

**Standing Committee on Foreign Affairs and International Development –  
World Vision Canada’s submission regarding the study on vaccine equity and  
intellectual property rights**

April 2022

World Vision Canada welcomes the opportunity to provide our views on vaccine equity, based on our experience in countries around the world and dealing with other health pandemics like Ebola and Zika. Working closely with governments, partners, supporters, and communities, World Vision is currently responding to the impact of COVID-19 in more than 70 countries to limit the spread of the disease and reduce its impact on the world’s most vulnerable children and families. In light of this experience, our submission to the Special Committee focuses on the urgent need to invest in health system strengthening to respond to both the supply side and demand creation efforts needed to increase COVID-19 vaccine access and uptake.

**Introduction**

Over half a billion people have already been infected with COVID-19, including more than six million recorded deaths.<sup>1</sup> Millions more, including vulnerable children around the world, have been severely affected by the social disruptions and aftershocks.<sup>2</sup> Fair and equitable vaccine distribution at the global level remains a major issue. Although 11.3 billion COVID-19 vaccines have been administered globally to date, distribution is extremely inequitable. Despite 65% of the world’s population having received at least one dose of a COVID-19 vaccine, only 15.2% of people in low-income countries have received at least one dose.<sup>3</sup> Furthermore, by 2021, global manufacturing capacity was approximately 12 billion doses per year.<sup>4</sup> So, it stands to reason that by now more than three-quarters of the world’s total population could have been fully vaccinated if the vaccine pool was equitably and efficiently managed.

From the onset of the pandemic, World Vision has been warning that countries could face repeated waves of infection as they begin to ease lockdowns and reopen their economies and schools, if effective steps were not taken to tackle the disease

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<sup>1</sup> World Health Organization. *WHO Coronavirus (COVID-19) Dashboard*. Accessed on April 22, 2022, from: <https://covid19.who.int/>

<sup>2</sup> World Vision. 2020. [COVID-19 Aftershocks: Secondary Impacts Threaten More Children’s Lives Than Disease Itself](#).

<sup>3</sup> Our World in Data. *Coronavirus (COVID-19) Vaccinations*. Accessed on April 22, 2022, from: <https://ourworldindata.org/covid-vaccinations>

<sup>4</sup> Duke University. 2020. *Vaccine Manufacturing*. Accessed on April 22 2022, from: <https://launchandscalefaster.org/covid-19/vaccinemanufacturing#:~:text=VACCINE%20MAKERS%20PROJECT%20A%20GLOBAL,could%20be%20produced%20this%20year.>

everywhere.<sup>5</sup> As a child-focused agency, World Vision is particularly concerned about the growing direct and indirect risks of the virus to children and young people, especially those in countries with weaker health systems. Effective support from major donor countries to strengthen weaker health systems is crucial to protect the world's most vulnerable people, particularly those affected by conflict, natural disaster and extreme poverty who are living in overcrowded slums and displacement camps. If the virus continues to thrive in these situations, it will pose a perpetual threat to both the world's poorest people and those living in wealthier countries alike.

Success in defeating this virus ultimately depends on a commitment to reaching the most vulnerable in every country, plus a universal recognition that “the world is only as strong as its weakest health system.”<sup>6</sup> Donor governments must scale up their own domestic efforts to address COVID-19, but it is vital that they also support countries and communities affected by conflict and humanitarian crises – many of which are already on the brink. Not only are millions of lives at risk, but history has shown that countries devastated by illnesses such as AIDS or Ebola will inevitably require massive investment to address the social and economic fallout.

It is important to recognize that the onset of the COVID-19 pandemic occurred on the back of other recent pandemics such as Ebola and Zika, which were clear warning signs that local health systems and the global pandemic response mechanisms needed strengthening. Because these early warning signs were not responded to, the global community was unprepared when the COVID-19 pandemic hit, resulting in the death of millions of people, social disruptions of epic proportion and economic loss in trillions of dollars. Decades of progress towards the Sustainable Development Goals (SDGs) have been set back and the consequences will continue to be felt well into the future.

The COVID-19 pandemic has continued to expose the structural weaknesses and inequalities in local health systems and the global health architecture. Decades of gains in curbing longstanding epidemics like AIDS, tuberculosis, and malaria have been reversed. Precious ground in stopping vaccine-preventable diseases has been lost. Recent findings indicate that there have been significant disruptions in routine child immunizations with an estimated 16 million children who aren't fully immunized, of which 12.4 million are zero dose children.<sup>7</sup> This highlights the reality that local and global health systems aren't equitable and resilient enough to maintain essential services while responding to emergent needs.

