OPINION EDITORIAL

Canada's Commitment to Equitable Global Distribution of SARS-COV-2 Vaccines

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INTRODUCTION

As of January 22, 2021, Canada has purchased 362 million doses of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccines, enough to vaccinate its population five times over [1]. High-income countries including Canada have used their purchasing power to secure 4.2 billion doses – 59% of total confirmed global purchases [1]. The World Health Organization (WHO) Director General now warns of a "catastrophic moral failure," in which the world's richest countries will be vaccinating young adults before the poorest countries have vaccinated their medical staff and most vulnerable [2].

Canada has contributed $865 million to the Access to COVID-19 Tools (ACT) Accelerator, which was launched by the WHO and partners to address diagnostics, treatment, vaccines, and health system strengthening around the world [3]. The ACT Accelerator's vaccine pillar, COVAX, is a global vaccine procurement mechanism to ensure fair and equitable distribution between the Global North and South. Despite being the second largest financial contributor to the COVAX Advance Market Commitment [3], Canada will not donate vaccines to LMICs at this time, claiming that the surplus it has ordered is not guaranteed due to unreliable foreign production [4]. Although Canada has committed to donating extra doses, there is no current commitment to donate SARS-CoV-2 vaccines to COVAX prior to Canada reaching herd immunity. Therefore, as Canada aims to have vaccinated its entire population by the end of 2021 [5], many countries will still be waiting to vaccinate their highest-risk groups.

ETHICAL CONSIDERATIONS

Canada administered nearly 1 million doses of SARS-CoV-2 vaccines by the end of January, placing the country 26th in doses administered per capita [6]. Provincial and territorial governments have been responsible for the distribution of vaccines secured by the federal government. Vaccination rollout plans have prioritized frontline health workers, the elderly, and indigenous communities – all vulnerable groups identified by the National Advisory Committee on Immunization [7]. The rationale behind this distribution plan was to prioritize those most at risk for exposure to the virus, at highest risk for severe illness or death if infected, and those with limited access to healthcare.

Canadians have expressed strong disapproval of those jumping the vaccination queue. In one example, a couple flew to Yukon and took advantage of mobile vaccinations in remote areas [8]. This incident prompted jurisdictions to create additional measures to confirm residential status. Another example was in Ontario, where some hospital executives and research staff were vaccinated before frontline healthcare workers [9]. Opportunities for jumping the queue occur because mass immunization efforts are difficult. Most hospitals do not have a priority list, and the Pfizer and Moderna vaccines must be used within the day after thawing. While no vaccines should go to waste, it is morally reprehensible for people in low-risk

groups, many of whom are not patient-facing, to abuse the honour system in these ways.

The same moral outrage should be directed at the current global predicament. The Canadian sentiment to vaccinate based on risk and need only applies to people within its borders. Vaccine nationalism, a desire by countries to secure vaccines and prioritize their own citizens above the global public good, will prolong this pandemic. The European Union demonstrated this desire at the end of January 2021 when it imposed the requirement for export authorization before vaccines could be sent to other high-income countries [10]. In an effort to reach herd immunity and reopen their own economies as quickly as possible, the Global North will contribute to an increase in the number of global SARS-CoV-2 deaths. During the 2009 influenza A (H1N1) pandemic, high-income countries similarly placed advanced orders to secure vaccines, only to provide donations to LMICs after vaccines for their own populations were guaranteed [11]. Consequently, of the 284,500 deaths associated with the H1N1 pandemic, 51% occurred in Africa and Southeast Asia [12]. Given existing disparities in quality and access to healthcare, it is the Global North's moral duty to avoid the trap of vaccine nationalism and implement a pandemic approach driven by global solidarity.

CANADA'S ROLE MOVING FORWARD

Achieving herd immunity within Canadian borders is a necessary step in reopening the economy without putting the most vulnerable at risk. However, underestimating the impacts of global inequities in the SARS-CoV-2 response is to our detriment. The globalized and interconnected nature of our world makes providing equitable care for all of its stakeholders – not solely those with wealth and means – the right path forward. The existence and spread of variants (i.e., SARS-CoV-2 B.1.1.7) with higher rates of transmissibility and mortality highlight precisely how important it is to address the 'global' in 'global pandemic'. The continued spread of this virus brings with it an increased risk for the emergence of deadlier variants, threatening global recovery. Canada's commitment to the ACT Accelerator is one concrete step in a series of necessary actions. Bill C-13, which amended Canada's Patent Act in March 2020 to authorize the government to "construct, use, and sell a patented invention to the extent necessary" to respond to the pandemic was another positive measure [13]. However, the country has not gone so far as to support a waiver put forth by South Africa and India to the World Trade Organization (WTO) that would allow countries to temporarily waive IP (Intellectual Property) rights until global herd immunity is achieved [14].

If high-income countries join this waiver, monopolization and profiteering by private companies could be prevented since governments wield the power to not enforce IP rights. This waiver reiterates a growing issue of public debate: whether there is a need to treat life-saving medications, vaccines, and products as global public goodsin times of crisis. Although this proposal has garnered support from over 99 countries, Canada is one of several high-income countries withholding support [14]. In a recent memo, Canada asked for further clarification on how the waiver would operate in practice and improve the conditions for LMICs [15], prolonging its avoidance in backing the proposal. Although arguments have been made for and against the waiver, it is clear that amidst the debate, one sobering reality remains clear: it is highly possible that the entirety of the Canadian population will be vaccinated by the end of 2021, while other countries will struggle to immunize their own most high-risk populations. Moving forward, transparency, prevention of pandemic profiteering, and a global framework for equitable distribution should be emphasized.

CONCLUSION

Canada has a duty to bridge the gap between foreign policy rhetoric and tangible action in response to the SARS-CoV-2 pandemic and future pandemics [16]. Healthcare aid has been a growing part of Canada's foreign policy since the mid-1990s, but aid has been influenced by the concept of securitization – the coupling of domestic security

and health interests that leads to a desire to prevent infectious outbreaks at their source before they become local problems [17]. At this stage of the pandemic, Canadian interests should similarly lie internationally or it will risk undermining its efforts to protect domestic health security.

For economic and health reasons, it is essential that vaccines are distributed fairly and equitably. The economic fallout from the pandemic may devastate the countries still facing challenges with SARS-CoV-2, and recurring outbreaks will pose risks to everyone. The interconnectedness of the world necessitates that SARS-CoV-2 is under control in every country. Our collective strength and morality as a global community depends on how we treat our most vulnerable populations – no one is safe until everyone is.

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