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ABSTRACT

As a result of the unexpectedly quick development of vaccines to prevent COVID-19, the Canadian government was pulled in two opposite directions. On the one hand, Canadians exerted extreme pressure on the government to purchase and roll out vaccines as fast as possible for domestic immunization. On the other hand, it sought to promote global access to the vaccine, which would save more lives. This article examines how the Canadian government responded to this quandary, why it made those choices, to what effect and what a better approach would have been. I argue that, by adopting a resolute “Canada First” approach for electoral reasons, while also rhetorically espousing equitable global access, the government tried to satisfy both sides. However, by focusing overwhelmingly “doing good” for Canadians, the government is also indirectly “doing harm” to vulnerable people abroad and prolonging the pandemic globally and for Canadians too. Canadian “vaccine nationalism” is also harmful to Canadian economic interests and claims of global leadership, and will reduce Canada’s “soft power”. The solution, from both an ethical and a pragmatic standpoint, would be to share vaccines more equitably and support intellectual property waivers and other measures to accelerate global vaccine production and immunization.

RÉSUMÉ

En raison de la rapidité inattendue de la mise au point des vaccins contre la COVID-19, le gouvernement canadien a été tiraillé dans deux directions opposées. D'une part, les Canadiens ont exercé une pression extrême sur le gouvernement pour qu'il achète et déploie les vaccins le plus rapidement possible pour la vaccination nationale. D'autre part, il a cherché à promouvoir l'accès mondial au vaccin, qui permettrait de sauver davantage de vies. Cet article examine comment le gouvernement canadien a réagi à ce dilemme, pourquoi il a fait ces choix, avec quel effet et quelle aurait été une meilleure approche. Je soutiens qu'en adoptant une approche résolument « Le Canada d'abord » pour des raisons électorales, tout en épousant rhétoriquement un accès mondial équitable, le gouvernement a tenté de satisfaire les deux parties. Cependant, en se concentrant essentiellement sur la volonté de « faire du bien » aux Canadiens, le gouvernement fait aussi indirectement du « mal » aux personnes

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vulnérables à l'étranger et prolonge la pandémie à l'échelle mondiale et pour les Canadiens également. Le « nationalisme vaccinal » canadien est également préjudiciable aux intérêts économiques du Canada et à ses prétentions de leadership mondial, et il réduira le « *soft power* » du Canada. La solution, tant d'un point de vue éthique que pragmatique, serait de partager les vaccins de manière plus équitable et de soutenir les dérogations à la propriété intellectuelle et d'autres mesures visant à accélérer la production de vaccins et l'immunisation mondiales.

Introduction

As a result of the unexpectedly quick development of vaccines to prevent COVID-19, the Canadian government was pulled in two opposite directions. On the one hand, Canadians – including voters, opposition parties and provincial governments – exerted extreme pressure on the government to purchase and roll out vaccines as fast as possible for domestic immunization. Pragmatically, the federal government had extremely strong short-term incentives to adopt a “Canada First” approach.

On the other hand, the government faced pressure to promote global access to the vaccine, for instance from multilateral organizations such as the United Nations, Canadian and international civil society organizations, and global public health experts (Houston & Murthy, 2021, p. 1803). An equitable distribution of vaccines across the planet is an ethically superior approach, as vaccinating vulnerable populations and frontline workers in low- and middle-income countries before low-risk individuals in high-income countries would save more lives globally. It would also decrease the risk of medium- and long-term threats to the health of Canadians, as well as accelerate the relaunch of the Canadian and global economies.

As a noun, “fix” is a contronym, a word that can simultaneously mean both something and its opposite. “Fix” can be used to refer to both a problem or predicament (“they are in a fix”) and its solution or resolution (“they found a fix”). The term also refers to a desperate craving (they are “looking for an angry fix”, in the words of Ginsberg (1996, p. 9)). COVID-19 vaccines convey all three of these meanings. First, they clearly constitute an important part of the solution that Canada and other countries require to get the pandemic under control. Second, they also place governments in a very difficult position: how to get timely access to vaccines for their citizens, who (in line with the third meaning) are clamoring for a fix, while ensuring equitable global distribution.

