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• (1405)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order.

Welcome, everyone, to meeting 17 of the House of Commons Standing Committee on Health. The committee is meeting today to study the emergency situation facing Canadians in light of the second wave of the COVID-19 pandemic.

I'm going to forgo the usual housekeeping message, as recommended by the committee. I agree that we don't really need it at this stage of the game.

I would like to welcome the Honourable Patty Hajdu, Minister of Health, and the the Honourable Anita Anand, Minister of Public Services and Procurement.

We have senior officials accompanying the ministers. From the Canadian Food Inspection Agency, we have Dr. Siddika Mithani, president. From the Canadian Institutes of Health Research, we have Dr. Michael Strong, president. He has not yet arrived but will hopefully join us as we proceed. From the Department of Health, we have Dr. Stephen Lucas, deputy minister. From the Department of Public Works and Government Services, we have Mr. Bill Matthews, deputy minister. From the Public Health Agency of Canada, we have Mr. Iain Stewart, president; and Major-General Dany Fortin, vice-president, vaccine rollout task force, logistics and operations; and Dr. Theresa Tam, Chief Public Health Officer. General Fortin has not yet joined us either.

We will go straight away into the ministers' statements, starting with Minister Hajdu.

Minister, please go ahead for 10 minutes.

Hon. Patty Hajdu (Minister of Health): Thank you very much, Mr. Chair and honourable members.

[*Translation*]

Thank you for this opportunity to speak to you about the Government of Canada's COVID-19 vaccination strategy.

[*English*]

It's been just over one year since the first case of COVID-19 was detected in Canada. The intervening months have been extremely challenging. Canadians have experienced hardship, anxiety and heartbreaking losses. To say that it has been difficult is indeed an understatement.

But there is reason for hope. In less than a year, vaccines have been developed and authorized. Canadians are receiving them right now, and every single vaccination brings us closer to a safer, healthier and more prosperous future.

I would like to begin by providing an update on vaccine distribution. As you know, both the Pfizer and the Moderna vaccines have been authorized for use in Canada and are now being distributed across the country. So far, we have secured a total of 80 million doses of these two vaccines. Of these, more than 1.1 million doses have been delivered to the provinces and territories. This means that more than 860,000 people have received at least one dose of COVID-19 vaccine.

Although the delays recently announced by Pfizer and Moderna will have a short-term impact on vaccine rollout, we are still on track to receive the full six million doses from Pfizer and Moderna by the end of the first quarter. Starting in April, the pace will accelerate, with at least 20 million doses delivered between April and June. It is during this time that the mass vaccination campaigns will really begin to ramp up around the country. We are working with the provinces, territories and indigenous partners to prepare for this next phase. Most importantly, we expect to have enough vaccine for every Canadian by the end of September 2021, even if no other vaccine is authorized for use in Canada.

• (1410)

[*Translation*]

In the meantime, while supplies are limited, vaccines are being distributed strategically to the groups who need them most.

[*English*]

While the provinces and territories are responsible for the distribution of vaccines within their jurisdictions, their decision-making is informed by the recommendations of the National Advisory Committee on Immunization.

Last fall, the committee recommended who should be vaccinated first, given limited initial supplies of vaccines, and this includes residents and staff of congregate living settings that provide care for seniors; adults 70 years of age and older, starting with those 80 years of age and over; health care workers; and adults in indigenous communities where infection can have disproportionate consequences.

Given these guidelines, I'm pleased to say that there has already been notable progress in the territories. In Nunavut, more than 11% of the population has received at least one dose of Moderna. In the Northwest Territories and the Yukon, more than 21% and 9% of their respective populations have received at least one dose of the vaccine.

This month, the national advisory committee will be updating its guidance on the prioritization of initial doses of the COVID-19 vaccine, and this updated guidance will help inform stages two and three of the vaccine rollout as vaccine supplies increase.

In the meantime, we expect additional vaccines to be authorized. Health Canada is now reviewing vaccine submissions from AstraZeneca, Janssen, Verity Pharmaceuticals and Novavax. Should these vaccines be found to meet Health Canada's strict standards for safety, efficacy and quality, they would be authorized and included in upcoming vaccination campaigns.

Vaccine development is a long and highly complex process. In normal times, it can take years to carry out the extensive research needed to produce a safe and effective product. Vaccine reviews normally take place after all clinical studies are completed and the full results are available, but of course these aren't normal times. We're fighting a global pandemic, and many thousands of human lives hang in the balance. With this in mind, we have put into place measures to safely expedite vaccine authorization.

Health Canada is the regulator responsible for this process. We recognize the need for flexibility to expedite it, given the urgency of the COVID-19 pandemic, but we can't compromise on safety, quality and efficacy. That's why last fall I signed the interim order respecting the importation, sale and advertising of drugs for use in relation to COVID-19. This interim order allows us to accept rolling submissions for COVID-19 drugs and vaccines.

What that means is that manufacturers can submit data as it becomes available. These requirements are comparable to those established by other major regulators, such the U.S. Food and Drug Administration, the European Medicines Agency, and the World Health Organization. It was through this expedited process that the Pfizer and Moderna vaccines were authorized. Health Canada is using the same process to review subsequent submissions for COVID-19 vaccines.

