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 13, 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. Alina Lefebvre
President, Board of the Canadian Medical Association
May 6, 2022

[Signature]
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
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
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

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
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

1. Vaccination and mass vaccination campaigns are critical to controlling COVID-19 and ensuring community health. Globally, there is an urgent need for equitable access to vaccines, with a particular focus on low- and middle-income countries. The Canadian Medical Association (CMA) supports global efforts to ensure that everyone, everywhere has access to safe, effective, and affordable vaccines.

2. In Canada, the CMA encourages health care providers to be role models in vaccine uptake. This includes promoting the importance of vaccination and addressing any concerns or misconceptions about vaccines.

3. The CMA recommends that health care providers follow evidence-based guidelines for the safe and effective administration of vaccines. This includes ensuring adequate training for health care providers in vaccine administration.

4. The CMA supports ongoing research into the long-term safety and effectiveness of COVID-19 vaccines, including studies on vaccine efficacy in different populations.

5. The CMA endorses the development and use of digital health tools to improve access to information about vaccines and vaccination services. These tools should be user-friendly and accessible to all, regardless of language or literacy level.

6. The CMA advocates for the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

7. The CMA encourages governments, international organizations, and private sector partners to collaborate on strategies to overcome the challenges of vaccine distribution and ensure equitable access worldwide.

8. The CMA supports the development of international norms and standards for vaccine quality and safety, which are essential for building trust in vaccines and promoting global health security.

9. The CMA recognizes the need for continued engagement with public health authorities and stakeholders to address emerging issues related to COVID-19 vaccines, such as vaccine hesitancy and the potential for vaccine variants to emerge.

10. The CMA encourages the development of ethical guidelines for the use of COVID-19 vaccines, with a focus on ensuring that vaccines are used in a manner that maximizes public health benefits while minimizing harm to individuals and communities.

11. The CMA supports the establishment of a global vaccine equity fund, which could be used to support the production and distribution of vaccines in low-income countries.

12. The CMA encourages the development of innovative financing mechanisms to fund the production and distribution of vaccines, with a focus on ensuring that resources are directed to where they are most needed.

13. The CMA supports the development of partnerships between governments, international organizations, and the private sector to address the challenges of vaccine distribution and ensure equitable access worldwide.

14. The CMA encourages the development of global vaccine equity partnerships, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

15. The CMA supports the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

16. The CMA encourages the development of international norms and standards for vaccine quality and safety, which are essential for building trust in vaccines and promoting global health security.

17. The CMA recognizes the need for continued engagement with public health authorities and stakeholders to address emerging issues related to COVID-19 vaccines, such as vaccine hesitancy and the potential for vaccine variants to emerge.

18. The CMA supports the development of ethical guidelines for the use of COVID-19 vaccines, with a focus on ensuring that vaccines are used in a manner that maximizes public health benefits while minimizing harm to individuals and communities.

19. The CMA encourages the development of innovative financing mechanisms to fund the production and distribution of vaccines, with a focus on ensuring that resources are directed to where they are most needed.

20. The CMA supports the development of partnerships between governments, international organizations, and the private sector to address the challenges of vaccine distribution and ensure equitable access worldwide.

21. The CMA encourages the development of global vaccine equity partnerships, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

22. The CMA supports the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

23. The CMA encourages the development of international norms and standards for vaccine quality and safety, which are essential for building trust in vaccines and promoting global health security.

24. The CMA recognizes the need for continued engagement with public health authorities and stakeholders to address emerging issues related to COVID-19 vaccines, such as vaccine hesitancy and the potential for vaccine variants to emerge.

25. The CMA supports the development of ethical guidelines for the use of COVID-19 vaccines, with a focus on ensuring that vaccines are used in a manner that maximizes public health benefits while minimizing harm to individuals and communities.

26. The CMA encourages the development of innovative financing mechanisms to fund the production and distribution of vaccines, with a focus on ensuring that resources are directed to where they are most needed.

27. The CMA supports the development of partnerships between governments, international organizations, and the private sector to address the challenges of vaccine distribution and ensure equitable access worldwide.

28. The CMA encourages the development of global vaccine equity partnerships, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

29. The CMA supports the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

30. The CMA encourages the development of international norms and standards for vaccine quality and safety, which are essential for building trust in vaccines and promoting global health security.

31. The CMA recognizes the need for continued engagement with public health authorities and stakeholders to address emerging issues related to COVID-19 vaccines, such as vaccine hesitancy and the potential for vaccine variants to emerge.

32. The CMA supports the development of ethical guidelines for the use of COVID-19 vaccines, with a focus on ensuring that vaccines are used in a manner that maximizes public health benefits while minimizing harm to individuals and communities.

33. The CMA encourages the development of innovative financing mechanisms to fund the production and distribution of vaccines, with a focus on ensuring that resources are directed to where they are most needed.

34. The CMA supports the development of partnerships between governments, international organizations, and the private sector to address the challenges of vaccine distribution and ensure equitable access worldwide.

35. The CMA encourages the development of global vaccine equity partnerships, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

36. The CMA supports the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

37. The CMA encourages the development of international norms and standards for vaccine quality and safety, which are essential for building trust in vaccines and promoting global health security.

