BRIEF TO THE HOUSE OF COMMONS STANDING COMMITTEE ON HEALTH
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Thank you for the opportunity to appear before the House of Commons Standing Committee on Health to present my views about Canada's vaccination strategy regarding COVID-19.

My name is Joel Lexchin and I have worked as an emergency physician at the University Health Network since 1988. In addition, I taught health policy at York University from 2001-2016 and I have been researching and writing about pharmaceutical policy for 40 years. I have written 4 books and authored or co-authored over 200 peer-reviewed journal articles on various aspects of pharmaceutical policy.

The situation that Canada finds itself in with respect to vaccines for COVID-19 is the result of decisions made both decades ago and recently. Canada's domestic vaccination capability was hollowed out starting in 1989 when Connaught BioSciences Inc. was sold to the French company Merieux (now part of Sanofi). The lack of domestically-owned production was compounded when ID Biomedical Corp., which made flu vaccine, was sold to GlaxoSmithKline in 2005. Although Sanofi and GSK continue to manufacture vaccines in Canada, decisions about which vaccines to make and what quantities are outside of the control of Canadians.

Furthermore, Canada had warnings about the need for domestic vaccine manufacturing as a result of SARS in 2003 and HINI in 2009 but didn't heed those warnings. The Naylor Report following SARS noted the lack of security of vaccine supply and recommended the development of a national vaccine strategy, but that recommendation was basically ignored by successive governments. Therefore, when the COVID-19 pandemic came along we were forced to be dependent on foreign supplies for vaccine.

Decisions made since the start of the pandemic have also left us more vulnerable when it comes to vaccines. In June 2020, the National Research Council set up an 18 member COVID-19 Vaccine Task Force charged with, among other things, prioritizing vaccine projects seeking support for activities in Canada, and identifying opportunities to enhance business connectivity globally to secure access to commercially-sponsored vaccines. While the names of the members of the Task Force were known, their conflicts-of-interest were kept confidential until there was a public outcry. No provisions were made for representation of groups disproportionately affected by COVID-19 on the Task Force including Indigenous and Black people, the elderly, women or people with disabilities. Both the chair and the co-chair of the Task Force had conflicts-of-interest but these were ignored during decision making. Whether the conflicts affected the Task Force's recommendations about contracts with vaccine makers is unknown since the terms of those contracts remain a secret.

Other countries have handled this type of situation much more transparently. Back in April 2020, the Australian government funded the National COVID-19 Clinical Evidence Taskforce to provide rapid, evidence-based, and continually updated advice on Australia's health response to the COVID-19 pandemic. It ran its proposed conflict of interest standards by an independent panel, made modifications based on the input of the panel, and published the final policy. Since then, the panel has been consulted regularly about individuals' decision-making roles and whether the requirements of the policy are being met.

Elements of how Canada has handled the development and acquisition of vaccines are equally troubling. According to news reports, Canada has contributed hundreds of millions of dollars towards vaccine development (exact amounts are difficult to determine) but the terms of those grants have not been revealed. For example, we do not know if there were requirements about sharing any resulting intellectual property.

We are now faced with delays in the delivery of the Pfizer vaccine and possibly others while the delay in the delivery of the Pfizer vaccine to European Union countries is much shorter. This difference might be because of differences in the terms of the contracts but since the contracts are secret, we don't know. Is there a difference in the price Canada is paying versus the price in other countries; what are the guarantees about vaccine delivery; are there penalties for companies if they can't meet the delivery schedules?

Finally, Canada's position about ensuring vaccine availability and affordability in low- and middle-income countries is far from its rhetoric. Canada is one of the largest donors to COVAX and in July 2021, Prime Minister Trudeau signed a letter along with other global leaders that said, among other things, "we [the global community] cannot allow access to vaccines to increase inequalities within or between countries whether low-, middle- or high-income." Yet at the same time, Canada has not supported the WHO-backed Covid-19 Technology Access Pool, it has not supported the call by India and South Africa at the World Trade Organization for a temporary suspension of patents and other intellectual property so that production of COVID vaccines can be ramped up, it has not publicly demanded that companies making vaccines ensure that they are available at production costs and it has not said when it will make excess vaccine doses that it has purchased available to low- and middle-income countries.

I have four recommendations to the Committee:

1) Canada needs to develop a national vaccine strategy that will consist of a strong and enduring financial commitment to publicly funded and publicly run vaccine research;
2) Canada needs to invest in a domestic, publicly owned vaccine manufacturing facility so that we can avoid the situation of a privately owned Canadian company being sold to a foreign interests at some time in the future;
3) Canada needs to make public the terms under which it granted money for COVID vaccine research and the terms of the contracts that it has signed with companies for vaccines;
4) Canada needs to publicly outline a detailed strategy about how it will contribute to ensuring that vaccine nationalism is avoided so that low- and middle-income countries can access vaccines in a timely manner in line with their need.

Thank you

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