Once an authorized vaccine is in use, Canada continues to monitor its safety through its well-established post-market surveillance system. This system collects safety data from various domestic and international sources, including mandatory reporting by manufacturers, which allows Health Canada and public health authorities to respond quickly to changing trends or unusual adverse events.

This system was enhanced through the interim order, which provides the authority to impose terms and conditions on any authorization or establishment licence at any time. This includes a post-market safety and effectiveness system with risk mitigation measures, and additional assessments of safety information, as requested by Health Canada. Of course, Health Canada will not hesitate to take action if safety concerns are identified.

The Government of Canada is working closely with provinces, territories, indigenous and public health partners to ensure the time-

ly rollout of the vaccines as they're authorized by Health Canada. Our vaccine strategy is being led by the national operations centre. This centre was created by the Public Health Agency of Canada and is supported by the Canadian Armed Forces and the Department of National Defence.

At the same time, the national emergency strategic stockpile of the Public Health Agency is making sure we have the supplies we need for a smooth rollout, and this includes millions of needles, syringes and alcohol swabs, as well as freezers for vaccine storage all across the country.

• (1415)

[*Translation*]

With vaccination now under way and measures in place to ensure a reliable supply of vaccines, we can look ahead to a future free of COVID-19.

[*English*]

The Government of Canada is doing everything it can to reach that future as soon as possible. We're taking steps to authorize safe and effective vaccines quickly. We're protecting our most vulnerable citizens first, and we're working with all partners to ensure that everyone who wants a vaccine can get access to a vaccine.

[*Translation*]

At the same time, the Government of Canada continues to invest in research. The Canadian Institutes of Health Research is addressing many issues related to COVID-19, from the development of vaccines and therapeutics to the variants of the virus, including their impact on the effectiveness of vaccines.

[*English*]

In the meantime, we cannot let our guard down. We must continue what we've been doing—staying physically distant, washing our hands, wearing a mask.

[*Translation*]

We owe it to our seniors. We owe it to our neighbours with high-risk conditions. We owe it to our health care providers and essential workers.

[*English*]

We must stay vigilant as we wait for our turn to get vaccinated. That day is coming soon. When it does, I want Canadians to be proud of how they worked together to overcome this unprecedented health crisis.

Thank you.

The Chair: Thank you, Minister.

I'd like to acknowledge and welcome Dr. Strong and Major-General Fortin, who have now been able to join us.

Welcome, gentlemen.

We'll go now to a statement from Minister Anand.

Minister, please go ahead. You have 10 minutes.

[*Translation*]

Hon. Anita Anand (Minister of Public Services and Procurement): Thank you.

Good afternoon.

[*English*]

Mr. Chair, thank you for the opportunity to appear before this committee alongside my colleague and Minister of Health, the Honourable Patty Hajdu.

I would like to acknowledge that I am meeting you from the territory of many first nations, including the Mississaugas of the Credit, the Anishinabe, the Chippewa, the Haudenosaunee and the Wendat peoples.

Joining me today is my deputy minister, Mr. Bill Matthews.

[*Translation*]

Before I begin, I would also like to extend a thank you to all of the people working behind the scenes who continue to make these virtual meetings possible—particularly our interpreters and translators, who play an essential role in ensuring Canadians have the most pertinent information in this time of crisis.

Globally, we have been living with COVID-19 for more than a year now.

From the beginning, my department, Public Services and Procurement Canada, PSPC, has worked tirelessly to procure the necessary supplies needed to get Canada through this crisis.

[*English*]

To date we have secured more than 2.5 billion individual items of personal protective equipment. We have delivered tens of millions of COVID tests, supplies and therapeutics, including 19 million rapid tests, to our provincial and territorial counterparts.

We know that the fastest way out of this pandemic is by getting vaccines to Canadians as quickly as possible. This is why we signed a number of agreements, as early as July of last year, for more doses than we would need. Our efforts were guided by, first, the vaccine task force, and second, the Public Health Agency of Canada. Our procurements proceeded after we received that advice. Our goal from early on was to build up a diverse portfolio of vaccines so that Canada would be ready once they were authorized and indeed discovered. As a result, we now have doses of authorized vaccines under contract to be delivered this year—enough to inoculate every single eligible Canadian.

[*Translation*]

As Minister Hajdu has noted, vaccines are now arriving and more are on the way.

Yet, while we are making significant progress, we have also known there could be bumps along the way, and we have always been upfront with Canadians about that fact.

• (1420)

[*English*]

As their products are proving safe and effective, vaccine manufacturers are significantly ramping up production to fill orders from around the world. Given this unprecedented reality, it is not surprising that vaccine supply chains have been volatile.

The whole world is operating in this environment, and all countries are facing the same challenges. This is precisely why we took the approach of putting in place a number of agreements and building up a diverse portfolio with flexibility built into our contracts.

When Pfizer and Moderna informed Canada and other countries that deliveries would be lower than predicted in the short term, it was disappointing news. I want to assure members and all Canadians that these delays are only temporary.

I can tell you that I and my officials have been in touch with suppliers every day to ensure that they meet their contractual obligations, and deliveries to Canada did resume this week. Last Friday a shipment of Pfizer vaccines left Europe. This Wednesday a shipment of Moderna vaccines left. Both have arrived in Canada for distribution to the provinces and territories this week.

