Environmentally Sustainable Health Systems in Canada

https://policybase.cma.ca/link/policy14489

POLICY TYPE
Policy document

DATE
2022-10-22

TOPICS
Population health, health equity, public health
Health systems, system funding and performance

Documents
CMA 2023 Pre-budget Submission to the House of Commons Standing Committee on Finance
https://policybase.cma.ca/link/policy14490

POLICY TYPE  Parliamentary submission
DATE  2022-10-06
TOPICS  Health systems, system funding and performance
Health human resources
Population health, health equity, public health

Documents
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

CMA Recommendations on Vaccine Equity and Intellectual Property
House of Commons Standing Committee on Foreign Affairs and International Development
May 11, 2022
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. Alisa Lafontaine
President, Chief Medical Officer

May 4, 2022

[Start of document content]
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
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
Vaccine certificates

https://policybase.cma.ca/link/policy14448

POLICY TYPE
Policy document

DATE
2021-08-21

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

Documents
Mandatory COVID-19 vaccination of health care workers

Policy document

DATE
2021-08-21

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

Documents
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

Vaccine acceptance

Policy recommendation

1. Efforts should be made to engage and influence community leaders, healthcare professionals, and members of public to promote the importance of vaccination and increase vaccine acceptability. Community engagement and mobilization through local partnerships and collaborations can help to achieve this goal.

2. Strategies to address vaccine hesitancy should be developed and implemented at the local level. These strategies should include education, communication, and engagement with communities to address concerns and misinformation.

3. Health care providers should be trained to provide culturally competent and linguistically appropriate vaccination services. This includes addressing cultural and linguistic barriers to vaccination and providing support for patients who may have difficulty understanding or accessing healthcare services.

4. Policy makers should promote policies that support equitable access to vaccines, including ensuring that vaccines are available and affordable to all populations.

5. Research should be conducted to better understand vaccine hesitancy and to develop effective strategies to increase vaccine acceptance.

6. It is important to recognize and address the underlying social determinants of health that can contribute to vaccine hesitancy and to develop interventions that can address these determinants.

7. Public health measures should be implemented to reduce the spread of vaccine-preventable diseases, including those that can be spread by vaccination-resistant strains.

8. Vaccine acceptance should be monitored and evaluated to ensure that vaccine programs are effective and that the health of the population is being protected.

9. Public health officials should work with community organizations to promote the importance of vaccination and to increase vaccine acceptance in underserved populations.

10. It is important to recognize and address the underlying social determinants of health that can contribute to vaccine hesitancy and to develop interventions that can address these determinants.

Canadian Medical Association
Health Care and Patient Safety
Population Health, Health Equity, Public Health

Global vaccine equity

CMA Policybase - Canadian Medical Association
Global vaccine equity

Policy document

2021-08-21

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

Global vaccine equity

1. Jointly developed time-sensitive vaccine allocation strategy
   - The CMA recommends the development of a joint, time-sensitive vaccine allocation strategy to
     ensure that vaccines are equitably distributed in countries with vulnerable populations.

2. Evaluating vaccine access
   - Countries should develop mechanisms to ensure equitable access to vaccines, including:
     a. Implementing transparent and fair vaccine allocation mechanisms.
     b. Collaborating with international organizations to support vaccine distribution.
     c. Providing financial assistance to ensure vaccine affordability in low-income countries.

3. Addressing vaccine hesitancy
   - The CMA encourages healthcare professionals to:
     a. Educate patients about the importance of vaccine uptake.
     b. Address vaccine hesitancy through open dialogue and evidence-based communication.
     c. Work with communities to build trust and confidence in vaccination programs.

4. Long-term planning
   - Countries and international organizations should:
     a. Plan for the sustainable production and distribution of vaccines.
     b. Develop contingency plans for unexpected events, such as vaccine shortages or new variants.
     c. Ensure that vaccines are accessible and affordable for all populations.

5. Transparent and accountable
   - The CMA supports the implementation of transparent and accountable vaccine distribution systems,
     including:
     a. Regular reporting on vaccine distribution and usage.
     b. Ensuring that vaccine distribution is aligned with global health priorities.
     c. Monitoring and evaluating vaccine distribution outcomes to inform future planning.
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
Interchangeability of vaccines (vaccine mixing)

Interchangeability of vaccines (vaccine mixing)

Policy positions/Recommendations

1. The Canadian Medical Association recommends that jurisdictions follow the latest recommendations from the World Health Organization (WHO) on interchangeability of vaccines, which states that vaccines can be mixed in settings where there is a risk of shortage or to simplify the administration process, provided that the vaccines are comparable in terms of efficacy, safety, and immunogenicity.

2. The CMA recommends that healthcare providers be made aware of the interchangeability of vaccines to ensure that patients receive the best possible care.

Interchangeability of vaccines

Interchangeability of vaccines is the administration of different vaccines to the same individual, either concurrently or sequentially, in order to maximize the number of individuals who receive vaccination. This practice is widely accepted in many countries and is endorsed by the World Health Organization (WHO). Interchangeability can be defined in two ways:

1. Concomitant interchangeability: The administration of two vaccines simultaneously.
2. Sequential interchangeability: The administration of two vaccines at different times.

Interchangeability is often used in the context of vaccine shortages, where healthcare providers may need to use different vaccines to ensure that as many people as possible are vaccinated. It can also be used to simplify the administration process, particularly in settings where there is limited access to specific vaccines.

Interchangeability of vaccines is generally considered safe and effective. However, healthcare providers should be aware of potential contraindications and expected side effects when administering vaccines in a mixed manner.

Interchangeability of vaccines is a complex issue that requires careful consideration. Healthcare providers should be informed about the latest recommendations and guidelines on interchangeability from public health authorities and professional organizations.

CMA Policybase - Canadian Medical Association
Firearms Control (Update 2021)
https://policybase.cma.ca/link/policy14401

POLICY TYPE
Policy document

DATE
2021-07-15

REPLACES
Firearms control (Update 2001)

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

Documents
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
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. E. Ann Galbraith
President of the Canadian Medical Association
May 31, 2021

[Signature]
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