

22 March 2021

Attention:

The Right Honourable Justin Trudeau, Prime Minister of Canada
The Honourable Mary Ng, Minister of Small Business, Export Promotion and International Trade
The Honourable Navdeep Bains, Minister of Innovation, Science and Industry
The Honourable Patty Hajdu, Minister of Health
The Honourable Karina Gould, Minister of International Development

Re: Canada, evidence- and equity-informed pandemic recovery, and global distribution of vaccine

Dear Prime Minister and Ministers:

COVID-19 spread through an intensely interconnected world, where the health and life trajectories of people were already determined by extreme inequities in the distribution of wealth, power, and resources within and between countries. Data repeatedly reveal that the weight of the pandemic weighs heaviest on populations already bearing greater burdens of inequities (1–4). Critical pathways to promoting health and dignified lives involves action on the structural drivers of inequities, even during a pandemic (5,6), including international and domestic policy choices made by wealthy countries, including Canada.

After a year of pandemic, people across Canada and around the world are grappling with grief, fatigue, and prolonged economic and social hardships. Relief afforded by vaccinating the world’s wealthiest countries first is likely to be short-lived and costly. The International Chamber of Commerce Foundation’s recent modelling shows that economic costs of inequitable vaccine distribution could cost the global economy \$9.2 trillion, with half of these cost burdens falling to wealthy countries like Canada (7). Investing in global recovery from the pandemic is in the best interests of Canada.

While the September 23rd throne speech concluded by stating, “*we cannot eliminate this pandemic in Canada unless we end it everywhere,*” current policy positions by this government stand to slow global progress and risk a prolonged recovery with implications for the health of all people, everywhere. On March 5th, Minister Anand announced that Canada will not share with other countries until all Canadians are vaccinated. Currently, global vaccine distribution privileges access to wealthy countries who were able to secure pre-purchase agreements that were impossible for lower-middle income countries (LMICs).

Canada’s rhetoric on the global stage is of a commitment to health and human rights, and equity. Action speaks louder than words. By protecting national interests over the global public good, Canada stands to slow global pandemic progress, inviting long-term risks and costs both within our country and beyond. *Recognizing the importance of global efforts to respond to a global pandemic, researchers, leaders and health professionals (listed below) call upon the government of Canada to take immediate action on three evidence-informed steps to preserve the possibility of health-equitable futures. We implore this government to take action on these three feasible, immediate steps toward equity.*

Action 1: Enable equitable global access to vaccine

Globally, current vaccine distribution prioritizes access to wealthy countries that were in a position to negotiate pre-purchase agreements with pharmaceutical companies. Many of these countries are already reaching or exceeding targets of vaccinating 20% of their high priority populations as poorer countries fall further behind in the vaccination race (8). While all Canadians are likely to be vaccinated before the end of summer, health and other essential workers in poorer countries are unlikely to be vaccinated before the end of the year or well into 2022. There are many reasons for this (9), but the single most important one is an insufficient supply of vaccine. To ensure that high priority populations and health and other essential workers in low-income countries have rapid access to vaccines: *Canada should share 20% of our current vaccine allocation to immediately contribute to global recovery efforts by allocating them to the COVAX facility for eligible developing countries.*

Further, fifty-eight member countries are petitioning the World Trade Organization to implement a waiver of trade-related intellectual property rights, so they are able to scale up manufacture of COVID-19 diagnostics, therapeutics, and approved vaccines without fear of encountering trade disputes. This waiver would suspend temporarily TRIPS agreement barriers to rapidly scale up production of all approved (and presently patent-protected) vaccines and COVID-19 treatments. Control over the production and sale of these vaccines rests with the patent-holding companies who have chosen not to share their discovery and knowledge with other manufacturers that are capable and available to scale up production, allowing for a rapid increase in vaccine supply.