In addition, through the COVAX initiative, Canada will also receive approximately 1.9 million doses of the AstraZeneca vaccine. This will be in addition to the six million doses of Moderna and Pfizer that arrive this quarter.

Mr. Chair, the AstraZeneca deliveries are, of course, dependent upon Health Canada approval, and these deliveries are in addition to the 20 million doses of AstraZeneca that Canada has secured through an advance purchase agreement directly with AstraZeneca.

I can assure this committee that I work closely with all vaccine suppliers to accelerate their delivery timelines into Canada. We continue to work closely especially with the four other manufacturers with which we also have bilateral agreements: Sanofi-GSK, Medicago, J&J and Novavax.

Our diversification strategy is working. We have two approved vaccine candidates, three in regulatory approval and two in clinical trials. Once regulatory authorization is given, we will take action to get more vaccines into Canada as soon as possible.

We need to remember that we are in the early stages of a massive undertaking. As supply chains stabilize, we will see more predictable and more significant progress.

With the action taken so far, by the end September every eligible Canadian who wishes to have a vaccine will be able to have one. I can tell you that we are continuing to press our suppliers to make sure we get advance deliveries for doses even earlier. No stone is being left unturned.

[*Translation*]

While vaccines are critically important, my department has also worked hard to secure the syringes needed to administer vaccinations.

We have secured more than 170 million syringes of varying sizes from a range of suppliers. This includes 64 million of the low-dead volume syringes, which are in extremely limited supply around the world.

[*English*]

The first delivery of approximately one million of those specialized syringes is arriving in Canada this week, with another million on the way for next week and deliveries continuing through to May.

Mr. Chair, there is no greater priority than protecting Canadians from COVID-19. We are fighting every day to get PPE, rapid tests and vaccines for Canadians. This is what we will continue to do.

I am committed to this effort. I look forward to working with this committee and my parliamentary colleagues to put this pandemic behind us, once and for all. Together, we will get through this.

I appreciate being here with you today, and I look forward to taking your questions.

Thank you so much. *Merci beaucoup. Meegwetch.*

The Chair: Thank you, Minister.

I should advise everyone that when people switch from one language to another, there seems to be a bit of a gap in the translation. I would encourage people who are going to switch from one language to another to maybe insert a bit of a pause between one language and the next so that we can allow the sound system to catch up.

Thank you, Ministers, for your statements.

We go now to our rounds of questions. I expect we will be able to get in three rounds of questions.

We'll start with Ms. Rempel Garner.

Go ahead, please, for six minutes.

• (1425)

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Thank you, Chair.

Today the Prime Minister said 20 million doses of AstraZeneca would arrive by June, but then officials from Public Works said the timeline was wrong.

Can the minister clarify by what date Canada will receive 20 million doses of the AstraZeneca vaccine?

Hon. Anita Anand: I refer to our contracts for these doses, and we have deliveries of AstraZeneca arriving in Q2 and Q3. At the current time—

Hon. Michelle Rempel Garner: So the answer is that you can't. Thank you.

Does Canada's contract for the AstraZeneca vaccine require the drug maker to only use best reasonable efforts to supply Canada with doses or did the government negotiate a firm guarantee of doses on a set timetable delivery basis that is a guarantee beyond so-called reasonable efforts?

Hon. Anita Anand: We are expecting doses of AstraZeneca, as I said, in Q2 and Q3 and we are in conversations with AstraZeneca every day to ensure those doses come into this country as soon as possible, and that is in our contracts.

Hon. Michelle Rempel Garner: Does the AstraZeneca contract guarantee delivery beyond best reasonable efforts?

Hon. Anita Anand: My understanding, from my discussions with AstraZeneca as well as reading the contract, is that those deliveries will be arriving in Q2 and Q3. That is the promise we have under contract.

Hon. Michelle Rempel Garner: Did the government negotiate a guaranteed precise delivery timeline of vaccine doses with any manufacturer that is a guarantee beyond so-called reasonable efforts, and if so, which manufacturer?

Hon. Anita Anand: All our contracts have quarterly delivery schedules. The weekly delivery schedules that the provinces and territories are seeing are estimated delivery timelines that the companies are providing directly to the Public Health Agency of Canada.

Hon. Michelle Rempel Garner: I'll take that as a "no".

To the Minister of Health, given recent shortfall fluctuations, has the government asked the provinces to plan for potential logistical issues in terms of mass end-of-quarter delivery or distribution as opposed to monthly or more frequent allotments, including spoilage issues due to freezer and movement capacity?

Hon. Patty Hajdu: Through the national operations centre, the government is working on a day-by-day basis with provinces and territories to support them in delivering vaccines as they arrive.

Hon. Michelle Rempel Garner: Have any of the provinces expressed to the government challenges they might face by end of quarter as opposed to a monthly or more frequent delivery basis?

Hon. Patty Hajdu: Provinces and territories have expressed a number of challenges they might face, and the federal government is supporting them to address those challenges.

I'll turn to Major-General Dany Fortin to speak a bit more about the ongoing relationship.

