Submission to the House of Commons Standing Committee on Foreign Affairs and International Development Hearing on Vaccine Equity and Intellectual Property Rights

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Introduction

FIND, the global alliance for diagnostics, is pleased to submit the following brief for consideration by the House of Commons Standing Committee on Foreign Affairs and International Development Hearing on Vaccine Equity and Intellectual Property Rights. Our submission will describe the important role of diagnostic solutions in achieving an equitable response to the COVID 19 pandemic and vaccine campaigns and provide recommendations for consideration by Canada particularly in ensuring resilient health systems that are prepared for future pandemics as well as able to cope with the ongoing TB, HIV and malaria health crises.

FIND was established in 2003 as an international, non-profit, diagnostic product development and delivery partnership. We connect countries and communities, funders, decision-makers, healthcare providers, industry, and non-profit diagnostic developers to spur diagnostic innovation and make testing an integral part of sustainable, resilient health systems. Since 2003, we have worked with partners, including the WHO, to develop, evaluate, and launch 24 high-quality, affordable diagnostic tests for poverty-related diseases, including tuberculosis, malaria, HIV and AIDS, sleeping sickness, hepatitis C, leishmaniasis, Chagas disease, Buruli ulcer, febrile illnesses, and infectious diseases with outbreak potential, such as Ebola and Yellow Fever.

Along with the Global Fund to Fight AIDS TB and Malaria we are the co-convenor, of the Access to COVID-19 Tools (ACT) Accelerator Diagnostic Pillar. The Canadian Government has supported our work with grants totaling $35M which have allowed us to:

- Analyse and validate the quality of COVID 19 diagnostic tools being brought to market
- Invest in product development to increase affordability and expand manufacturing capacity in low and middle income countries (LMICs)
- Strengthening capacity for genomic sequencing to detect variants of concern
- Implement strategies to link testing to new treatments for COVID
- Build strategies to ensure equitable access for vulnerable groups and women and girls to tests and treatments and develop a women's health and gender strategy for diagnostic and surveillance systems.

Vaccines alone are not enough

As highlighted by a previous witness to this committee, Joshua Tabah, Director General, Health and Nutrition, the global response to COVID 19 requires an end-to-end comprehensive approach which includes four pillars: vaccines, diagnostics, treatments, and health systems strengthening[1]. Recommendations arising from this hearing should address the equitable access and intellectual property rights issues for each of these pillars.

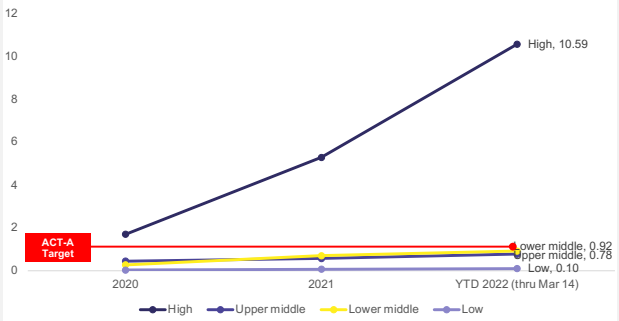
[1] *We all want to move on from the pandemic. But no matter how much we wish it away, this pandemic is not over (…)we will continue to face the risk of infections surging, and new variants emerging that evade vaccines...Other tools, including testing, sequencing and contact tracing, also remain essential, and it's vital that countries don't abandon the capacities they have built over the past two years."* WHO Director-General Dr Tedros 23 March, 2022

If the world reaches the 70% vaccine target, this still means that there will be 30% who are not vaccinated. They will rely on "test and treat" strategies, much as we are increasingly doing in North America, given the continued transmission of the virus. Testing strategies are essential for us to identify the evolution of this virus and then to deal with it – in particular, for people most at risk of serious illness.

While the inequitable distribution of vaccines for COVID has received a great deal of attention, it is important to note that the same inequity exists with respect to access to tests. The UN target is one test per 1,000 population per day. As noted in the slide below, this rate is met and exceeded in most high-income countries; but in LMICs, the testing rates are well below the level needed to adequately track the virus and implement strategies to limit transmission. Without testing, countries cannot track or contain the pandemic because the detection of new variants and the ability to reliably measure the pandemic are compromised.

Despite availability of COVID tests, there is continued inequity in testing rates

Average daily tests performed per 1,000 population by income group by year*



Testing Rates and the ACT-A Target

- The global ACT-A target is 1 test/1,000 population/day
- **LICs and LMICs continue to test at a fraction of HICs test rates**.
- As of Mar 2022 (tests/1,000 people/day):
  - High-income countries: **10.59**
  - Upper middle-income countries: **0.78**
  - Lower middle-income countries: **0.92**
  - Low-income countries: **0.10**

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**FIND Test Tracker with data reflected as of 14th Mar 2022*

Some the same factors that contribute to disparity in access to vaccines contribute to inequitable access to tests in LMIC. Chief among them is funding. While Canada has been exemplary in meeting its fair share contribution to the ACT-Accelerator, there is still a substantial gap in funds needed to purchase and distribute the tests and support the health work force needed to implement test-and-treat strategies. Similar to vaccine roll-out, the reliance on already overstretched health systems exacerbates the challenges and undermines the goal of reaching one test per 1000 people per day.

