options, reducing barriers to care.
- **Improved Public Health Outcomes:** By focusing on health promotion and harm reduction, decriminalization can lead to better health outcomes and reduced social inequalities.

**CONCERNS WITH CURRENT POLICIES**  
- **Public Safety:** There are concerns about public safety, particularly regarding the role of substances in violent crimes.
- **Drug Use Intensification:** Decriminalization might encourage increased drug use, leading to potential negative health consequences.

**RECOMMENDATION**  
The Canadian Medical Association (CMA) supports the decriminalization of drug use and possession for personal use, advocating for evidence-based policies that prioritize public health and individual well-being. The CMA encourages ongoing research and evaluation to ensure that these policies are effective and equitable.

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**Documents**

- **The Future of Care for Canada's Older Adults**
- **CMA Policybase - Canadian Medical Association**

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CMA Policybase - Canadian Medical Association
The Future of Care for Canada’s Older Adults
https://policybase.cma.ca/link/policy14441

POLICY TYPE: Parliamentary submission
DATE: 2021-06-23
TOPICS: Population health, health equity, public health

Documents
Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021
https://policybase.cma.ca/link/policy14437

POLICY TYPE
Parliamentary submission

DATE
2021-05-20

TOPICS
Population health, health equity, public health

Documents

Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021

Dr. J. Ann Gallis
President of the Canadian Medical Association

May 20, 2021

(Checks spelling and grammar)
Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity
https://policybase.cma.ca/link/policy14447

POLICY TYPE  Policy endorsement
DATE  2021-04-30
TOPICS  Population health, health equity, public health
        Health information and e-health

Documents