Hon. Michelle Rempel Garner: That's good, thank you, I was just looking for a yes or no.

A Globe and Mail report today stated that the government only expected the Pfizer and Moderna vaccines to be approved in April, which contributed to our current shortage.

Can the minister tell us when she assumes, for rollout purposes, AstraZeneca, Johnson & Johnson, Novavax and Medicago to be approved by Health Canada, given they assumed April for Pfizer and Moderna?

Hon. Patty Hajdu: The regulatory process is independent, as she knows.

Hon. Michelle Rempel Garner: Again, they did make an assumption of April, which is why I was asking the question.

What date are we anticipating the first arrival of vaccines from the COVAX program?

Hon. Anita Anand: Thus far, we have not been given a delivery date from the COVAX facility. It has indicated just about half a million doses could arrive in Q1. We are still in discussions with them to firm up that timeline, which is of course dependent upon regulatory approval in Canada and WHO approval.

Hon. Michelle Rempel Garner: Does the government anticipate we will have approved the AstraZeneca vaccine prior to receiving the shipment of this vaccine from COVAX or will we have taken doses from poorer nations that we aren't allowed to administer to our own citizens?

Hon. Anita Anand: To be clear, we're not taking doses from poorer nations. The way the COVAX facility is set up is that we have donated 220 million twice, once for the developing countries and once for Canada to have access.

Hon. Michelle Rempel Garner: The government negotiated quarterly not weekly delivery quotas. France, the United States and the U.K. health authorities have issued concerns with extending the dosing windows due to potential efficacy delays.

Has the government prepared guidelines for the provinces on how best to administer doses, given potentially quarterly supply disruptions?

• (1430)

Hon. Patty Hajdu: The dosing schedules have been provided through the regulatory approval process.

Hon. Michelle Rempel Garner: Has the minister updated those guidelines, given potential quarterly supply disruptions?

Hon. Patty Hajdu: I will turn to Dr. Tam for the work that she's doing through NACI. There has been a review of the dosing schedules.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): The National Advisory Committee on Immunization, based on the data available, is recommending—

Hon. Michelle Rempel Garner: For time's sake, could you table that updated schedule with the committee?

Dr. Theresa Tam: Yes. It is published.

Hon. Michelle Rempel Garner: Thank you.

Other countries have decided not to administer the AstraZeneca vaccine to people aged 65 and older due to efficacy concerns. Does the government anticipate that the AstraZeneca vaccine, if approved, will be administered to Canadians aged 65 and older?

Hon. Patty Hajdu: The AstraZeneca vaccine is still under review by the regulators.

Hon. Michelle Rempel Garner: Does the minister anticipate that it will be delivered to those aged 65 and older?

The Chair: Thank you, Ms. Rempel Garner.

We go now to Mr. Kelloway.

Mr. Kelloway, please go ahead for six minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Mr. Chair.

My questions for this round will be directed to Minister Anand.

Thank you, Minister, for being here today and for your hard work and your department's hard work that you've done over the past year.

I think PSPC has been steadfast in its commitment to ensuring that Canadians have the best access to tools when it comes to fighting the virus, like PPE and vaccines. Here is a concern of mine: Canadians across the country are hearing so many different stories about Canada's position in the world with respect to vaccines. I have two questions for you. Can you tell us how we are faring? Does this have any effect on how you negotiate with vaccine companies?

Thank you.

Hon. Anita Anand: I want to correct the record regarding the honourable member's previous question with regard to the Globe and Mail article she referenced. Any assertion that we weren't expecting doses in the first quarter is categorically false. From the beginning, our contract stipulated first-quarter deliveries as they are now occurring. In July and the beginning of August, we signed contracts for deliveries to begin in the first quarter. That is exactly what is happening now with doses arriving in Canada, including with the early deliveries of both approved vaccines in December. That is why we can say with confidence that our vaccine procurements remain on track for four million Pfizer doses and two million Moderna doses by the end of March, and vaccines for all Canadians by the end of September, despite these temporary but not entirely unexpected delays. We will continue to provide Canadians with accurate and clear information based on the contracts and discussions we have with the manufacturers as soon as we have them.

Now, to the question from the honourable member, I will say that at the outset, we signed very early with Pfizer and Moderna in order to be out in front of [*Technical difficulty—Editor*] countries. We were one of the first countries to sign with Moderna. We were the fourth country to sign with Pfizer. That is why we were able to have one of the earliest accesses to those vaccines at the beginning of December, and that is why they came forward and quickly sold options to us for 20 million more of each of those candidates so we now have 80 million doses of approved vaccines in this country to ensure inoculation of all Canadians prior to the end of September.

In addition to that, I would like to mention to the honourable member and this committee that we are working with these approved manufacturers to move up their delivery timeline—to move doses from Q3 into Q2—so that we can potentially see additionally accelerated timelines. If additional vaccines are approved, we can also expect to see doses of those additional vaccine candidates in Q2 and Q3.

Again, the end of September is the outside time frame that we are providing based on approved vaccines. We may, indeed, see that timeline shifting up over the course of the next weeks and months.

Thank you.

Mr. Mike Kelloway: Thank you, Minister. Thank you for that reality check.