But there is also a strong link between the availability and use of diagnostic testing for vaccine delivery programs. Based on a pilot in Yellow Fever programs run by FIND and GAVI, the

potential to address challenges and opportunities in targeting vaccination campaigns were identified at a recent GAVI board meeting after showing that, by improving the availability of accurate, reliable diagnostic tools, vaccine support programmes can be made more efficient, effective, and equitable. Some examples of impact were presented as follows:

Selected examples of potential benefits of Diagnostic Tools in Smarter Spending and Cost Savings for Vaccine Programs

Cholera	Cut in half estimated number of needed preventive cholera campaigns
Typhoid	Realise estimated US$ 95 to US$ 193 million value from better matching of typhoid vaccine to areas with typhoid burden
Meningococcus	Substantially improve equity against disease from targeting multivalent meningococcal conjugate vaccine at <50% of African population eligible for meningococcal A conjugate vaccine
Measles / Rubella	Accelerate shift to targeted subnational preventive measles campaigns

Specific hurdles creating testing inequities

Testing, like vaccine campaigns, have to be clearly developed in an integrated manner with the health system delivering the program in mind. Within those programs, it is also worthwhile to pinpoint specific hurdles that create inequites in delivering health services. A ten-country study conducted recently by FIND found that the key contributing factors to inadequate uptake of tests were:

1. Lack of testing facilities in the area
2. High price of tests
3. Lack of knowledge about where to get tested and whether it was needed
4. Difficulty in travelling to testing facilities/ long distances

FIND and its ACT-Accelerator partners will address these challenges by expanding local manufacturing and support for market entry for new tests and genomic sequencing tools. Intellectual Property Rights have less direct impact on decentralized manufacturing than for vaccines and drug manufacturing – incentives for technology transfer and supply of tests should focus on manufacturing and trade secrets, alongside incentives for trade finance and insurance.

As mentioned above, inadequate testing strategies undermine the ability of countries to track the epidemic and respond in a timely fashion, but also increase the cost effectiveness and efficiency of vaccine campaigns for endemic diseases. FIND and its partners will support the needed innovation and health systems strengthening as a lasting legacy from the pandemic and will help ensure countries are better prepared for the next pandemic. At the same time, the health systems testing, vaccinating, and treating patients now will have a major impact in infectious disease control, access to care for women and children, and global equitable development.

Providing modest funds needed to be prepared rather than responding to global outbreaks is the preferred route.

Conclusion

The ACT-Accelerator took a novel approach by identifying a fair-share burden for every country. They determined what every country should pay to respond globally and equitably to the pandemic. Canada was one of the very first countries to fully meet its burden share for the ACT-Accelerator and one of the very few to have done so. The impact of the support has been significant and the learning shows how continued modest support, in both health security and equitable development to reach the Sustainable Development Goals, can create development and stability globally.

Canada is held in very high regard for having met its burden share and ensuring a balanced approach across all four pillars. We now need to continue this support in 2022 and learn the lessons for our Global Feminist Development Agenda to contribute to achieve the SDGs and ensure innovation and delivery of health care stops the reversal of progress we made in the fight against diseases like TB, HIV, malaria and Neglected Tropical Diseases.

Recommendations

- Continue to contribute Canada's fair share to the ACT-Accelerator for a comprehensive, end-to-end response to COVID-19 that spans tests, treatments, and vaccines, as well as PPE, oxygen, and health systems strengthening
- Translate these findings in ways to support global health across testing, vaccinations, and treatments through WHO, Global Fund, GAVI and FIND.
- Ensure that Canada takes a leadership role, starting its new period as Member of the WHO Executive Board, in developing an international consensus and ultimately a treaty or at least a World Health Assembly Resolution on the role of diagnostics in achieving the SDGs and preparing for pandemics and other health security threats such as anti-microbial resistance (AMR)
- Support R&D and innovation to address diagnostic gaps for ongoing diseases of poverty including support to decentralized manufacturing and technology transfer
- Capitalize on the "double dividend" opportunities: ensure investments in COVID-19 have a long-lasting impact on health systems, accelerate innovations, and build local manufacturing capacity, and that collaboration through test & vaccinate and test & treat programs realize their massive potential for increased impact as has been shown in programs on COVID-19, Yellow Fever, Hepatitis, and many others.