38. The CMA recognizes the need for continued engagement with public health authorities and stakeholders to address emerging issues related to COVID-19 vaccines, such as vaccine hesitancy and the potential for vaccine variants to emerge.

39. The CMA supports the development of ethical guidelines for the use of COVID-19 vaccines, with a focus on ensuring that vaccines are used in a manner that maximizes public health benefits while minimizing harm to individuals and communities.

40. The CMA encourages the development of innovative financing mechanisms to fund the production and distribution of vaccines, with a focus on ensuring that resources are directed to where they are most needed.

41. The CMA supports the development of partnerships between governments, international organizations, and the private sector to address the challenges of vaccine distribution and ensure equitable access worldwide.

42. The CMA encourages the development of global vaccine equity partnerships, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

43. The CMA supports the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

44. The CMA encourages the development of international norms and standards for vaccine quality and safety, which are essential for building trust in vaccines and promoting global health security.

45. The CMA recognizes the need for continued engagement with public health authorities and stakeholders to address emerging issues related to COVID-19 vaccines, such as vaccine hesitancy and the potential for vaccine variants to emerge.

46. The CMA supports the development of ethical guidelines for the use of COVID-19 vaccines, with a focus on ensuring that vaccines are used in a manner that maximizes public health benefits while minimizing harm to individuals and communities.

47. The CMA encourages the development of innovative financing mechanisms to fund the production and distribution of vaccines, with a focus on ensuring that resources are directed to where they are most needed.

48. The CMA supports the development of partnerships between governments, international organizations, and the private sector to address the challenges of vaccine distribution and ensure equitable access worldwide.

49. The CMA encourages the development of global vaccine equity partnerships, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.

50. The CMA supports the establishment of a global vaccine equity network, which could bring together diverse stakeholders to discuss, coordinate, and address global vaccine access issues.
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)
https://policybase.cma.ca/link/policy14453

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)

Policy positions/Recommendations:
1. The CMA encourages all health care providers to continue to follow the recommended guidelines for the safe and effective administration of vaccines, including the interchangeability of different vaccines, as provided by the manufacturers.

2. The CMA supports the establishment of a national and international regulatory framework for vaccine interchangeability to ensure the safety and efficacy of vaccines when administered in different sequences.

3. The CMA recommends that health care providers and public health officials continue to monitor and report any adverse events related to vaccine interchangeability.

4. The CMA encourages the development of clinical trials to further evaluate the safety and efficacy of vaccine interchangeability.

5. The CMA recommends that health care providers provide patients with clear and concise information about vaccine interchangeability, including potential risks and benefits.

6. The CMA supports the provision of continuing medical education for health care providers on the topic of vaccine interchangeability.

Interchangeability of vaccines:

1. The interchangeability of vaccines depends on the specific vaccine combinations and sequences.

2. Different vaccines may have different immune responses, and therefore, the order of administration may influence the immune response.

3. The immune response to vaccines may vary depending on the individual's health status, age, and other factors.

4. The CMA supports the development of guidelines for vaccine interchangeability to ensure the safety and efficacy of vaccines when administered in different sequences.

Recommendations for Interchangeability:

1. Health care providers should follow the recommended guidelines for vaccine administration, including the use of different vaccine products.

2. Health care providers should provide patients with clear and concise information about vaccine interchangeability, including potential risks and benefits.

3. Health care providers should continue to monitor and report any adverse events related to vaccine interchangeability.

4. Health care providers should participate in continuing medical education on the topic of vaccine interchangeability.

5. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

6. Health care providers should continue to monitor and report any adverse events related to vaccine interchangeability.

7. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

8. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

9. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

10. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

11. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

12. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

13. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

14. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

15. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

16. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

17. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

18. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

19. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

20. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

21. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

22. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

23. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

24. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

25. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

26. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

27. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

28. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

29. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

30. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

31. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

32. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

33. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

34. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

35. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

36. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

37. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

38. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

39. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.

40. Health care providers should continue to follow the guidance of vaccine manufacturers and regulatory authorities on the interchangeability of vaccines.
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
Policy Brief: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use

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

Documents
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 Galka
President of the Canadian Medical Association
May 20, 2021

(Policy image not available)
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
Recommendations for equitable COVID-19 pandemic recovery in Canada
https://policybase.cma.ca/link/policy14465

POLICY TYPE
Policy endorsement

DATE
2021-04-30

TOPICS
Population health, health equity, public health

Documents
Appearance before the House of Commons Standing Committee on Health: Study on the Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic

https://policybase.cma.ca/link/policy14433

POLICY TYPE
Parliamentary submission

DATE
2021-04-23

TOPICS
Population health, health equity, public health

Documents
Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada
https://policybase.cma.ca/link/policy14466

<table>
<thead>
<tr>
<th>POLICY TYPE</th>
<th>Policy endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>2021-04-21</td>
</tr>
<tr>
<td>TOPICS</td>
<td>Population health, health equity, public health</td>
</tr>
</tbody>
</table>

Documents

![Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada](image)