Existing flexibilities in the TRIPS agreement are not fit for purpose in the midst of a once-in-a-century global pandemic. The proposed waiver is limited in time to the acute phase of the pandemic, until global herd immunity is achieved. It is supported by more than 100 member countries, including the African Union. It has the support of Director General of the World Health Organization, Dr. Tedros Adhanom, and 118 European Union parliamentarians. In Canada, 40 networks and organizations signed an open letter to this government, detailing the reasons why the waiver matters and calling upon the government to support the waiver (10). Despite widespread support for this waiver, Canada and other wealthy countries continue to stall by requesting evidence (that has already been provided). While Canada navigates temporary emergency measures to amend patent rights within our own borders, we block temporary emergency measures that would enable rapid scale-up of vaccine manufacturing (11). Canada stands among wealthy countries blocking the proposed waiver of the World Trade Organization's TRIPS agreement. To maintain, or regain, its reputation for global health, *Canada should come out in full support of the temporary waiver, or at least abstain from opposing it if the waiver is to put to a vote by WTO member countries.*

Action 2: Scale-up contributions to multi-lateral solutions

In 1970, wealthy countries agreed to contribute 0.7% of its GNP to development assistance. Canada has never achieved that target and in 2019 contributed only 0.27% of GNP. Canada ranks in the bottom third of donor countries in terms of generosity (12). Concerns about the ways in which official development assistance is increasingly tied to advancing the national interests of donors has prompted calls for principled aid, driven by equity-centred goals for safer more prosperous global futures (13). Aid conditionalities that restrict healthcare spending pose significant risks to the capacity of health systems in LMICs to respond to the pandemic (14). Many international agreements and declarations, including Sustainable Development Goals (15), point to the importance of improving the conditions of daily living and building robust, responsive health, education and social care systems as central to advancing health worldwide. Inequities illuminated by this pandemic are deepening, with 71 million people pushed into

extreme poverty in 2020 and millions more at risk for hunger (16). Multi-lateral contributions offer the most promising, equity-centred, and responsive mechanism for distributing development assistance. *Canada should take immediate steps to resolve this global underperformance by dedicating 1% of its own national pandemic spending to multi-lateral development processes, contributing to organizations positioned to support equitable COVID-related solutions (e.g., WHO, UNICEF, COVAX/CEPI).* This would provide an estimated \$5B increase in Canada’s health development assistance.

Action 3: Practice transparency

Canada and all countries, globally, benefit from transparency and open-access to data and other critical knowledge during a pandemic, including public-private sector agreements reached to protect public health. This includes disclosure of public contracts for COVID-related vaccines, diagnostics and therapeutics. Indeed, open access to data can lead to understanding this pandemic in new ways and open new evidence-informed policy options (e.g., revisitation of clinical trial data enabled the National Advisory Committee on Immunizations to adapt recommendations on schedules for second doses of vaccine). Decisions being made by this government are exceedingly complex and difficult. Data are dynamic. What we understand about the pandemic today is dramatically different than it was last year, or even last month. Collaborative effort to advance knowledge, minds, and energy that could be contributing to robust debate about the most evidence- and equity-informed options available at any given moment. Governments interested in using science to guide decision making require a scientific community equipped to provide responsive analysis. The more we can pool our collective scientific, political, economic, and human resources, the more likely we are to not only move toward a more equitable global future now—but we will be better positioned to navigate future challenges to global health. *Canada should make national (and provincial) data and COVID-related agreements open access, providing essential access to information needed to leverage collective and adaptive learning.*

SIGNATORIES: Lead Writers & Contacts

Dr. Katrina Plamondon, RN PhD

Assistant Professor
School of Nursing
University of British Columbia
Co-Chair, University Advisory Council
Canadian Coalition for Global Health Research
Kelowna
Phone 778 392 8111
katrina.plamondon@ubc.ca

Dr. Ronald Labonté

Professor and Distinguished Research Chair
School of Epidemiology and Public Health
University of Ottawa
Ottawa
ph: (613) 562-5800 ext.2288
cell: (613) 818-6579
rlabonte@uottawa.ca