Below, I examine how the Canadian government responded to this quandary, why it made those choices, to what effect and what a better approach would have been. I argue that, by adopting a resolute “Canada First” approach for electoral reasons, while also rhetorically espousing global access and contributing to COVAX, a global vaccine initiative, the Canadian government tried to satisfy both sides. However, by focusing overwhelmingly on “doing good” for Canadians, the government is also indirectly “doing harm” to vulnerable people abroad and prolonging the pandemic globally and for Canadians too. For a short-term gain, it is promoting long-term pain, including by maintaining conditions that will favor the emergence of variants, exposing Canadians to more health threats over time. Canadian “vaccine nationalism” is also harmful to Canadian economic

interests and claims of global leadership, and will reduce Canada's "soft power". Even if the Canadian government was unwilling to take the domestically unpopular decision to slow down somewhat the rollout of vaccines at home, the solution, from both an ethical and a pragmatic standpoint, would have been to provide global leadership in supporting intellectual property waivers and other measures that would accelerate global vaccine production and immunization.

Putting Canada first

The Canadian government's clear priority was to vaccinate as many Canadians as possible, as quickly as possible. It is not surprising, as all governments prioritize their own citizens over foreigners. For instance, in August 2020, Procurement Minister Anita Anand committed to ensuring "that Canadians are at the front of the line when a vaccine becomes available" (quoted in Jones & Harris, 2020). Effective vaccines became available by the end of the year, earlier than expected, and the slow delivery of vaccines in late 2020 and early 2021 initially exposed the government of Prime Minister Justin Trudeau to deep and widespread criticism in the media, from opposition parties and provincial governments, and from ordinary Canadians who suffered from "vaccine envy" when they learned about the rapid rollout in the United States and the United Kingdom. Given the close links between Canada and those two countries, the comparison seemed natural, but was distorted by their extensive domestic manufacturing capacity, which Canada wholly lacked, paired with their vaccine export bans.

The delivery of vaccines to Canada accelerated in March when the federal government received millions of previously purchased doses. It also bought millions of additional doses from Pfizer and the Serum Institute of India, while also drawing 1.9 million doses from COVAX (further discussed below). It made these additional purchases despite having already signed contracts for enough doses to fully immunize all Canadians five times over, the highest proportion in the world. Canada behaved like people who, at the beginning of the pandemic, cleared the supermarket shelves of toilet paper – except that, unlike vaccines, toilet paper rolls are not desperately needed to save lives. The additional doses purchased from India and drawn from COVAX would otherwise have gone to low- or middle-income countries. Moreover, the Canadian government initially dismissed the idea of a vaccine surplus as "hypothetical" and was reluctant to provide details on when and how it would donate the excess doses to poorer countries (Lum, 2020; Payne, 2020). In March 2021, it confirmed that it would not share any doses until all Canadians had been fully inoculated (Zimonjic & Cullen, 2021), even raising a couple of months later the possibility of postponing deliveries to Canada "in order to meet potential future needs" rather than donate excess doses to countries still struggling to get basic access to vaccines (Walsh & York, 2021).

Canada's global engagement

No matter how pleasing it may be to the Canadian electorate, placing Canadians "at the front of the line" when it comes to global access to vaccines makes them queue jumpers who have de facto pushed back other people. Countries with the greatest financial resources and negotiating skills have obtained the vast majority of purchasing contracts

for COVID-19 vaccines. As a result of stockpiling by Canada and other high-income countries, many low-income countries are unlikely to have widespread access to vaccines until 2023 or possibly later (Economist Intelligence Unit, 2021).

Canada and other countries that are cornering the vaccine market are “doing good” for their populations, but as a result, are indirectly doing harm to others by depriving them of access. An equitable global distribution of vaccines would save countless lives around the world. Canadian politicians, including Trudeau himself, have deflected attention from the harm being caused by Canadian policies by invoking international solidarity and notions of global justice, even if Canadian actions have not lived up to the rhetoric. For instance, Trudeau was the first author of a joint statement by international leaders that “we must urgently ensure that vaccines will be distributed according to a set of transparent, equitable and scientifically sound principles. Where you live should not determine *whether* you live, and global solidarity is central to saving lives and protecting the economy” (Trudeau et al., 2020, italics in original). Similarly, Canada’s Minister of International Development Karina Gould stated in September 2020 that Canada was trying to ensure “a fair, equitable, accessible and affordable vaccine” for the entire world (quoted in Blanchfield, 2020). Neither of these aspirations is close to having been met.