I believe we were one of the first countries to negotiate contracts with Pfizer and Moderna. Number one, is that true? Can you speak at all about the relationship we have with these companies and how we've developed that?

Hon. Anita Anand: By all means, yes, that is true. We were one of the first countries to sign with these corporations. It's because of the very hard work of our public servants and the fortitude and heft that the Government of Canada brought to the negotiating table each and every day during the months of August and September, when we were concluding these agreements.

Signing seven contracts with leading vaccine manufacturers is no small feat. This allowed us to have about 400 million doses, enough vaccines to inoculate Canadians 10 times over. That was in addition to the vast PPE procurements these same public servants accomplished for Canada, as well as the more than 40 million rapid tests procured. We have been working around the clock in order to ensure that Canadians have the supplies they need.

In addition to those procurements, we have put in place an end-to-end logistics system. We purchase deep-freeze and ultra deep-freeze storage. We purchase gauze, syringes, alcohol swabs and sharps containers. We deliver these to the provinces and territories so that we can support the provinces and territories in a very collaborative and co-operative manner and all Canadians are supported through to the end of this crisis.

• (1435)

Mr. Mike Kelloway: Do you have anything to add, Minister Hajdu, to what Minister Anand said, or do you have any insights on the topic at hand?

Hon. Patty Hajdu: I just want to thank Minister Anand and her team for working so closely with Health Canada. In fact, we have worked extremely closely over the last several months, in particular around the time of the approval of Pfizer and Moderna. We had regular and ongoing communications both on the political side and through our departments to make sure that the approvals were indeed aligned with the procurement plans and schedule.

I want to also thank Health Canada for the incredible speed with which the regulators worked. This was done by additional resources invested in Health Canada regulatory teams, but also through the dedication of these teams. They worked literally 24 hours a day, seven days a week, to review the ongoing submission of data from

both companies. Canada was indeed one of the first countries to approve both vaccines. We were very lucky to get early doses, which allowed for the provinces and territories to quite frankly get used to working with these unconventional vaccines that required, as we all know now, different ways to be stored and transported. The work that was done through Major-General Dany Fortin, with the provinces, will stand us well in terms of the future shipments that are coming.

The Chair: Thank you, Minister, and thank you, Mr. Kelloway.

[*Translation*]

Mr. Thériault, it's over to you for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair.

Welcome to ministers Hajdu and Anand, as well as all the officials here today.

My comments will revolve around a few key words: transparency, clear-sightedness, predictability and credibility. The idea this afternoon is to practise good politics. Being a critic doesn't make you petty.

With 249,000 doses, you aren't exactly giving us light at the end of the tunnel. It's more like a sparkler display of false hope. Since January 28, the sparklers have given way to a flickering candle, one that goes out much of the time. Nevertheless, people need hope, and hope is built on predictability, clear-sightedness and transparency.

In a crisis, it's important that people continue to follow the health guidelines, that people remain engaged, that front-line workers know the path forward and that vulnerable people know how the crisis will end.

Why are you not being transparent about the vaccine delivery schedule? Why are you not putting out a new, credible schedule? Why are you not releasing the details about vaccine procurement and delivery?

• (1440)

[*English*]

Hon. Patty Hajdu: I'll start and then turn to Minister Anand.

[*Translation*]

Mr. Luc Thériault: Just a second, please.

Mr. Chair, could you please stop the clock.

There is a delay between my question and the answer. Are you going to stop the clock for that? It's going to happen a lot during my turn. I don't think it's fair for me to lose all that time because of the interpretation delay. I hope you plan to stop the clock after I ask my question to allow for the delay.

Are you going to?

The Chair: Thank you, Mr. Thériault. I'll do my best.

Mr. Luc Thériault: Very good. Thank you.

Sorry to have cut you off, Minister. Please go ahead.

[English]

Hon. Patty Hajdu: We have been completely transparent with provinces and territories. We've shared the good news with them and the bad news when doses are delayed. We've certainly shared with them our anticipated delivery schedules to the degree that we know them. I will ask Dany Fortin to speak a few words about that, because his work has been exemplary in this area of complete transparency with provinces and territories so they can—

[Translation]

Mr. Luc Thériault: Sorry to cut you off again, Minister.

Right now, all the experts are saying that your March 31 deadline for the delivery of six million doses is impossible to meet. Just yesterday, Karl Weiss said that, short of a miracle, it was absolutely impossible to vaccinate all Canadians who wanted to be vaccinated by the end of September.

Why, then, do you not put out a new timetable for the delivery of the vaccines, since they aren't forthcoming?

Why the lack of transparency?

[English]

Hon. Patty Hajdu: I will just reiterate, MP Thériault, that in fact we have been transparent with Canadians, sharing good news and disappointing news. As you know, when we found out that there would be a delay in deliveries, we shared that information with provinces and territories openly, and we'll continue to do that every step of the way.

I will turn to Major-General Dany Fortin, if he has a moment, to speak a little about the conversations he has on an ongoing daily basis with provinces and territories, including Quebec, so they can be anticipating what they might expect to get.

[Translation]

Mr. Luc Thériault: I am perfectly aware that MGen Fortin is working with what he has. Right now, he doesn't have any vaccines to distribute. I am asking you the questions and I'd like you to answer, if you don't mind. When I have questions for MGen Fortin, I will ask him.

