Renewing our Democratic Alliance

Executive Summary: Panel 2 - COVID-19 Pandemic

Chair: Dr. Alan Bernstein, PhD, OC, FRSC (Canadian Institute For Advanced Research)

Paper author: Dr. Peter A. Singer, M.D. (World Health Organization)

After welcomes from the Canadian International Council and the Konrad Adenauer Stiftung (Dr. Norbert Eschborn) that recited the origins of the Canadian - German policy affinity project to reinforce international commitment and ambition on global human rights and on international cooperation, Moderator Dr. Alan Bernstein introduced the topic before the panel.

The world faces a pandemic whose costs are catastrophic in health terms, but also in terms of international trust. It is a stress test of international systems and cooperative potential

What will be the verdict of history in a hundred years? will this moment be seen as a successful pivot to a better international governance culture, post-pandemic? Can Canada and Germany, working together, set a leadership example?

Dr. Peter Singer, introducing his paper, agreed this critical challenge presented the world with a "Mandela moment," to change direction, and to build solutions. There are three broad swirls of issues:

- the competence, fairness, and capability of the multilateral system with the WHO at the centre to confront overarching challenges, including the mobilization of financing;
- the critical immediate question of vaccine availability, equity, production AND sharing. Current vaccination targets are inadequate;
- crisis recovery that is equitable, RESILIENT, green, and responsive to the 17 interlinked UN Sustainable Development Goals, that promote global partnerships and a common approach, including, if possible, a "pandemic treaty" to govern future behaviour.

Panelists then intervened. No one contested Dr. Singer's assertion the three immediate priorities are "equity, equity, and equity."

There appeared to be unanimity also that:

- the status quo is unacceptable
- the window of opportunity to fix it is brief - six months to a year
- political leadership is the key governance issue.

Germany and Canada are seen as having significant influence by reputation, extent of international institutional engagement, and public health care commitment. Internationally, panelists saw this as "Germany's world leadership opportunity" (2022 G-7 chair). Both countries were urged to lean in to the international debate, channeling their declared ambition to energize international solutions, taking

advantage of the more favourable context offered by the Biden administration.

Most speakers underlined that the Covid pandemic has to be managed in a wider context. It should not be de-linked from other health, developmental, and diplomatic challenges.

Lower income countries are hard-pressed by multiple environmental, migratory, financial, food, and other insecurities. Their state of development and their fragility of health infrastructure deepen their vulnerabilities. The crisis of the pandemic aggravates existing ongoing shortcomings in primary health care, surgical care, and chronic pediatric disease exposure.

Urgency is of the essence. it was pointed out that the obvious need to increase vaccine supply from 30 m daily doses to at least 50 m. Many participants perceived a need to pursue all options for vaccine equity, including (1) FINANCIAL SUPPORT (2) DOSE SHARING, and (3) DISTRIBUTED VACCINE MANUFACTURING simultaneously in a way which addresses the urgency, but also the inter-linked policy inequity in all its harmful aspects

Some participants believed that building up production facility in lower income countries which would, among other challenges, require the negotiation of controversial waivers of international trade policy measures to protect the pharmaceutical industry's property rights.

Several saw the world as stuck in old donor-recipient development models and cultures, and even perceived "neo-colonial" impulses. The need for an international community response to the global crisis needs to be consciously comprehensive of the needs and situations of all. While there is a need to pin-point emergency supply as a focus, it has to take account of inherent existing inequities and infrastructural frailties of lower income economies.

Forming a coalition of the like-minded to drive for higher levels of policy ambition and action is helpful but the outreach must broaden to include less like-minded countries. Global health care insists on human universality, if it is to work for all.

Global health issues, and pandemic management should ideally be de-coupled from current geo-political competition.

All countries need to contribute data sets, evidence bases, and evaluation. The needs of all countries and conditions need assessment: for example, it is probable that if lower income countries were enabled to develop a vaccine fit for purpose for them, it would not have been a double-dose, expensive, vaccine requiring costly maintenance.

Financing is vital, not to throw money at a problem which is as structural as it is financial. Alas, some developed countries are ducking obligations to a one-world health solution, even using the crisis to cut development assistance by stealth (the UK slashed its development assistance budget by 1/3, citing pandemic costs). Leaders have to make defining financing decisions, and work in such fora as the IMF to maximize conditionality favourable to solutions, underlining the economic and security costs of not addressing the crisis adequately. Global health financing cannot be addressed by appealing to charity. This isn't an issue comparable to distributing surplus food, as in the WFP. There is a need to transfer productive manufacturing capacity for vaccines, and for an adequate public health infrastructure. Seeing to it is a foremost international responsibility in the interests of all.

Interestingly, the Chair of the prior webinar, on the challenge of global warming as a comparable stress test of the adequacy of our global multilateral system, Mel Cappe, intervened to underline the way in which the two issues align, including on discrepancy in capacities among developed and less developed economies.

