



Renewing our Democratic Alliance

Canada and Germany: Multilateral Partners to End the Pandemic and Catalyze an Equitable and Resilient Recovery to the SDGs

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Introduction

As Dr. Tedros has stated, the world is on the brink of a catastrophic moral failure. The worst global health crisis in a century has brought the world to its knees. More than 3.5 million people have died and trillions in economic losses mark tremendous human suffering from loss of livelihoods. The pandemic has shone a harsh light on pre-existing social and economic inequalities. Geopolitical solidarity has been tested and at times strained.

Cumulative confirmed deaths from COVID-19 are 670 per million for Canada and 1047 per million for Germany. G20 countries range widely on this indicator from 3 per million to more than 2,100 per million.¹

At the same time, the pandemic brought out the resilience of the human spirit and those small acts of kindness that define humanity. It has also shown the fundamental importance of multilateralism for health, prosperity, and peace in the world.

The GPW 13 Triple Billion Targets provide a near-term snapshot of the world's progress towards the 2030 Sustainable Development Goals. The current state of progress for each of the three billion targets is as follows, noting that projections do not yet include COVID-19 pandemic impacts.²

Around 900 million people could be enjoying better health and well-being by 2023. Progress is uneven with limited progress in low-income countries and over a third of countries showing a negative overall trend. Focus is needed on indicators that are most lagging behind SDG targets, including water and sanitation, air quality, and tobacco. Tackling the worldwide trend of increasing obesity is also key.

An additional 290 million people are projected to have access to quality health care services without incurring financial hardship by 2023 leaving a significant expected shortfall. With accelerated progress, it may be possible to close the 710 million shortfalls by around 30%. Progress is expected to be greatest in low-income countries. The COVID-19 pandemic threatens progress to UHC due to severe service disruptions and worsening financial

¹ <https://ourworldindata.org>

² <https://www.who.int/about/accountability/results/who-results-report-2020-mtr/triple-billion>

hardship. Redoubled emphasis on primary health care, which also supports the other two billion, will be key to the recovery from COVID-19.

About 920 million people are projected to be better protected in 2023 due to improvements in emergency preparedness, prevention via vaccination, and timeliness of response. COVID-19 has shown that the world was unprepared for such a pandemic; additional considerations for readiness capacity and effective response are needed. The current roll-out of COVID-19 vaccines is an opportunity to accelerate routine and emergency immunization efforts, with equity as a focus.

Against this backdrop, this paper will explore how two G7/G20 allies, Canada and Germany, can work even more closely together in the multilateral context to end the pandemic and catalyze an equitable and resilient recovery to the Sustainable Development Goals.

Multilateralism and WHO

Canada and Germany are both vocal proponents of multilateralism. Both have chaired WHO's Executive Board in recent years. Both have nationals in Dr. Tedros' senior leadership team.

In 2017, the German Chancellor, as G20 host, invited the WHO Director-General to the G20 meeting for the first time. In 2018, alongside the President of Ghana and Prime Minister of Norway, the Chancellor launched the Global Action Plan for Healthy Lives and Well-Being which is strengthening collaboration in health in support of countries among 13 multilateral agencies, led by WHO. Recently, the Chancellor launched a new WHO global hub for epidemic and pandemic intelligence.³

Canada has engaged with WHO through its health, development, and foreign Ministers, and held a recent strategic dialogue with senior officials at WHO which helped to identify opportunities for support.

At Q1 2021 total contributions towards WHO's 2020-21 Biennial Budget stood at \$8.73 billion. Germany was the top contributor at 11.97% of the budget. Canada was the 19th ranked contributor (and the 9th ranked country/regional group) at 1.05% of the budget.⁴

Ending the pandemic and promoting vaccine equity

Ending the pandemic requires the one-two punch of public health measures and new scientific tools including vaccines as well as drugs, diagnostics, and devices like oxygen and PPE. It is clear from real-world data that vaccination, alongside other measures, represents a potential exit strategy, barring new variants that escape from vaccines. At the moment, we see a tale of two pandemics, with cases falling, vaccination rates rising, and hope on the horizon in Canada and Germany, while elsewhere the pandemic is raging — not only cutting a swathe of death and destruction but also providing a breeding ground for variants. The world can only exit the pandemic with vaccine equity — if the fire is burning anywhere it casts off embers that land everywhere.