You said you were transparent. If that's true, you aren't clear-sighted. Even though the Prime Minister is doubling down, no one believes anymore that we will have herd immunity by September 21 because the vaccines will have all been administered.

Why so adamant, at a time when governments need the truth to make informed decisions about whether to tighten up or ease public health measures? That is the issue. This is a marathon. In a marathon, you need to know the markers you'll pass on the way to the finish line. You think you are being clear-sighted, but no one believes the schedule you've put forward because the math doesn't add up.

[English]

Hon. Patty Hajdu: I don't know if you've ever run a marathon, but I have, and part of running a marathon is planning, setting goals and milestones, and preparing, practising and rehearsing tabletop

exercises in this case, making sure provinces and territories have the equipment and the plans they need. You're absolutely right. This is a marathon. This is also a very big list, and we are doing that in partnership with provinces and territories.

[Translation]

Mr. Luc Thériault: For your information, I have done triathlons.

Right now, we know neither the costs nor the delivery schedule for the vaccines being procured.

When I hear Minister Anand say that she has to speak with suppliers daily, it tells me that something isn't clear in the contracts. It is not normal to have to talk to suppliers every day to make sure they keep their word.

Why don't you show us the contracts? What do you have to hide? Are you protecting the pharmaceutical companies, the government or the public?

• (1445)

[English]

Hon. Anita Anand: Every one of our contracts has a confidentiality clause, and I or the Government of Canada cannot simply release contracts or we will be in breach of contract and our vaccine procurements and deliveries will be in jeopardy.

[Translation]

Mr. Luc Thériault: Why did you negotiate delivery on a quarterly basis when people need to be vaccinated every day?

The Chair: Mr. Thériault, you're out of time.

Mr. Luc Thériault: Thank you.

The Chair: Thank you, Mr. Thériault.

[English]

I would like to suggest to all members that the officials are here to assist the ministers in their responses. I would encourage you all to give them an opportunity to do so.

Mr. Davies, please go ahead for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr Chair.

For the record, I can barely run around the block.

I'd like to direct my questions to you, Major-General Fortin. Yesterday you confirmed that the federal government doesn't know how many Moderna doses will arrive for the rest of this month or throughout March, and that Moderna hasn't said why it has reduced shipments to Canada. Despite these unknowns, you said that Canada is still expecting two million Moderna doses to be delivered by the end of March to meet the Prime Minister's promised vaccination targets.

Given that the company hasn't provided Canada with the delivery schedule for the period, or any explanation for the delay, what is the basis of your confidence? Is it mere hope?

Major-General Dany Fortin (Vice-President, Vaccine Roll-Out Task Force, Logistics and Operations, Public Health Agency of Canada): Moderna and Pfizer certainly face global demands in a very demanding production of a new product. We have no reasons to doubt that they are both ensuring that there is a fair and equitable sharing of doses in these uncertain times. We always said that we would have limited supplies, and we're certainly seeing that.

I see this as a bump in the road, for sure. We have no way of confirming if it's a true statement that they have real difficulties with Moderna supplies, but in our conversations we have clear indications and we have numbers to see a positive trend coming out of this current lack of supplies.

Mr. Don Davies: Thank you, Major-General.

Yesterday you also acknowledged that the uncertainty created by Canada's sporadic vaccine deliveries is creating challenges for the provinces and territories. You said, "I completely understand that it's making it more difficult for provinces to prepare clinics and prepare the vaccine distribution sites."

Now, it's quite clear that if the government projections are correct, millions of doses will be arriving at around the same time, probably mid- to late March. The Biden administration recently announced plans to enlist the support of FEMA and the National Guard to set up thousands of community vaccination sites to help ramp up COVID-19 administration in the U.S. The Pentagon has been asked to ready up to 10,000 troops for that campaign.

Is the Government of Canada considering establishing federal vaccination sites or deploying the Canadian military to help provinces and territories with the volume of doses that is obviously coming?

MGen Dany Fortin: I cannot speak to current Canadian Armed Forces and Department of National Defence planning in that regard in great detail. This is the purview of the chief of the defence staff, who would be asked to provide advice to the minister in that regard. What I can tell you is that we're working closely with provinces and territories to ensure the most effective clarity on supplies and most effective rollout and to work closely with them in their jurisdiction to do as effective a rollout as possible.

• (1450)

Mr. Don Davies: General, can you tell us in the most general terms if you're hearing anything about the possibility of federal support to set up vaccination sites to supplement the provinces, which may have difficulty handling those millions of doses? Are you hearing anything at all in that regard?

MGen Dany Fortin: Mr. Chair, what I can tell you is that the Canadian Armed Forces are providing assistance to provinces and territories in their planning, working with the Red Cross and with ISC in their planning as well, and trying to figure out different ways of doing things and ensuring that we provide capacity as a result of RFAs, as we see in northern Ontario at this time.

Mr. Don Davies: Thank you, General.

Dr. Tam, on January 30, you noted that even though daily cases of COVID-19 are trending down, it's still too soon to lift lockdowns and ease other protective measures if Canada hopes to bring the pandemic under control. You pointed to the spread of several highly transmissible variants of the virus as evidence that it's too soon for the provinces to let their guards down. However, this week, Alberta, Quebec and Ontario all announced plans to ease COVID-19 restrictions, and Manitoba is also considering that.