The Canadian government also made a more pragmatic, self-interested case to its domestic audience. Gould, for example, declared that “we will not be safe from COVID-19 in Canada until everyone, everywhere is” (quoted in GAC, 2020) and that “supporting other countries in their fight against COVID-19 is crucial to protect Canadians at home” (quoted in PMO, 2020). Indeed, viruses cannot be contained by national borders, especially as countries that have the pandemic under control open up. Having large pools of infection anywhere in the world increases the odds of new variants that could lessen the effectiveness current vaccines (Grover, 2021) and spread to Canada, thus putting Canadians’ health at risk. If the pandemic continues to rage elsewhere, it will also impede Canadians’ international mobility, investment possibilities and global economic recovery, which is contrary to Canadian interests (Habibi & Lexchin, 2021).

Canada repurposed some of its foreign aid program to address pandemic-related needs in the Global South and announced new contributions to international organizations and for global initiatives to respond to the global crisis, including not only the health emergencies but the hardships created or aggravated by lockdowns, reduced financial resources and other side effects of the pandemic (Brown, 2021). In 2020, it spent US\$293 million in official development assistance on COVID-related activities, representing 5.8 per cent of its total aid expenditures (OECD, 2021) and only about 0.1 per cent of what the Canadian government spent on its domestic response. One of its most prominent donations was to COVAX, a multilateral initiative that seeks to provide COVID vaccines to 20 per cent of the population of low- and middle-income countries by the end of 2021.

COVAX as a flawed global response

The pooled purchases and the equitable distribution of vaccines worldwide would have been a case of multilateralism at its best. The COVAX Facility had the potential to be a

model of global cooperation, even if its ambitions were less than universal access. In September 2020, Canada announced a Cdn\$440 million contribution, half of which could go towards purchasing doses for Canada. The Canadian government proudly touted its COVAX contributions, perhaps in an attempt to compensate for its domestic vaccine hoarding, reminiscent of medieval indulgences whereby individuals made donations to the Catholic Church in exchange for the expiation of their sins.

Canada's contributions to COVAX may have provided some moral cover for a while, but it was soon lost. To encourage high-income countries to donate, the COVAX financing mechanism had included a sweetener, allowing them to withdraw half the value of their contributions in vaccines for domestic use. As of 15 May 2021, Canada was the only major donor to COVAX that indicated it would do so, accessing 1.9 million doses. Although Canada was legally entitled to do so, taking vaccines that would otherwise have gone to low- and middle-income countries, especially in light of Canada's record-breaking stockpiles of vaccines orders, attracted unfavorable comments at home. For example, Canadian former politician, diplomat and UN advisor Stephen Lewis called the decision "wrong morally" (Slaughter, 2021). It also elicited significant criticism abroad (for instance, BBC, 2021a; Kirk, Sheehy, & Levett, 2021; Usman, 2021). The negative international attention could only be harmful for Canada's image and soft power designs, especially when compared to countries that donated vaccines to COVAX before making significant headway into immunizing their own populations, including France, New Zealand, Norway and Spain, and to the proactive "vaccine diplomacy" of other countries such as China, India and Russia (MacKinnon & York, 2021).

Canada was not the sole donor to provide only limited support to the principle of global vaccine justice that underpinned COVAX. COVAX is struggling to obtain enough cash or in-kind donations to meet its goal of immunizing 20 per cent of the population of beneficiary countries against COVID by the end of 2021, which is vastly insufficient for getting the pandemic under control. Even if fully funded, there are few vaccines left on the shelf to actually buy, because wealthy countries have deliberately bought up as many as possible, causing indirect harm. Moreover, COVAX relies on the existing intellectually property regime and on a combination of market-based procurement and charity. It does not directly promote increased global vaccine production and is hugely dependent for the overwhelming majority of its vaccine supplies on India, which began in March 2021 to limit vaccine exports in order to meet desperately needed domestic demand (Economist, 2021). Given COVAX's various limitations, countries in the Global South have had to resort to their own deals with pharmaceutical companies, either bilaterally or regionally, such as through the African Union, potentially at higher cost, thereby further limiting supplies and undermining COVAX.

Despite invocations of the necessity of an equitable multilateral approach to combatting COVID as a "global public good", the world's wealthiest countries, prominently including Canada, succumbed to "vaccine nationalism". The global vaccine apartheid will reproduce global North/South divides, whereby rich country nationals will generally be protected and able to travel, but not their counterparts in poorer countries. The optimistic slogan, "We are all in this together", has proved to be a chimera. Instead, the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, warned of the international community's "catastrophic moral failure" to respond collectively (BBC, 2021b).

