

**Opening Statement – Doctors Without Borders**  
**Standing Committee on Foreign Affairs and International Development**  
**Study on Vaccine Equity and Intellectual Property Rights**  
**April 28, 2022**  
**Delivered by Dr. Jason Nickerson, Humanitarian Representative to Canada**  
**\*\*Check against delivery\*\***

Thank you for having us.

Doctors Without Borders – or Médecins Sans Frontières, MSF – has been on the frontlines of responding to medical needs created or worsened by armed conflicts, natural disasters, and disease epidemics for more than 50 years. This experience has, of course, informed our response to the COVID pandemic.

Even before vaccines became available, we urged countries and the pharmaceutical industry to remove intellectual property barriers for COVID medical technologies and to prioritize the delivery of safe and effective COVID vaccines to health workers and vulnerable people around the world. We urged this because for decades, MSF has seen how patents can create barriers between vital medicines and patients who need them for diseases like HIV and tuberculosis. We knew full well that the risk of effective vaccines becoming inaccessible to people in low- and middle-income countries was high.

As you know, this inequity came to be, and COVID-19 continues to circulate and evolve, while vaccines remain out of reach for many.

We want to emphasize that inequitable global access to medicines due to intellectual property barriers is not unique to COVID-19. In fact, inequitable access to COVID vaccines is a symptom of dysfunctional pharmaceutical research and development and distribution systems. Therefore, today's conversation needs to extend beyond what needs to happen right now, for this pandemic, to broader questions about intellectual property and access to medicines for the future.

This conversation also takes place against a backdrop of broader reforms to international law, particularly a Pandemic Treaty in the early stages of negotiation under the WHO. The shadow of vaccine inequity hangs over these negotiations; Canada's actions, and inactions, on vaccines may very well influence how it is perceived by other countries at the Pandemic Treaty negotiating table.

To this end, the failure of the international community to come to an agreement on the narrow issue of a time-limited loosening of intellectual property rules during the pandemic – exemplified by the TRIPS Waiver, first proposed in the fall of 2020 and still unresolved today – is not a promising sign. Nor is Canada's refusal to adopt a public stance on the issue. A sizeable majority of countries – more than 100 – voiced support for the TRIPS Waiver. Canada appears to have kicked the can down the road for 18 months, seemingly hoping the problem would resolve itself. While today global vaccine supply is no longer the predominant barrier to access that it was 6 months ago, intellectual property does continue to be a barrier to accessing other COVID tools like therapeutic drugs and will be a problem in future pandemics.

Canada – and the world – needs to do considerably more to promote access to vaccine technologies, not only for COVID-19 but for other diseases, both old and new. We know there will be more pandemics.

We know that there are diseases that exist today that have pandemic potential for which there are no vaccines, and no effective treatments, and little in the pipeline. Canada has supported good work on vaccine and therapeutics development, but the reality is that these investments often lead to technologies that are not developed beyond their early stages because of a lack of funding or commercial interest – consider the Canadian-discovered Ebola vaccine that sat on a shelf for years – or if they are developed further, they end up priced out of reach of patients and health systems because Canada refuses to demand that medicines and vaccines developed with public funds be made affordable and accessible when they come to market – including for Canadians. This is bad public health, but also frankly bad business. A vital guiding principle should be that public investments for public health should, first and foremost, yield public benefits; they should not be subsidies for incredibly profitable companies who ultimately retain all decision making over affordability and access. Canada’s renewed support for both R&D and domestic manufacturing are welcome but should come with strings attached; the outcome should be measured not in dollars earned, but lives saved.

One area where Canada can do something positive is in relation to the Canadian-developed technology that has proven crucial to the pandemic response. The lipid nanoparticle technology underpinning mRNA vaccines like Pfizer and Moderna was invented in Canada, by companies spun off from the University of British Columbia. Canada should be proud of this achievement. But more than that, Canada should be making sure lifesaving Canadian technology gets to all who need it. Instead, Canada has been bizarrely silent on technology transfer of lipid nanoparticle technology. To encourage such transfer, Canada could be using sticks, it could be using carrots, or a combination of the two; at the moment, we’re hearing crickets.

We need to continue to push to ensure that people everywhere are protected against COVID-19, but we also need to be preparing for future pandemics by learning lessons of what’s worked and what hasn’t over the past two and a half years. We’re happy to answer your questions. Thank you.