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<sup>5</sup> World Vision Canada Media Centre. September 2020. [Report: 80% of people surveyed say their country won't be able to return to normal life until COVID-19 is under control everywhere.](#)

<sup>6</sup> [United Nations Press Release](#), 31 March 2020.

<sup>7</sup> Lancet. December 2021. [Impact of the SARS-CoV-2 pandemic on routine immunization services: evidence of distribution and recovery from 170 countries and territories.](#)

The concept of health system resilience is relatively new but is broadly defined as “institutions’ and health actors’ capacity to prepare for, recover from and absorb shocks, while maintaining core functions and serving the ongoing and acute care needs of their communities.”<sup>8</sup> Within this framework, the emphasis is placed on ensuring that health systems can absorb unforeseen shocks, such as a pandemic, but also continue to ensure continuity of high quality health care for its population. It is clear that the COVID-19 pandemic pushed global health systems to their limit and the result was a significant drop in essential service provision<sup>9</sup>. Unfortunately, building this evidence on limited resilience of current health systems, and especially those in low- and middle-income countries, has come at a high price in human and economic terms. Strengthening health systems to be more resilient is critical for managing the ongoing pandemic, but also to reduce the chance of future pandemics and to be able to respond to the rise in chronic diseases and environmental disasters. Historic lack of prioritization for public health funding and underfunded preventative measures, mean all of the six core building blocks of health systems were under resourced even before the pandemic hit. This critical failure has a direct impact on responding to the COVID-19 pandemic and the ability of governments to ensure a rapid and equitable roll out of COVID-19 vaccines.

### **Rapid, equitable, and universal access to vaccines**

In May 2020, the World Health Assembly resolved that COVID-19 immunisation should be a ‘global public good for health’.<sup>10</sup> In December 2020, the UN Office of the High Commissioner on Human Rights equally declared that “Affordable, non-discriminatory access to the vaccine is a human right.”<sup>11</sup> These declarations are commensurate with Article 25 of the Universal Declaration of Human Rights, establishing the standard of health and well-being protection, as well as Article 24 of the Convention on the Rights of the Child, that protects children’s right to the best healthcare possible.

The intensity of COVID-19’s health impact globally and individually requires that all people be protected. World Vision recognizes that the current global investment in COVID-19 vaccine development and manufacture is unprecedented. As an international humanitarian, development and advocacy organization, serving the most vulnerable children and families across the world, World Vision believes that all women, men, boys and girls, should have access to equitably effective vaccines, if we are to bring this pandemic to an end. World Vision specifically recognizes the concerning gendered dimension of vaccine equity and advocates for an intersectional gender approach to vaccine deployment that leaves no one behind. Studies have documented sex-based

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<sup>8</sup> Nature Medicine. May 2021. [Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries.](#)

<sup>9</sup> Nature Medicine. March 2022. [COVID-19 and resilience of healthcare systems in ten countries.](#)

<sup>10</sup> WHO. May 2020. [Seventy-third World Health Assembly: COVID-19 response.](#)

<sup>11</sup> United Nations Human Rights, Office of the High Commissioner. December 2020. [Human Rights and Access to COVID-19 Vaccines.](#)

differences in immune responses to vaccines and a higher prevalence of adverse vaccine reactions among women, compared to men.<sup>12</sup> While these experiences have historically influenced vaccine acceptance, other gender-related barriers greatly influence access and uptake. Issues related to decision-making power, autonomy and agency, access and control over resources (for example, time and transportation), and attitudes of health service providers, can pose significant gender-based barriers for women and girls.

A natural inclination for rights-based organizations toward the provision of global public goods like vaccines is to advocate rapid, equitable, universal access. In the case of a global infectious disease pandemic like COVID-19, universal access has the added appeal of being a measure to control the outbreak, benefitting literally everyone – rich and poor, old and young. While advocating equitable access, however, it is important to understand the complexities of vaccine supply and demand, as well as the epidemiological factors that determine vaccination programme success.

Getting vaccines out the door to meet the acute pandemic phase required addressing challenges related to financing, accelerated scientific development, regulatory approval, manufacture and distribution. However, for populations to receive vaccines, national policy frameworks must also be adapted, and considerable demand-side challenges, like vaccine hesitancy need to be addressed. As vaccines are rolled out, strong systems must also be in place to monitor dispensation, and any severe adverse effects.