As Canada's chief public health officer, do you believe that the federal government should implement minimum national standards for COVID-19 control to prevent highly transmissible variants from becoming established in provinces with insufficient control measures and then spreading interprovincially?

Dr. Theresa Tam: As I've said, we need to navigate this phase of our pandemic response really carefully. I work very closely with other chief medical officers of health. They all have very different contexts within which they work.

We do provide guidance on a range of public health measures and laboratory testing and other guidance as well, but yes, as you can appreciate, P.E.I. is not the same as Edmonton, so they do have to take things into account, but I think they know that with the variants and increased transmission they have to do any easing really carefully. That is their perspective.

Mr. Don Davies: Thank you.

Ms. Anand, we have to quit meeting like this. We spent time yesterday.

Yesterday at the industry committee you testified that Canada's vaccine contracts have confidentiality clauses that prohibit the release of any terms. You have repeated that today, but your government has disclosed both the number of doses in the Pfizer and Moderna deliveries as well as the delivery schedules. Can you explain how those disclosures are not violations of the confidentiality agreements?

Hon. Anita Anand: Yes, it's nice to see you, Mr. Davies.

I wanted to mention that the delivery schedules are outside of the contract per se. The contract per se has included in it quarterly timetables for delivery—so in aggregate the number of doses that Canada is entitled to on a quarterly basis—and the delivery schedules are provided outside of the contract, and they are estimations that the company provides directly to the Public Health Agency of Canada. On my understanding, the Public Health Agency of Canada makes those public to the provinces and territories for the purposes of planning.

The Chair: Thank you, Mr. Davies.

I gave you a little extra time because of the problems earlier on.

Mr. Don Davies: Thank you, Mr. Chair.

The Chair: That ends the first round of questions. We will start our second round of questions with Monsieur Paul-Hus.

[*Translation*]

Mr. Paul-Hus, you may go ahead. You have five minutes.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you, Mr. Chair.

Minister, you just said the contracts don't include penalty clauses in the event of sporadic delivery. That means the companies have three months to deliver the vaccines, in other words, from January 1 to March 31. It's possible, then, for all the doses to arrive at once, on March 30, and we would have no recourse. Is that correct?

[*English*]

Hon. Anita Anand: The recourse, of course, is breach of contract, and what we are working with in terms of our negotiations with the companies is to ensure that we do have ascertained delivery schedules.

• (1455)

[*Translation*]

Mr. Pierre Paul-Hus: You said you should have delivery schedules.

The last time, Pfizer gave notice only the day before it suspended deliveries. Do the contracts contain notice clauses regarding delivery delays, some sort of warning requirement, at the very least?

[*English*]

Hon. Anita Anand: As I mentioned, the contracts are subject to confidentiality and therefore it would be imprudent, if not illegal, for me to go into detail about what those clauses say.

However, as I mentioned to Mr. Davies, we do have the negotiated delivery schedules that we are providing to the provinces and territories as soon as we get them.

[*Translation*]

Mr. Pierre Paul-Hus: Let's talk about confidentiality, Minister. I have here the European Union's contract with AstraZeneca, Pfizer's contract with Israel and AstraZeneca's contract with the United States. The contract between AstraZeneca and the European Union clearly states that doses will be delivered monthly.

How is it that I have access to all of those major contracts when I can't get any information on Canada's deals? Do you think it's normal for Quebec's health minister to lament the fact that he has no information about the contracts that were signed, during a press conference? Do you have an answer, yes or no?

[*English*]

Hon. Anita Anand: I would very much like to respond to this question first by saying that the release of the AstraZeneca contract by the European Union occurred after a negotiation, and AstraZeneca itself agreed to the release of that contract.

Furthermore, the redactions are so intense in that AstraZeneca contract that no delivery schedules are included. That's quite unlike the transparency that the Government of Canada is providing. In

fact, we do provide our delivery schedules, good and bad, so the provinces and territories can plan.

Do you understand the point that it's been negotiated that the contract can be released? I and the government do not wish to breach our confidentiality obligations under contract. We all want vaccines as soon as possible, and I'm not going to do anything to jeopardize that.

[*Translation*]

Mr. Pierre Paul-Hus: AstraZeneca agreed to release the contract. It is true that certain parts were redacted, but we can still see that the doses are being delivered on a monthly basis. All we have here, in Canada, are quarterly deliveries, which hugely complicate planning.

Once AstraZeneca's vaccine has been approved, can you tell us whether our contract with the drug maker will provide for monthly deliveries as well?

[*English*]

Hon. Anita Anand: As I said, I am under confidentiality provisions regarding those contracts, as is the Government of Canada, but AstraZeneca has not even been approved in this country, and we are making sure we accelerate deliveries on a quarterly basis for that vaccine and all others once regulatory approval occurs.

I would sincerely and respectfully ask that you do not put words in my mouth. I am providing facts to the Canadian public as I see them and read them in our contracts. I want to be clear with Canadians that we do not provide them with misinformation.

Thank you.

[*Translation*]

Mr. Pierre Paul-Hus: I want to believe you, Minister, because I know you are doing your best.