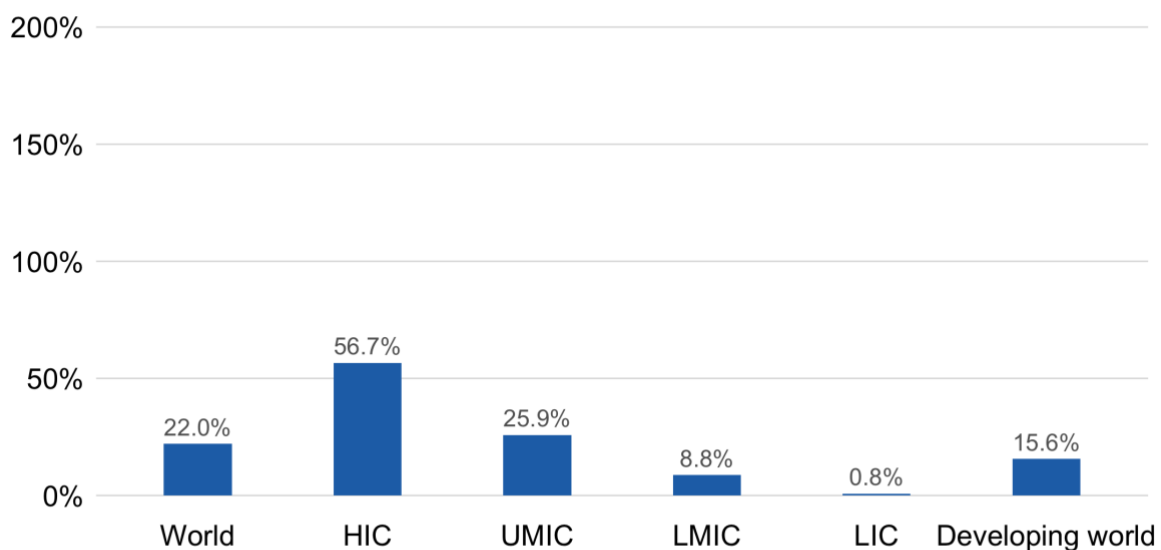
³ <https://www.who.int/news/item/05-05-2021-who-germany-launch-new-global-hub-for-pandemic-and-epidemic-intelligence>

⁴ <http://open.who.int/2020-21/contributors/contributor>

On the last day of 2020, I wrote that the defining issue for 2021 will be vaccine equity.⁵ While more than 1.5 billion doses of COVID-19 vaccines have been administered worldwide, almost 90% of these have gone to G20 countries. The population coverage across countries varies dramatically as shown in the figure below, with the number of single doses administered per 100 people ranging from 56.7% in high-income countries to 0.8% in low-income countries, a 71-fold difference.⁶ On May 24, 2021, the share of the population with at least one vaccine dose was 52% in Canada and 40% in Germany.

Vaccine equity is important for reasons of epidemiology, ethics, economics, and security. Without vaccine equity, variants will be generated wherever COVID-19 is raging, and they will travel around the world. Without vaccine equity, our contention that every human life has equal value rings hollow. Without vaccine equity, it will be impossible to restart the world economy. And without vaccine equity, peace and security will be strained by heightened geopolitical tensions.

Capacity to vaccinate total population



Source: Schellekens (2021); Our World in Data; World Population Prospects. Date: 2021-05-24. Latest: pandem-ic.com. Note: Developing world (DW), high (HIC), upper-middle (UMIC), lower-middle (LMIC) & low income (LIC) countries. Ratio: capacity to cover population with single shots, with full vaccination at 200% and double-dose equivalence imposed on single-dose protocols (x2).

At the beginning of 2021, Dr. Tedros set the target that all countries should begin vaccination in the first 100 days of the year. This target was very nearly achieved, in large part thanks to

⁵ <https://www.thestar.com/opinion/contributors/2020/12/30/vaccine-equity-will-be-the-defining-challenge-of-2021.html>

⁶ <https://pandem-ic.com/vaccine-coverage-of-the-total-population/>

the COVAX facility (led by WHO, GAVI, CEPI, and UNICEF) which has distributed more than 72 million vaccine doses to 125 countries and economies, many of whom relied on COVAX as their sole source of vaccines. At the 74th World Health Assembly, Dr. Tedros set new minimum targets: vaccinate at least 10% of the population of every country by September (corresponding to 250 million more people vaccinated in low- and middle-income countries) and 30% by the end of 2021.⁷