Dr. Srinivas Murthy, MD CM, MHSc

Investigator, BC Children’s Hospital Research
Institute
Clinical Associate Professor, Department of
Pediatrics, Faculty of Medicine
University of British Columbia
Vancouver
Srinivas.Murthy@cw.bc.ca

SIGNATORIES: Canadian Coalition for Global Health Research & Canadian Society for International Health

Dr. Charles Larson, MDCM, FRCP(C)

McGill University Global Health Program
Interim Director
National Coordinator
Canadian Coalition for Global Health Research
charles.larson@mcgill.ca

Dr. Shafi Bhuiyan MBBS, MPH, MBA, MJF, PhD

Assistant Professor, Dala Lana School of Public Health
University of Toronto
Chair, Board of Directors, Canadian Coalition for Global Health Research
shafi.bhuiyan@utoronto.ca

Dr. Christina Zarowsky, MD, MPH, PhD

Professeure titulaire et Directrice
Département de médecine sociale et préventive
École de santé publique de l'Université de Montréal
Vice Chair, Board of Directors, Canadian Coalition for Global Health Research
Christina.zarowsky@umontreal.ca

Dr. Susan J. Elliott, PhD

Professor
Geography & Environmental Management
University of Waterloo
Co-Chair, University Advisory Council, Canadian Coalition for Global Health Research
Susan.elliott@uwaterloo.ca

Tasha Ayinda, MPPPA

Associate Director, Administration
Faculty of Medicine
McGill University
Co-Chair, Policy and Advocacy Committee, Canadian Coalition for Global Health Research
tasha.ayinde@mcgill.ca

Eva Slawecki

Executive Director
Canadian Society for International Health
Eslawecki@csih.org

Dr. Geneviève Dubois-Flynn, PhD

Co-Chair, Board of Directors, Canadian Society for International Health
genevieve.dubois.flynn@gmail.com

Chris Rosene

Co-chair, Board of Directors, Canadian Society for International Health
chrismrosene@gmail.com

SIGNATORIES: Other Not-for-profit Organizations

Grandmothers Advocacy Network

<https://grandmothersadvocacy.org>

Ottawa, ON

iclarke@pathcom.com

People's Health Movement Canada

<https://phm-na.org/canada/>

Shawnagan Lake, BC

canada@phm-na.org

SIGNATORIES: Scientists, leaders, health professionals, organizational leaders, students, and citizens

Nathaly Aguilera, MScPH

McGill International TB Center

Montreal

nathaly.aguilerasvasquez@mail.mcgill.ca

Dr. A. Haroon Akram-Lodhi, PhD

Professor of Economics and International

Development Studies

Trent University

Peterborough

haroonakramlodhi@trentu.ca

Michelle Amri, MPA, (Hons) BHSc

PhD Candidate

University of Toronto

Toronto

michelle.amri@mail.utoronto.ca

Wendy Armstrong

30 years experience and involvement in drug safety and pricing issues

Member of Independent Voices for Safe and Effective Drugs, board member of the Alberta Consumers' Association, co-founder

Pharmawatch Canada

Edmonton

warmstrong@shaw.ca

Dr. Barbara Astle, PhD

Associate Professor

Trinity Western University, School of Nursing

Langley

barbara.astle@twu.ca

Dr. Godard Beatrice, Ph.D.

Full Professor

Public Health School, University of Montreal

Montreal

beatrice.godard@umontreal.ca

Heidi Bilas

Citizen

Toronto

heidibilas@gmail.com

Dr. Michael Brauer, ScD

Professor

School of Population and Public Health, The University of British Columbia

Vancouver

michael.brauer@ubc.ca

Dr. John Calvert, PhD

Associate Professor
Faculty of Health Sciences, Simon Fraser
University
Vancouver
jrc@sfu.ca

Matilde Cervantes Navarrete, MSC

Social Dimensions of Health
University of Victoria
Victoria
psic.mattycervantes@gmail.com

Dr. Simon de Montigny, PhD

Assistant Research Professor
School of Public Health, University of Montreal
Montreal
simon.de.montigny@umontreal.ca