Finding a better fix

Vaccine production and distribution under normal conditions are a zero-sum game. With limited manufacturing capacity, every contract promising a shipment to one country deprives another one of potential access to those life-saving vaccines. More equitable distribution, including ending vaccine stockpiling by Canada and other rich countries, is an important first step.

Equally urgent is the need to share the vaccine formulas and technical knowledge widely, produce as many doses as possible and distribute them as broadly as possible. The necessary scaling-up would require weakening or even overriding intellectual property protections. When Oxford University developed its vaccine, it intended it to be “open access”, but the Bill and Melinda Gates Foundation convinced it to renege on that commitment and sell the exclusive rights to AstraZeneca (Zaitchik, 2021). The large multinational pharmaceutical company currently sells doses at cost price, but could raise prices in the future, opening the door for vast private profits, despite the fact that the vaccine research was 97 per cent publicly funded (Safi, 2021). Similarly, the US government provided massive public investment for COVID vaccine research under Operation Warp Speed, including \$2.5 billion to Moderna for research and supplies, but private pharmaceutical and biotech companies set the prices and retain the profits (Baker & Koons, 2020).

The mechanisms for maximizing global production, of course, would have to be worked out. For instance, what are the best means to allow for broader licencing? Financial compensation to pharmaceutical companies to incentivize voluntary licencing? Invoking “compulsory licencing” laws that allow manufacturing under certain circumstances without the patent holder’s consent? Bolivia, for example, applied in May 2021 under Canada’s Access to Medicines Regime, to purchase 15 million vaccines from a Canadian pharmaceutical company without obtaining permission from Johnson & Johnson, which holds the patent on the formula (York, 2021). Or, on the global scale, obtaining Trade-Related Aspects of Intellectual Property Rights (TRIPS) waivers, as permitted by the World Trade Organization and as advocated by India and South Africa? Even when US President Joe Biden endorsed TRIPS waivers in May 2021, despite strong objections from multinational pharmaceutical companies, Canada refused to take a position.

Intellectual property is only one of the bottlenecks that restrict vaccine production. Also key are, among other things, access to the necessary ingredients, some of which are subject to export bans, and to technical know-how of vaccine manufacturing. Even so, Canada has failed to support the COVID-19 Technology Access Pool, which the World Health Organization launched in May 2020 in order to broaden access to vaccines, treatments and diagnostics (Lexchin, 2021).

Regardless of which exact course of action is taken, only a loosening of private corporations’ vaccine monopolies, the sharing of knowledge and supplies, and the lifting of protectionist trade restrictions will permit global vaccine justice. Such a scenario would save the most lives, end the pandemic the soonest, allow for global economy to rebound the fastest, and do the most good and the least harm. In spite of the Canadian government’s declarations in favor of international solidarity and justice, it has refused to provide any concrete support for this approach, the most effective fix possible. Leadership in that

area would actually have bolstered Canada's global reputation and could actually have proved popular domestically as well, reinforcing the argument that it would have been in the government's self-interest.

Conclusion

The Trudeau government's "Canada First" approach to COVID vaccines greatly benefitted Canadians, but only in the short term. Although it responded to tremendous domestic pressure and was favorable for the Liberal Party's re-election possibilities, this response did harm globally by hijacking vaccines more urgently needed elsewhere and stockpiling them for domestic use, leading to a rise in the global number of deaths. In addition, the overwhelmingly domestic focus of Canada's vaccine policies could boomerang back against Canadian interests in multiple ways, including by encouraging the emergence of potentially vaccine-resistant new variants, which could threaten Canadian lives in the future, and by creating impediments to Canadians' international opportunities ranging from investment to travel. Canada's record-breaking level of vaccine hoarding also tarnished Canada's reputation internationally, whereas some other countries used their leadership and generosity to strengthen their "soft power".

Canadian and global interests converge in ending the pandemic as soon as possible, which requires radically ramping up global production and an equitable distribution of vaccines. For that reason, the Canadian government should have taken a strong role in enabling concrete measures that would make that possible, especially by promptly donating excess doses and promoting the weakening of pharmaceutical companies' private control over vaccines. That is the fix that would have given Canada the global leadership role to which its successive governments have constantly aspired, and it could have proven popular with the domestic electorate as well.

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