

1. What countries that Canada is assisting with foreign aid will have access to a COVID vaccine before we do in Canada? If possible can you name them? (all witnesses)<

François Audet	Right now it's still unclear. Mexico, Brazil and Indonesia may have access before Canada, but that is yet to be confirmed.
Thomas Bollyky	I don't believe any of the countries that receive in international assistance from Canada will have access to a COVID-19 vaccine before Canada does. Canada does not give development assistance to Russia or China, which have vaccine candidates that are still in late-stage clinical testing but have been administered on an emergency use basis. According to press reports, Canada expects to start distributing the Pfizer/BioNTech vaccine in early January. Canada provides development assistance to Peru, which has also entered into an advance purchase agreement for doses to that vaccine, but is not expected to have access before Canada.

2. What countries that Canada is assisting with foreign aid now have access to rapid testing? Can you name the countries? (all witnesses)

François Audet	I don't have that information.
Thomas Bollyky	Canada provided international development assistance to more than 130 nations in 2017-2018. I have not confirmed them all, but major recipients of that aid from Canada that have at least some access to rapid testing include Afghanistan, Syria, and Democratic Republic of Congo.

3. It's been noted that many countries in Asia have outperformed the Canadian response to COVID-19. What lessons do you think we should learn from them? And what role did rapid testing play in their response? (all witnesses)

François Audet	Rapid testing is one factor, but tracing, lockdowns and compliance with health guidelines also played a role. As far as we know, successfully managing the pandemic cannot be credited to one factor alone, like rapid testing.
Thomas Bollyky	In doing cross-country comparisons, it is important to focus on reported deaths (which are more reliable than reported case counts) and to account for the differences in the size and age structure of the population as well as the timing of when the pandemic arrived. We did an analysis based on this metric for <a href="#">Foreign Affairs</a> on October 23, which shows that Canada outperformed some of its high-income country peers (notably the United States and the UK), but did not do as well as Asian and Pacific nations and territories (e.g., Singapore, Taiwan, New Zealand, South Korea, Australia) or some European nations (e.g., Germany, Finland, Denmark, Norway, Greece). Many of these high-performing countries responded early with public health fundamentals: aggressive tracing, isolating, and testing contacts

	and strong risk communication. Between March and April, Canada and the US tested for coronavirus at a similar population adjusted rate according to Our World in Data, which was less frequently than some of these high-performing countries. It is difficult to say the degree to which those differences are significant; the share of tests that were positive began to exceed 5 percent in Canada (an accepted measure of whether a nation is testing enough) on <a href="#">April 1</a> .
--	---

4. Professor Percival, in your article in Open Canada, you mention that “China was less than forthcoming about the extent of COVID’s spread.” You go on to state that the WHO was reluctant to “risk depleting its political capital” by confronting China on covering up the data. When did it become apparent that the advice from the WHO was being compromised by Chinese disinformation? (Professor Percival)
  
5. Following up on that Professor Percival. In April the Minister of Health dismissed evidence of China’s misleading the WHO as a conspiracy theory. As late as September the Minister was still defending China’s actions to the media. Considering your own criticism of China’s handling of the pandemic what is your response that at the height of the first wave the Minister Health dismissed evidence showing Chinese disinformation as nothing more than a conspiracy theory? (Professor Percival)
  
6. Considering what was known at the time especially the report from military intelligence on January 17 confirming the risks of COVID-19. What are your thoughts on the Minister of Health downplaying the risks of COVID-19 to the public as till as late March. (Professor Percival)
  
7. Mr. Bollyky is there a relationship between democracy and mortality? And if so, how do you recommend defending our essential democratic rights and freedoms while fighting the pandemic? (Mr. Bollyky)

Thomas Bollyky	There is no correlation between democracy and performance in this pandemic. Nine out of the ten nations with the highest number of cumulative reported cases of the coronavirus are democracies, but so are many of the countries that acted quickly to contain the pandemic, such as New Zealand, South Korea, and Uruguay. Autocracies, which include Iran, Russia, and Venezuela, have done little better in this crisis. A single geographic, demographic, or societal factor is unlikely to explain the successes of some nations in this pandemic. Yet, there is a factor that is clearly associated with nearly all the countries that have suffered
----------------	---

	<p>the most deaths, even accounting for differences in population age structure and size and the timing of the pandemic: low government trust (see link: <a href="https://www.foreignaffairs.com/print/node/1126659">https://www.foreignaffairs.com/print/node/1126659</a>)</p> <p>Democracy works in a crisis only if it is promoted in normal times. Freedom, democratic constitutionalism, and a democratic way of life do not come without effort. Government trust and social protection during a crisis such as a pandemic are built over time through the hard work of ordinary democratic processes. It requires sustained investment in: civil society and community-based organizations; science literacy and public education on the role of science in policymaking; and adequate and representative participation in advisory committees for public health and regulatory decision-making. Corporate social responsibility standards on disinformation and misinformation must be established to promote sufficient self-regulation by social media companies. The broad exercise of emergency powers in a pandemic thwarts the main mechanism through which democracy improves health: accountability enforced through voting and independent parliamentary and judicial oversight over the executive branch actions. More robust democratic processes must be better ensured in future pandemics. Easier and safer channels for voting, whether by mail or online, are prerequisite to ensure accountability of democratic leaders in a pandemic. If all these investments are first made during a pandemic, it will be too late.</p>
--	--

8. As important as the fight against COVID-19 is, we must not lose focus on the many other challenges facing people around the world. According to the World Health Organization, Malaria caused the death of more than 400,000 people in 2018. Has the pandemic affected the ability of aid organizations to combat non-COVID related crises like malaria or Ebola etc.? (all witnesses)

François Audet	Indeed, political and financial interest in COVID-19 has shifted attention and resources away from other risks and threats that continue, and will continue, to exist. This shift in attention is well documented when a widely reported crisis overshadows other humanitarian crises. In this case, it's to be expected that all the other health (malaria, cholera, etc.) and socio-economic (conflicts, famine, etc.) risk factors will affect humanity more than the COVID-19 epidemic itself. The COVID-19 response will cost us dearly, but ignoring these other factors will cost us much more.
Thomas Bollyky	A study from the Lancet found that under pessimistic scenarios, COVID-19-related disruption to malaria control in Africa (including reduced distribution of malaria nets and drugs) could almost double malaria mortality in 2020, and potentially lead to even

	<p>greater increases in subsequent years. Another article in Nature found similar results - the impact of disruption of malaria prevention activities and other core health services under four different COVID-19 epidemic scenarios could result in the malaria burden in 2020 more than doubling that of 2019. In Nigeria alone, reducing case management for 6 months and delaying LLIN campaigns could result in 81,000 (44,000–119,000) additional deaths. Dr. Seth Berkeley, head of the global vaccine alliance Gavi, warned recently – citing a London School of Tropical Hygiene and Medicine study – that deaths from other infectious diseases could outweigh COVID-19 fatalities by a factor of 100 to one in Africa.</p> <p>Maintaining our investments in global health alongside our response to COVID-19 is key to mitigating disruptions. While the Democratic Republic of Congo is dealing struggling to deal with COVID-19, Ebola, and measles at the same time, its preparations for Ebola have proven invaluable for the fight against COVID-19.</p>
--	--