Dr. Thomas Druetz, PhD

Professor
School of Public Health, University of Montreal
Montreal
thomas.druetz@umontreal.ca

Dr. Christine Elsey, PhD

Associate Professor
Social Cultural and Media Studies
Vancouver
christine.elsey@ufv.ca

Dr. Kate Ervine, PhD

International Development Studies Program
Saint Mary's University
Halifax
kate.ervine@smu.ca

Lena Faust

PhD student
McGill University
Montreal
[lena.faust@mail.mcgill.ca](mailto:lana.faust@mail.mcgill.ca)

Bianca Carducci, MSc

PhD candidate
Centre for Global Child Health, Hospital for Sick
Children
Toronto
bianca.carducci@sickkids.ca

Dr. Colleen Davison, PhD

Associate Professor
Queen's University, Department of Public
Health Sciences
Kingston, ON
davisonc@queensu.ca

Dr. Erica Di Ruggiero, PhD

Associate Professor
Dalla Lana School of Public Health, University of
Toronto
Toronto
e.diruggiero@utoronto.ca

Dr. Richard Elliott, BA(Hons), LLB, LLM

Executive Director
HIV Legal Network
Toronto
relliott@hivlegalnetwork.ca

Dr. Cherie Enns, PhD

Associate Professor
University of the Fraser Valley
Abbotsford
cherie.enns@ufv.ca

Mr. Anthony Esposti

Chief Executive Officer
Community Addictions Peer Support
Association
Ottawa
aesposti@capsa.ca

Dr. Gavin Fridell, PhD

Canada Research and Associate Professor in
International Development Studies
International Development Studies, Saint
Mary's University

Halifax
gavin.fridell@smu.ca

Dr. Lara Gautier, PhD
Assistant professor
School of Public Health
University of Montreal
Montreal
lara.gautier@umontreal.ca

Dr. Janice Graham, PHD
Professor
Dalhousie University
Halifax
janice.graham@dal.ca

Ms. Jessica Grant
Citizen
Toronto
Ms.jessica.grant@gmail.com

Meaghan Hagerty, MSc.
Doctoral Student
Interdisciplinary Studies
University of British Columbia Okanagan
Kamloops, BC
meaghan.hagerty@gmail.com

Dr. Lori Hanson
Associate Professor
University of Saskatchewan
Shawnigan Lake
Loh817@mail.usask.ca

Jack Hicks
Adjunct Professor, College of Medicine
University of Saskatchewan
Shawnigan Lake
jack.hicks@usask.ca

Miss Madison Gorzen
Undergraduate Student
Faculty of Human Kinetics
University of British Columbia Okanagan
Kelowna
madison_gorzen@hotmail.com

Dr. Simon Granovsky-Larsen, PhD
Associate Professor
Department of Politics and International
Studies
University of Regina
Regina
simon.granovsky-larsen@uregina.ca

Dr. Marjorie Griffin Cohen, Ph.D.
Professor
Simon Fraser University
Vancouver
mcohen@sfu.ca

Dr. Hiwot Haileslassie, PhD
Assistant Professor
University of Prince Edward Island
Charlottetown
hhaileslassie@upe.ca

Janet Hatcher Roberts, MSC
Co-Director and Adjunct Professor
WHO CC Knowledge Translation , Technology
Assessment for Health Equity
Bruyere Research Institute
Ottawa
Jhatcherroberts@gmail.com

Matthew Highfield, MScN Candidate
Pediatric ER Nurse
BC Children's Hospital
Vancouver
highfieldmatt@gmail.com

Dr. Sean Hillier, PhD

Assistant Professor & Special Advisor on
Indigenous Resurgence
School of Health Policy & Management, Faculty
of Health
York University

Dr. Mark Hudson, PhD

Sociology and Criminology
University of Manitoba
Winnipeg
mark.hudson@umanitoba.ca

Ms. Lavanya Huria, B.A

Epidemiology, Biostatistics & Occupational
Health | McGill University, McGill International
TB Centre - Research Institute of the McGill
University Health Centre
Montreal
lavanya.huria@mail.mcgill.ca