Vaccine equity depends on 3 Ds: Dollars, Doses, and Domestic manufacturing. On dollars contributed to ACT-A, Germany has contributed USD 2.48 billion and Canada has contributed USD 1.09 billion (the second and fourth top donors respectively).⁸ ACT-A will require USD 60 billion in 2021 and 2022 to fund pandemic countermeasures at the global level (such as the development, purchase, stockpiling, and deployment of vaccines, diagnostics, therapeutics, oxygen, and PPE). Former Prime Minister of the United Kingdom Gordon Brown, one of the founders of the G20, has compellingly laid out the case, and proposed a burden-sharing formula on the basis of solidarity, and called upon the G7 to catalyze global action.⁹

On doses, at the Rome Global Health Summit on May 21, Germany pledged to share 30 million vaccine doses by the end of 2021. The United States, France, New Zealand, Norway, Sweden, and other countries have also made pledges or begun to share vaccine doses through COVAX. In the near term, sharing doses through COVAX is vital, since vaccine supply is the critical bottleneck and COVAX cannot distribute vaccines it does not have.

A key lesson highlighted by the pandemic is the importance of domestic manufacturing, at least on the regional level, to achieve vaccine equity and health security. On domestic manufacturing, neither country has supported the proposal by India and South Africa for a temporary TRIPs waiver on COVID-19 tools.

Germany is the home to BioNTech, the biotech company behind the Pfizer mRNA vaccine, and also to another mRNA company called CureVac. Canada was historically an important vaccine manufacturer through Connaught Labs (privatized in the mid-1980s and now owned by Sanofi). The most recent federal budget in Canada included measures amounting to C \$2.2 billion for biomanufacturing and life sciences.¹⁰

Looking forward, a key question for both countries will be how best to support technology transfer hubs in regions of the world? WHO has launched an mRNA technology transfer hub, modelled on the successful effort in influenza vaccines between 2006-2016.¹¹ Africa

⁷ <https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-world-health-assembly---24-may-2021>

⁸ <https://www.who.int/initiatives/act-accelerator/funding-tracker>

⁹ <https://www.who.int/publications/m/item/former-uk-prime-minister-chancellor-gordon-brown-s-prepared-remarks-to-who-press-conference---3-may-2021>

¹⁰ <https://www.budget.gc.ca/2021/report-rapport/p1-en.html#12>

¹¹ <https://www.who.int/news-room/articles-detail/establishment-of-a-covid-19-mrna-vaccine-technology-transfer-hub-to-scale-up-global-manufacturing>

manufactures only 1% of the vaccines it uses and the African Union aims to produce 60% by 2040.¹² Vaccine manufacturing efforts have begun in Rwanda, Senegal, and South Africa.

Catalyzing an equitable and resilient recovery to the SDGs

Once the pandemic recedes, and we are not there yet from a global perspective, the first order of business will be to make sure future pandemics are prevented as much as possible and their effects mitigated. Resilience and preparedness at the global and national levels will be key. We know the world was not prepared for COVID-19. We know we had fallen into a cycle of panic and neglect. For example, the National Action Plans for Health Security developed in the wake of the Ebola epidemic was never funded. We must not repeat this pattern.

More recently, two important global initiatives have been proposed: a pandemic treaty and the Universal Health Preparedness Review. On January 18, 2021 Dr. Tedros discussed the Universal Health and Preparedness Review proposal with Member States at the Executive Board:¹³

In November, I also proposed a new mechanism for strengthening preparedness based on mutual trust and mutual accountability – the Universal Health and Preparedness Review. And I thank Benin and the Central African Republic for proposing the idea on behalf of the Africa Group.

Previous tools such as Joint External Evaluations based on expert review of national preparedness have value, but the pandemic has shown they have not been sufficient.

The Universal Health and Preparedness Review is based on a voluntary mechanism of peer-to-peer review, led by Member States, to promote greater, more effective international cooperation by bringing nations and stakeholders together in a spirit of solidarity.

In December we briefed Member States on the UHPR, we have begun discussions to develop the tool, and in the coming weeks we plan to begin a pilot phase with the first group of countries that have volunteered.

We encourage all countries to engage actively and to help us build this initiative together.

On March 30, 2021, 23 world leaders, including Chancellor Merkel, joined European Council President Charles Michel and Dr Tedros in an op-ed proposing a pandemic treaty.¹⁴ At the time of this writing, the treaty proposal is being discussed at the 74th World Health Assembly.