Taking a whole of health system approach to understanding the necessary investments to support equitable vaccine access is critical. Vaccine typologies are just one of these complex considerations in vaccine strategies. World Vision has experienced the significant challenge of administering multiple dose vaccines in its involvement with the Ebola Vaccine Deployment, Acceptability and Compliance (EBODAC) programme in Sierra Leone and the DRC.<sup>13</sup> Monitoring first-time vaccinees and following up to ensure that they all return for second or third doses was a significant challenge. Specific challenges included vaccinee identification to ensure the correct person was vaccinated and returned for booster vaccinations on the right schedule. World Vision's experience with the EBODAC program found that a robust community engagement strategy was essential, ensuring diverse stakeholders were included in the planning and implementation of the strategy. Community Health Workers, for example, were critical for disseminating vaccine information and following up with vaccinees to ensure they complete their full vaccination schedule. Many locations for the EBODAC program were remote, rural environments, with significant infrastructure limitations in the ability to store vaccines, as well as to reliably capture data on vaccine administration. Factoring these challenges are important as part of the COVID-19 vaccine distribution plan.

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<sup>12</sup> WHO. April 2021. [Critical Sex and Gender Considerations for Equitable Research, Development and Delivery of COVID-19 Vaccines](#).

<sup>13</sup> [Ebola Vaccine Deployment, Acceptance and Compliance](#) (EBODAC)

Overcoming demand-side issues to encourage people to get vaccinated is a major challenge that requires attention. World Vision has experienced these same challenges with mass immunization campaigns for essential childhood vaccines. Recognizing this critical challenge in the ability to scale up COVID-19 vaccination programs, World Vision conducted a barrier analysis in six low- and middle-income countries to identify the behavioral determinants of COVID-19-vaccine acceptance<sup>14</sup>. The study results showed that people's perception of the positive and negative consequences, their own risk, and the severity of the illness were significantly associated with vaccine acceptance. Other factors that were found to contribute to vaccine acceptance included perceived safety of the vaccine and expected access to the COVID-19 vaccine. Perceived social norms also played a key role in vaccine acceptance. Specifically, World Vision found that close family members, friends, religious leaders, and political and social leaders are key in influencing people's decision to get a COVID-19 vaccine and that individuals were more likely to say they would accept a COVID-19 vaccine if they believed their close family and friends would also get vaccinated. This was also closely related to Perceived Divine Will, where significantly more respondents expressed that they would accept a COVID-19 vaccine if approved by their religious leaders.

These findings and findings from other similar studies have prompted World Vision, Gavi and other key players in vaccination programs to invest in working with faith communities to address acceptance issues and scale up vaccine coverage, especially in hard-to-reach communities where many zero dose children are found. Ultimately, World Vision's assessments have reinforced the message that national and local vaccination plans must include messages and activities that address these behavioral determinants to significantly increase the uptake of COVID-19 vaccines.

### **Recommendations Summary**

Building on Canada's historic leadership on maternal, newborn and child health, the Feminist International Assistance Policy has established the Government of Canada as an international leader for women's, adolescents' and girls' health. Ensuring strong and equitable health systems is a key requirement for improving the health of women and children.

1. **Canada should continue to support health system strengthening** in low- and middle-income countries to respond to the current COVID-19 pandemic and as an investment towards the prevention of future pandemics or to minimize the impact should another one occur. Specifically, the COVID-19 vaccine should be seen as one tool in comprehensive disease prevention strategies. Solutions to contain pandemics include vaccines, therapeutics, diagnostics, access to data and other related technologies, and strong communication strategies. These commodities and approaches should be accessible to all people in high-, middle-

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<sup>14</sup> MDPI. January 2022. [Behavioral Determinants of COVID-19 Vaccine Acceptance in Rural Areas of Six Lower- and Middle-Income Countries](#).

and low-income countries to minimize the health, social, economic and environmental impacts of pandemics. Strengthening public health systems and infrastructure specifically in middle- and low-income countries, as well as addressing the demand side barriers such as vaccine hesitancy is critical to ensure more shots in arms and a high coverage of vaccinations.

Health system strengthening investments need to include critical aspects such as training or retraining of health care providers, health governance and health information system/data management. Canada should support investments in local disease surveillance and reporting, including technical support where feasible. As part of the investment in preventing future pandemics there is also a need to support low- and middle-income countries to develop the capacity to meet the international health regulations for communicable diseases. This also means that Canada should support local research and development capacity in low- and middle-income countries to ensure that new and endemic diseases with the potential to grow into an epidemic/pandemic can be identified and managed locally, in a timely manner.

While Canada, as the sixth-largest donor to global health among OECD members, allocates a substantial amount of its ODA to health system strengthening (37% in 2019), there is a need to do more given the lessons we have learned from the COVID-19 pandemic. As part of its funding to global health, Canada has been one of the major donors of immunization initiatives, contributing US\$ 1.1 billion to GAVI since 2002 and pledging US\$ 462 million to the COVAX AMC. Canada's continued and increased support to health systems strengthening in general, and immunization initiatives in particular, is critical as low- and middle-income countries continue to struggle to provide basic health services to their most vulnerable populations and face the prospect of not achieving many of the SDGs.