Dr. Craig Janes, PhD

Director and Professor
School of Public Health Sciences
University of Waterloo
Waterloo
cjanes@uwaterloo.ca

Dr. Angela Kaida, PhD

Associate Professor and Canada Research Chair
Faculty of Health Sciences
Simon Fraser University
Burnaby
kangela@sfu.ca

Emily Kocsis, PhD student

CCGHR
Montreal
sypn@ccghr.ca

Dr. Suzanne Hindmarch, PhD

Associate Professor
Department of Political Science
University of New Brunswick
Fredericton
s.hindmarch@unb.ca
Toronto
shillier@yorku.ca

Anne Huisken

Research Coordinator
University of British Columbia
Kelowna
anne.huisken@ubc.ca

Vesela Ivanova, BSc

MSc Candidate in Public Health and Global
Health
École de santé publique de l'université de
Montréal (ESPUM)
Montreal
vesela.ivanova@umontreal.ca

Lesley Johnston, PhD(c)

School of Public Health and Health Systems,
University of Waterloo
Waterloo
lesley.johnston@uwaterloo.ca

Dr. John Kirk, PhD

Professor of Latin American Studies
Dalhousie University
Halifax
kirk@dal.ca

Ana Krause, RN, MSc. (IPH)

Kingston Health Sciences Centre
Kingston
akrause21@gmail.com

Dr. Alison Krentel, PhD

Assistant Professor
School of Epidemiology and Public Health,
University of Ottawa &
Bruyere Research Institute
Ottawa
akrentel@bruyere.org

Dr. Scott Lear, PhD

Professor
Faculty of Health Sciences
Simon Fraser University
Vancouver
slear@providencehealth.bc.ca

Dr. RJ Leland, PhD

Assistant Professor of Philosophy
University of Manitoba
Winnipeg
rj.leland@umanitoba.ca

Penny Lewis, M.A.

Richmond
lewispenny956@gmail.com

Dr. Julian Little, PhD

Distinguished Research Chair in Chronic Disease
Epidemiology and Control
School of Epidemiology and Public Health,
University of Ottawa
Ottawa
jlittle@uottawa.ca

Ms. Emily MacLean, MSc, PhD candidate

Department of Epidemiology, Biostatistics and
Occupational Health
McGill University
Montreal
emilymaclean9@gmail.com

Dr. Manisha Kulkarni, BSc, PhD

Associate Professor
School of Epidemiology & Public Health
University of Ottawa
Ottawa
manisha.kulkarni@uottawa.ca

Dr. Thomas LeGrand, PhD

Economics
Professor
Département de démographie
Université de Montréal
Montreal
thomas.legrand@gmail.com

Dr. Richard Lester, MD, FRCPC

Co-Director, UBC Neglected Global Diseases
Initiative.
Medicine, Division of Infectious Diseases
University of British Columbia
Vancouver
rlester@mail.ubc.ca

Dr. Matthew Little, PhD

Assistant Professor
School of Public Health and Social Policy,
University of Victoria
Victoria, BC
matthewlittle@uvic.ca

Muriel Mac-Seing, MSc.

PhD Candidate
École de santé publique
Université de Montréal
Montréal
muriel.k.f.mac-seing@umontreal.ca

Dr. Debbie Maclellan, PhD

Charlottetown
maclellan@upei.ca

Stephanie Masina, MSc

Research Coordinator
School of Nursing
University of British Columbia
Kelowna
stephanie.masina@ubc.ca

Ms. Ophelia Michaelides, BSc, MHS

Dalla Lana School of Public Health
University of Toronto
Toronto
ophelia.michaelides@utoronto.ca

Dr. Barbara Mintzes, PhD

Associate Professor
School of Pharmacy, University of Sydney;
Affiliate Associate Professor, School of
Population and Public Health
University of British Columbia
Vancouver, BC
barbara.mintzes@ubc.ca