In addition to resilience and preparedness, the world will need to focus on an equitable recovery to the SDGs. As noted, the world was behind on the SDGs and Triple Billion Targets even before COVID-19. As noted in the SDG implementation report for the 74th World Health Assembly:¹⁵

¹² <https://africacdc.org/news-item/african-union-and-africa-cdc-launches-partnerships-for-african-vaccine-manufacturing-pavm-framework-to-achieve-it-and-signs-2-mous/>

¹³ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-148th-session-of-the-executive-board>

¹⁴ <https://www.consilium.europa.eu/en/press/press-releases/2021/03/30/pandemic-treaty-op-ed/>

¹⁵ https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_11-en.pdf

COVID-19 has gravely disrupted essential health services in many countries and threatens recent gains in health and development, with a disproportionate impact on already-vulnerable populations, of which women make up the vast majority. Disruptions to health services are predicted to cause 254 000–1, 157, 000 additional deaths of children less than 5 years old and 12 000–57 000 additional maternal deaths across 118 low- and middle-income countries. A qualitative survey across 106 countries found that 85% of HIV programmes, 78% of tuberculosis programmes and 73% of malaria programmes reported disruption to service delivery on account of the COVID-19 pandemic. Many countries have suspended preventive mass vaccination campaigns leading to a particular concern about the resurgence of poliomyelitis and measles.

To prepare for future pandemics and accelerate back from these service disruptions from COVID-19 to the SDGs (and as emphasized by Germany in a recent WHO governance meeting), business as usual will not suffice. As proposed in WHO's draft Programme Budget 2022-23, and shown in the Figure below, preparedness; primary health care; science and data; and acceleration through scaling innovation, strengthening multilateral partnerships will be key.¹⁶

Canada and Germany could work together to support primary health care, which has a strong tradition in Canada and was a key element of the global health strategy proposed by the Canadian Academy of Health Sciences in 2011.¹⁷ Both countries could work with WHO on its new framework for scaling innovation; Grand Challenges Canada, which is funded by the Government of Canada and in special relations with WHO, has recently worked with WHO using this framework to begin to scale solar-powered oxygen in Somalia.¹⁸ Both countries could work together on the Global Action Plan for for Healthy Lives and Well-Being which was initiated by Germany, Norway and Ghana; the recent progress report highlights incentives from donors to strengthen collaboration in the multilateral system in support of countries.¹⁹ Finally, both countries could work together with WHO on strengthening surveillance, data systems and metrics of preparedness, where Canada has strengths in surveillance and artificial intelligence^{20 21} and as noted Germany has recently launched with WHO a hub for epidemic and pandemic intelligence.

¹⁶ https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_25-en.pdf (see Figure on page 4 et seq.)

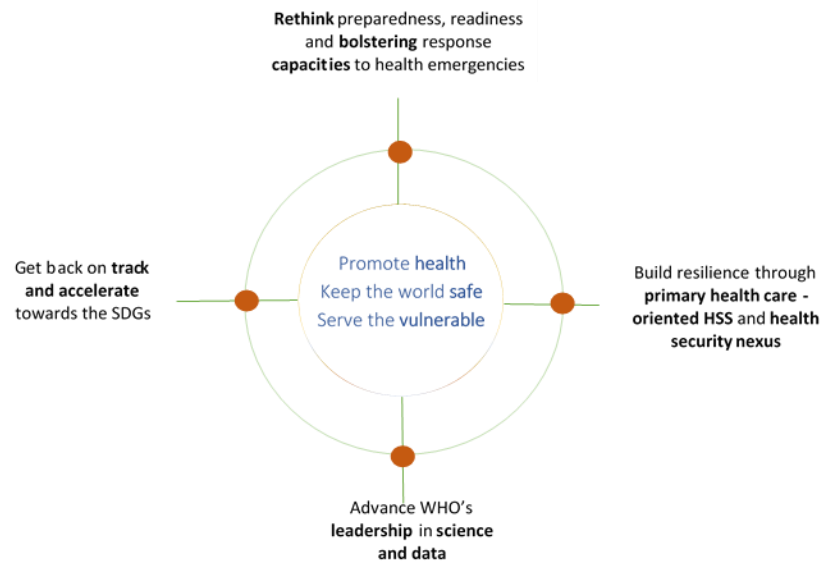
¹⁷ <https://cahs-acss.ca/canadians-making-a-difference-the-expert-panel-on-canadas-strategic-role-in-global-health/>