Clearly, there has been damage to international trust from the perception of vaccine inequity, competitive hoarding, and national political reticence to share supply until all "donor" citizens are vaccinated. The longer we take to fix the vaccine supply shortfall, the more we feed vaccination reticence, and delay global security. There is higher reticence in less developed and vulnerable countries to accept vaccines rejected as "unsafe" by various authorities in developed countries, enhancing the elusiveness of global immunity, and increasing divisiveness and global resentment.

Of course, democratic and even non-democratic electoral politics influence political behaviour, priorities, and choices. Developed countries are doing too much posturing and committing too little. Leadership is urgently needed, from political leaders. Civil society's capacity to press for equitable and cooperative decisions could be instrumental.

The reputation of the medical and international care community is probably unrivalled. It should be mobilized and deployed to inform publics everywhere, and to nudge political decision-makers, not as a lobby for a special interest, but in the interests of all, for global health, equity, and comprehensive security, for all peoples and nations.

Specific policy proposal included:

1. A high –level trilateral meeting among the German Chancellor, the Canadian Prime Minister, and Dr. Tedros to provide the political momentum needed for multilateral solutions to vaccine equity
2. Canadian support and leadership for the WHO MRNA vaccine technology transfer hub to scale up the global manufacturing

The conference closed with CIC President Ben Rowswell underlining the plan to strengthen links among participants and centres of excellence going forward.

<u>Policy proposals</u>

1. Multilateralism and the WHO

- create a permanent, resident, Executive Board that would strengthen member states' responsibilities to exercise their oversight and evaluation of the organization
- members of the executive board must be meet clear and specific qualifications and are obligated to act independently and not be responsible to the interests of their governments
- develop an independent staff survey similar to the one used by the World Bank and IMF
- as per the IPPR, the Director General and Regional Directors should serve one seven-year term
- an independent data board should be created with representatives from national statistics offices to review and validate data. They would report their findings directly to the public.
- Canada and Germany should set an example and voluntarily provide the equivalent of 80% of what would be their assessed contributions to the WHO for three years and encourage other countries to do the same at various multilateral fora

2. End the pandemic and promoting vaccine equity

- Strengthen the Global Health Security Agenda which currently has over 69 countries, foundations and INGOS within its membership. Gaps have already been identified through joint external evaluations. These should be addressed. Canada, Germany and the WHO are members of the GHSA.
- Send surplus vaccines to the COVAX Facility and encourage other countries who have a surplus to follow suit
- Collaborate on the development of an end-to-end research and development preparedness and response ecosystem that could develop new vaccines & meds and also identify new therapeutics to address an array of neglected tropical diseases that create an enormous burden for the world's poor yet received scant research and development funds.

3. Catalyzing an equitable and resilience recovery to the SDGs

- Innovations can be developed but unless there is a mechanism to fund and deliver those innovations, they are not going to be accessible to the world's poor. Strengthening public-sector capacity is foundational to achieving the SDG's. Canada and Germany can collaborate with a focused number of low-income countries that are interested in strengthening their ministries. This can occur through partnerships between ministries and with academic institutions to help build, sustain and retain human resources within ministries (health, finance, public works, justice, environment etc.) in partner LIC's.

4. Climate change

- 5% of greenhouse gases come from 20 countries and 4 economic sectors, transportation, construction, manufacturing and power. Canada and Germany could collaborate and convene those 20 countries to focus on how we could work together to dramatically reduce these emissions. This should include creating a collaborative effort to invest in protecting the critical ecosystems identified by the IUCN. Protecting these ecosystems will not only utilize nature-based solutions to address climate change but will also be a focused effort to address the other existential crisis, the massive, global loss of biodiversity.

5. Canada and Germany together should:

- Clarify WHO mandates and roles
- Agree on IP waivers
- Collaborate in helping low-medium income countries to develop future manufacturing capacity for future infectious diseases as well as Covid
- Both countries' leaders should join on the above with DG Dr. Tedros of WHO
- Take the lead on de-coupling health from geopolitics
- Should join in laying out a ten-year program

<u>Additional proposals</u>

- we should build a network of academic and expert advisers to engage with political leaders
- we need to encourage manufacturers to be more transparent on vaccine stability/shelf-life
- The G-7 should commit funding for COVAX
- Democracies need to make the parallel world of China, Russia, Cuba part of a common effort
- We need a global mandate, a treaty, on how to approach vaccine inequity

- Cooperation on high temporal and spatial resolution data; synchronize standards
- increase research collaboration with low- and middle-income countries, and learn more about their needs and conditions
- support the new WHO infectious disease hub in Berlin
- pull together ideas on "de-colonizing" global health
- join in making the public economic and security case to get away from the "charity" model

Summary prepared by Dr. Alan Bernstein

-