Dr. Zubia Mumtaz, MD, PhD

Professor, Global Health
University of Alberta
Edmonton
zubia.mumtaz@ualberta.ca

Alexa Murray-Schlitt

High school
Chilliwack
alexamurrayschlitt@gmail.com

Dr. Victor R. Neufeld, MD FRCP

Professor Emeritus
McMaster University
Hamilton
vrneufeld@gmail.com

Dr. Terra Manca, PhD

Postdoctoral Fellow
Pediatrics
Dalhousie University
Edmonton, Alberta
terra.manca@dal.ca

Jean Mathew

Canadian Centre for Policy Alternatives
Toronto
jmathew@policyalternatives.ca

Dr. Pierre Minn, Ph.D.

Professeur agrégé
Département d'anthropologie
Université de Montréal
Montréal
pierre.minn@umontreal.ca

Dr. David Moher, PhD

Professor
Ottawa Hospital Research Institute
Ottawa
dmoher@ohri.ca

Dr. Sylvie Murray, PhD

Associate Dean of Faculty, College of Arts
University of the Fraser Valley
Abbotsford, BC
sylvie.murray@ufv.ca

Ms. Sume Ndumbe-Eyoh

National Collaborating Centre for Determinants
of Health
sume.eyoh@gmail.com

Dr. Elysée Nouvet, PhD

Assistant Professor
School of Health Studies
Western University
London
nouvete@gmail.com

Dr. Nancy Olivieri, MD, FRCPC
Hemoglobal®
Toronto
nancy@hemoglobal.org

Alexandra Otis, MSc RD
National Research Coordinator
École de santé publique de l'Université de
Montréal (ÉSPUM)
Montréal
alexandra.otis@umontreal.ca

Mr. Bill Pegler
Canadian Union of Public Employees
Burnaby, BC
billpegler@gmail.com

Dr. Mathieu JP Poirier, PhD, MPH, CPH
School of Global Health, York University
Toronto
matp33@yorku.ca

Stephanie Russo
Citizen
stephrusso@outlook.com

Dr. Matthew Schnurr, PhD
Associate Professor
International Development Studies
Dalhousie University
Halifax
matthew.schnurr@dal.ca

Dr. Yasmine Shalaby
Ryerson University
Mississauga
jazshalaby@gmail.com

Dr. James Orbinski, OC, MA, MSC, MD
Director, Dahdaleh Institute for Global Health
Research
York University
Toronto
orbinski@yorku.ca

Dr. Madhukar Pai, MD, PhD
Professor & Canada Research Chair
McGill University
Montreal
madhukar.pai@mcgill.ca

Mr. Stephen Piper, MA
Associate Professor
Global Development Studies
University of the Fraser Valley
Abbotsford
Stephen.Piper@ufv.ca

Sarah Rimmington, LLB, MA
Toronto
srimmington@gmail.com

Dr. Johanne Saint-Charles, PhD
Professeure titulaire
Institut Santé et société, UQAM
Montréal
saint-charles.johanne@uqam.ca

Dr. Sana Shahram, MPH, PhD
Assistant Professor
University of British Columbia
Kelowna
sana.shahram@ubc.ca

Dr. Alicia Sliwinski, PhD
Associate professor
Global Studies Department
Wilfrid Laurier University
Waterloo
Asliwinski@wlu.ca

Ms. Catherine Smith, RN

Assistant Professor
Faculty of Health Studies, Nursing
University of the Fraser Valley
Chilliwack
catherine.smith@ufv.ca

Dr. Eric Spalding, PhD

Associate Professor, Social, Cultural and Media
Studies
University of the Fraser Valley
Abbotsford BC
eric.spalding@ufv.ca

Dr. Jerry Spiegel, PhD

Professor
School of Population and Public Health
University of British Columbia
Vancouver
jerry.spiegel@ubc.ca

Dr. Ronald St. John, MD, MPH

Co-Founder
Sitata Corporation
Ottawa
ronaldstjohn@gmail.com

Dr. Heidi Sveistrup, PhD

University of Ottawa
Bruyère Research Institute
Ottawa
Heidi.Sveistrup@uOttawa.ca