¹⁸ <http://www.emro.who.int/somalia/news/solar-powered-medical-oxygen-systems-saving-lives-in-somalia-using-innovation-to-accelerate-impact-in-a-fragile-setting.html>

¹⁹ <https://www.who.int/initiatives/sdg3-global-action-plan/progress-reports/2021>

²⁰ <https://cifar.ca/ai/>

²¹ <https://bluedot.global>



There is no global health security without national health security, and there is no equitable recovery to the SDGs without addressing the severe disruptions in health services caused by COVID-19. In addition to the global level funding through ACTA mentioned above, countries require substantial additional funding to strengthen pandemic preparedness, primary health care, and data systems. Without that investment we face the prospect not just of future pandemics, but of unravelling health gains in areas like child and maternal survival. The International Financial Institutions could play a leading role in making these funds available, with the understanding that this needs to go beyond classical ODA and encompass health, economic and national security budgets. If now is not the time to deploy the financial firepower of the multilateral system in support of countries and in defense of health, complementing domestic investments, then when is?

The world also needs a strong and well financed WHO to support countries to strengthen pandemic preparedness, PHC, and data systems. Working with multilateral health partners through the SDG3 Global Action Plan, WHO can lead a coordinated multilateral approach to an equitable and resilient recovery. As the Right Honourable Paul Martin said at the Canadian International Council Couchiching Conference on January 31, 2021:²²

... [W]e must not treat the WHO as somebody's charity. We need to treat it the same way we treat the World Bank Group – first in terms of its role and then in terms of its funding structure.

At the present time, most of the WHO's funding comes from voluntary contributions, with only 17.39% coming from assessed contributions – unlike the World Bank Group, which is funded predominantly by a quota system. Many argue that this limits the global operations of the WHO because the contributions it receives are not always focused where the future need is greatest.

²² <https://thecic.org/couchiching-conference/>

If we are going to bolster the strength of the WHO, it must be able to put most of its funds where it anticipates the greatest need will be. This is important not only to ensure the stability of its funding, but also to establish in the world's eyes that the WHO is a critical institution that must be involved in the planning and research on global health, enabling it to keep momentum going, after a crisis has calmed down – preparing the world for the next inning.

On May 25, 2021, the Independent Panel presented its findings and recommendations²³ to the 74th World Health Assembly, alongside recommendations from the International Health Regulations Review Committee and Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Dr Tedros welcomed the reviews which at the time of this writing are being discussed by the Assembly.

Conclusions and questions for discussion

As Nelson Mandela said, “it always seems impossible until its done.” The world is now facing our Mandela moment. Let’s do whatever is needed to save our world and secure our collective future.

Equity, governance, leadership, and trust turned out to be the foundation of the response to COVID-19.²⁴ It became clear that effective leadership is the ultimate ‘vaccine’ against coronavirus, providing a common solution pathway for the inter-linked global challenges of pandemics, inequality, racism, and climate.²⁵ (These political determinants of health were initially identified by German scholar Ilona Kickbusch a decade ago.²⁶)

In light of this opportunity for leadership by two like-minded G7/G20 allies, I offer the following question for discussion:

How can Canada and Germany work even more effectively together as multilateral partners and in the context of G7, G20, UN General Assembly and the World Health Assembly to

- *Strengthen multilateralism and the central role of WHO*
- *Promote vaccine equity by providing dollars, sharing vaccine doses through COVAX, and especially by encouraging domestic vaccine manufacturing in both countries and around the world, in concert with WHO’s technology transfer hub and other initiatives.*
- *Catalyze an equitable and resilient recovery to the SDGs especially by strengthening primary health care and pandemic preparedness and accelerating progress through strengthening multilateral collaboration, scaling innovation, and supporting data and delivery.*
- *Enhance bilateral cooperation on innovative approaches to the the inter-linked global challenges of health, inequality, racism and climate faced by humanity*

²³ <https://theindependentpanel.org/>

²⁴ <https://publichealth.yale.edu/news-article/unleashing-a-pandemic-of-kindness/>

²⁵ <https://www.independent.co.uk/voices/covid-government-leaders-politicians-prime-minister-b1776095.html>

²⁶ <https://www.ilonakickbusch.com/kickbusch/determinants/>