- 2. Canada should accelerate financing that supports equitable access for the most vulnerable by focusing on community engagement, vaccine hesitancy interventions and local distribution.** It is important that citizens are engaged in transparent processes for determining national vaccine allocation strategies. The WHO has well established this need for communities to participate in vaccine planning processes, be informed, and have feedback opportunities to address vaccine hesitancy and demand creation effectively. This is reflected in their February 2021 10 Steps to Community Readiness, as it is in earlier guidance regarding risk communication and community engagement. "Participatory community engagement is cost-effective, increases uptake of vaccines, and substantially reduces health-care resources needed to achieve high vaccination coverage."<sup>15</sup> This means ensuring that communities are accurately informed on

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<sup>15</sup> Lancet. January 2021. [The COVID-19 vaccine rush: participatory community engagement matters more than ever.](#)

the nature and purpose of each COVID-19 vaccine, that leaders and champions, including faith leaders and community health and development workers, are equipped to support their constituencies, that public health decision makers understand vaccine acceptance barriers and the science of reducing vaccine hesitancy. It also requires that planning processes include citizens and are accountable to them, that allocation strategies are equitable, and that front-line health workers are supported to provide vaccine services with quality.

Critical activities include training community health workers, conducting formative research to inform effective risk communication, community orientation, strengthening social accountability mechanisms and engaging and supporting community champions like faith leaders. Vaccinees, influencers, and the general public should be clearly and comprehensively informed on what offered vaccines are expected to accomplish, what they will not, the evidence for each vaccine, and possible adverse effects. A Devex analysis has tracked over US\$20 billion in COVID-19 response funding and examines funding focus areas, which do not include community engagement activities. The closest related investment is US\$290 million allocated for communication. Similarly, it is currently difficult to monitor or estimate- local distribution costs, however we anticipate that these costs will be significant, and a barrier to equitable distribution in many contexts unless supported with funding assistance.

3. Canada's support to COVID-19 vaccine distributions should **follow the WHO's SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination**.<sup>16</sup> COVID-19 vaccine and other coronavirus-related medical tools allocation should be prioritized based first on factors of outbreak containment, threat, risk and vulnerability. Vaccine allocation should take into account the special epidemic risks and needs of all countries, and all countries must commit to meeting the needs of people living in countries that cannot secure vaccines for their populations on their own. International COVID-19 vaccine and related medical products allocation strategies should ensure the principle of equal moral concern, allowing for no discrimination on any basis of age, sex, ethnicity, or religion. Within countries, vaccine prioritization must take into account the vulnerabilities, risks and needs of the groups who, because of underlying societal, geographic, or biomedical factors, are at the greatest risk. Canada's support should take an intersectional gender approach to vaccine deployment, including supporting immunization delivery systems and infrastructure required to ensure COVID-19 vaccine access for vulnerable populations.
4. Canada's vaccine distribution should also **follow the WHO Fair Allocation guidance** with the principal goal of protecting individuals and health systems and

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<sup>16</sup> WHO. September 2020. [WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination](#).

minimizing impact on societies and economics.<sup>17</sup> Assimilation of this goal is paramount to understanding the ensuing logic for target group prioritisation in phased distributions.

- a. Prioritisation of target groups for vaccination should be data driven. The definition of target groups should be based on the most thorough analysis of global epidemiological and scientific evidence, including differences across diverse geographical and social settings. It is well established that COVID-19 disease vulnerability and risk varies across subpopulations. “Disasters and adverse health events such as epidemics and pandemics disproportionately affect populations with significantly higher impacts on the most vulnerable and less resilient communities.”<sup>18</sup> COVID-19 vulnerability is affected by numerous factors, including age, co-morbidity, such as with non-communicable diseases, genetic profiles, access to health services, environment, and poverty.
- b. Populations at greatest risk of mortality should be prioritised for vaccination. While COVID-19 product supply remains limited, target groups should be grouped into tiers that would have progressive access to the vaccine, based on descending priority. The Fair Allocation Framework has proposed a proportional allocation approach to create a blanket international coverage of 20% of population to address Tier 1/Phase 1 target group needs. This approach observes that all countries have, will have or are at risk of significant disease impact. The COVAX facility has proposed a 5% buffer stock for humanitarian populations specifically.

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<sup>17</sup> WHO. September 2020. [Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility](#).

<sup>18</sup> BMJ Journal. [A vulnerability index for COVID-19: spatial analysis at the subnational level in Kenya](#).