Dr. Evie Tastsoglou, PhD

Professor
Saint Mary's University
Halifax
evie.tastsoglou@smu.ca

Dr. Jennifer Taylor, PhD, RD

Professor
Applied Human Sciences, UPEI
Charlottetown
jtaylor@upei.ca

Dr. Benoit Tousignant, OD, MSc, MPH

Assistant Professor
École de santé publique, Université de
Montréal
Montreal
benoit.tousignant@umontreal.ca

Dr. Peter Tugwell, MD

Professor
Department of Medicine, School of
Epidemiology and Public Health
University of Ottawa Public Health
Ottawa
ptugwell@uottawa.ca

Dr. Anne-Marie Turcotte-Tremblay, PhD

Harvard University
Montreal
T_anne_marie@hotmail.com

Dr. Theresa Ulicki, PhD

Assistant Professor
Dalhousie University
Halifax
ulickit@dal.ca

Dr. John A VanLeeuwen, PhD

Prince Edward Island
Charlottetown
jvanleeuwen@upei.ca

Dr. Colleen Varcoe, RN PhD

Professor
University of British Columbia
Vancouver
Colleen.Varcoe@ubc.ca

Jeanette Vinek, RN, BScN, MHScN

Associate Professor of Teaching
University of British Columbia
Kelowna
jeanette.vinek@ubc.ca

Mr. David Walugembe, PhD (c)

Doctoral Student
University Of Western Ontario
London
dwalugem@uwo.ca

Dr. Gail Webber, MD, PhD

Dept of Family Medicine
University of Ottawa
Ottawa
Gail.webber@uottawa.ca

Dr. Vivian Welch, PhD

Editor in chief
Campbell Collaboration
Ottawa
vwelch@campbellcollaboration.org

Dr. Mary Wiktorowicz, PhD

Professor and Associate Director, Dahdaleh
Institute for Global Health Research
York University
Toronto
mwiktor@yorku.ca

Angela Woodbury, B.Sc., MD Candidate

Medical Student
Max Rady College of Medicine
University of Manitoba
Winnipeg
umwoodb5@myumanitoba.ca

Ms. Alexandra Zimmer, MSPH

McGill University
Montreal
alexandra.zimmer@mail.mcgill.ca

Dr. Kishor M. Wasan, RPh, PhD

Distinguished University Scholar and Co-
Director
Neglected Global Diseases Initiative
University of British Columbia
Vancouver
Kishor.Wasan@ubc.ca

Dr. Scott Weese, DVM DVSc DACVIM FCAHS

Professor
Centre for Public Health and Zoonoses
University of Guelph
Guelph
jsweese@uoguelph.ca

Ms. Genevieve White, BSc

Simon Fraser University
Suva
genevieve_white@sfu.ca

Dr. Bryn Williams-Jones, PhD

Professor of Bioethics and Interim Director
Département de médecine sociale et
préventive, École de santé publique de
l'Université de Montréal
Montreal
bryn.williams-jones@umontreal.ca

Dr. Annalee Yassi, MD MSc FRCPC

Professor
School of Population and Public Health,
University of British Columbia
Vancouver
Annalee.Yassi@ubc.ca

Dr. Kate Zinszer, PhD

Assistant Professor
School of Public Health, University of Montreal
Montreal
kate.zinszer@umontreal.ca

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1. Haley E, Caxaj S, George G, Hennebry J, Martell E, McLaughlin J. Migrant farmworkers face heightened vulnerabilities during COVID-19. *J Agric food Syst community Dev.* 2020;9(3):1–5.
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5. Abrams EM, Szeffler SJ. COVID-19 and the impact of social determinants of health. *Lancet Respir Med.* 2020;8(7):659–61.
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8. London School of Hygiene & Tropical Medicine. Equity of vaccine roll-out [Internet]. COVID-19 Tracker. 2021 [cited 2021 Mar 11]. Available from: https://vacc-lshtm.shinyapps.io/ncov_vaccine_landscape/
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