OPEN LETTER

Dr. Theresa Tam Chief Public Health Officer of Canada

The Right Honourable Justin Trudeau, P.C., M.P. Prime Minister of Canada

Dear Dr. Tam, Dear Prime Minister,

The pandemic is surging, and the only way to end it is to prioritize first shots over third shots, everywhere in the world. This is why we call on you to vocally support and heed the World Health Organization's (WHO's) call to put a pause on booster shots for low-risk individuals in Canada until a greater share of the world's population has received their first shot.

Canada has one of the highest rates of per capita COVID-19 vaccination in the world today. While the federal and provincial governments have been steadfast in their efforts to ensure that all people living in Canada have access to a full course of vaccines, a select group of wealthy countries, including Canada, have collectively used up more than 75 percent of the 5 billion doses administered in the world so far. By contrast, a staggering 98 percent of people in poorer countries, many of which are in Africa, have yet to receive even a single dose.

The ongoing vaccine inequities violate the right to life and to health to which every human being is entitled, regardless of race, ethnic origin, citizenship or place of birth. Such inequity must end. Protecting the inherent dignity of every human life should be reason enough for all countries to act in solidarity to end this pandemic for all, and Canada has international legal obligations to do so. But it is also palpably within Canada's immediate strategic interests to stem this global injustice and fast. Rampant circulation of the virus that causes COVID-19 is giving rise to the evolution of new virus variants, some of which have become more lethal, more transmissible, and even more vaccine-evasive variants of concern. Soon, even the billions of taxpayer dollars Canada has spent on procuring vaccines for its own population may amount to naught.

The growing divide in global vaccine access prolongs and aggravates the current public health crisis and economic catastrophe for each and every nation, and Canada is no exception. As an immediate first step, the undersigned coalition of health care professionals, scientists, health law and foreign policy experts, and activists urge you to heed the WHO's call for a moratorium on the mainstreaming of COVID-19 vaccine booster shots to allow for many more people in every country to receive their first doses.

This ask, though modest, will help preserve the scant supply of vaccines available in the world today for the people who need it the most and are at highest risk of serious disease, hospitalization, and death – frontline health care workers and the elderly in particular – wherever they live and work. Canadians who run a minimal risk of being severely affected by COVID-19 should not get a third shot before, for example, a critical care nurse in Nepal or an elderly person in Ghana has received their first.

We recognize that booster shots are often effective in protecting against vaccine-preventable diseases, and may eventually be needed for COVID-19. Certainly, Canadians at highest risk, such as those with suppressed immune systems, should get a third shot if need be. But experts do not yet agree on whether COVID-19 boosters are necessary for the general population and, if so, when or how often. What is clear is that all currently approved vaccines are reasonably effective against symptomatic and severe disease, even against the Delta variant, and many more lives could be saved by vaccinating the unvaccinated, rather than by giving boosters to those who already have a reasonably high level of protection from a full course of vaccines.

In addition to a moratorium on booster doses, and in line with a joint statement issued by the heads of the International Monetary Fund, the World Bank Group, WHO and the World Trade Organization, we call on you to spearhead Canada's role as a fair and equitable global player in the pandemic response by: Fulfilling (and proactively publishing progress made in the fulfillment of) existing pledges to donate vaccine doses to COVAX, and doubling down on further donations. Canada has contributed 545 million dollars to COVAX AMC and pledged to share 40 million in-kind vaccine doses, but these promises do not amount to impact and COVAX continues to experience financing shortfalls that undercut its performance. Only a tiny fraction of the doses committed by Canada so far have actually been shipped to countries in need.

Swapping Canada's near-term vaccine delivery schedules with COVAX and the African Union's African Vaccine Acquisition Trust (AVAT) so that vaccines (including mRNA vaccines) urgently reach communities where they are needed most.

Eliminating barriers to the production and export of COVID-19 vaccines through actions at both international and domestic levels including by (1) showing public support for the temporary waiver to certain provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) at World Trade Organization negotiations; and (2) amending the Canadian Access to Medicines Regime, and specifically Schedule 1 of the Patent Act, to include "COVID-19 vaccine," thereby enabling Canadian manufacturers to apply for a compulsory license to produce and export vaccines (as recommended in a letter signed by Canadian health law and policy experts earlier this year).

Ensuring transparency in any future contracts with vaccine makers, in keeping with the public's 'right to know' and to avoid enabling monopoly powers that compromise vaccine availability and access in the Global South. We reiterate that the above actions are needed urgently. They are needed not in the spirit of attenuated charity or good will, but rather as part of a broader package of rights-based public health measures that is truly comprehensive, evidence-based, conscionable, good for Canadians, and good for the world.

Sincerely,

CC:

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