Nevertheless, the information Canadians and the media do have shows that, when it comes to negotiating contracts, Canada got off to a very bad start. People have real concerns about when they are going to be vaccinated.

I think I'm out of time, Mr. Chair.

Thank you.

[*English*]

Hon. Anita Anand: I hope I'll be able to respond to that.

We have 1.4 million vaccines in this country. We have vaccines arriving this week: Friday, Wednesday and again this weekend. We are going to have shipments coming into Canada. The most important thing is that the temporary reduction that we saw last week is not going to continue. We are going to see a continual ramp-up of vaccines arriving in this country in Q1 and a very steep incline in Q2.

I would like to suggest, to the provinces and territories especially, that the ramp-up is something we are talking about and telling you about now, and we would very much like to work with you and provide supplies, etc., in order that the planning for that mass vaccination campaign can begin in earnest. That's our commitment to Canadians.

Thank you.

[*Translation*]

The Chair: Thank you, Mr. Paul-Hus.

[*English*]

We will go now to Mr. Van Bynen for five minutes.

• (1500)

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair.

Minister Anand, before asking my question, I will allow you to answer your questions, not because of Standing Order 16(2), or Standing Order 48(2), or Standing Order 18 or Standing Order 11, but out of respect and courtesy for your professional advice you're providing this group.

I also want to put an end to some of this armchair contract speculation. As a banker of over 30 years I believe the transparency in your business dealings is extremely important, but so is respecting confidentiality, particularly when it comes to intellectual property and commercial contracts. Whether in the House or in committees, the opposition keeps asking for details of the vaccine contracts to be released.

Minister, we all have a common goal: to get Canadians vaccinated through this pandemic. Would releasing a contract improve the availability of Canadians' access to this vaccine any sooner?

Hon. Anita Anand: At the outset I will say I too believe in the utmost professionalism when testifying at committee or appearing in the House of Commons. It's one of the reasons I entered politics, to ensure that we have proper discourse.

The release of contracts is something that I can understand Canadians and the opposition wanting, given that I too believe in transparency and accountability. I have been raising this issue with the vaccine suppliers. At the same time, we are obliged to respect the terms of our contracts. There are two parties to a contract. It's a bilateral deal. As a result, I cannot unilaterally decide to release a contract. It needs to be something that both parties agree upon, and at this point in time it would be imprudent and illegal for me to release those contracts.

To the point of your question—would it provide greater clarity?—as I said, those vaccine contracts contain quarterly delivery timelines, which we have mentioned are the end of March for Pfizer and Moderna for four million and two million doses, respectively. The part of this negotiation with the vaccine suppliers that we are making clear is these estimated delivery schedules that naturally shift given the ramp-up that is occurring in the supply chain at their production facilities.

We will continue to provide information to Canadians on whether it is positive or negative. Unfortunately, last week involved

negative news, but we still provided it. This week we are seeing a ramp-up in the deliveries coming to Canada, and that is going to continue to steadily incline. We will also share that information with Canadians in the interests of transparency and accountability.

To go back to the point about what else we are doing, weekly we hold transparency or technical briefings with officials. Major-General Dany Fortin and the other officials attend to answer Canadians' questions, which is in addition to our appearances at these committees and in the House of Commons.

We will continue to be as clear and accountable to Canadians as possible. It is our commitment as a government.

Mr. Tony Van Bynen: I have one other question. Has anyone else published weekly or quarterly schedules for delivery?

Hon. Anita Anand: The answer is no. To my knowledge, we are the only country publishing delivery schedules. Therefore I think the implication that we are not being transparent is incorrect. We are providing as much information regarding deliveries as we get. As soon as I received the information on a Thursday night that the Pfizer plant was undergoing a ramp-up that involved reduced deliveries to Canada, I came before Canadians on Friday morning. It's my commitment to provide information to Canadians as soon as I get it, and it's our commitment as a government to provide that information to provinces and territories. The contracts do not contain delivery schedules on a week-to-week basis and therefore are not the main item that Canadians think they are.

Thank you.

Mr. Tony Van Bynen: Minister, in addition to the vaccines, part of your role during this pandemic is procuring PPEs.

• (1505)

The Chair: Actually, you're out of time. I'm sorry.

Mr. Tony Van Bynen: All right. Thank you.

The Chair: Mr. Van Bynen, thank you.

We go now to—

Hon. Anita Anand: Can I have 10 seconds to respond?

Hon. Michelle Rempel Garner: No. It's my turn.

The Chair: It is Ms. Rempel Garner's turn.

Minister, I would suggest you might respond at some other opportunity.

Ms. Rempel Garner, please go ahead for five minutes.

Hon. Michelle Rempel Garner: The minister said she is releasing the delivery schedules as soon as they get them, so I'm assuming they've negotiated quarterly delivery timelines, but they don't actually know how many they're getting from week to week—if that's what she meant by that comment.

Hon. Anita Anand: Is there a question there?

Hon. Michelle Rempel Garner: I think it was pretty clear. Anyway, I won't litigate that.

Has the government directly asked the Biden administration to allow Canada to receive doses from Pfizer's and Moderna's U.S. plants?

Hon. Anita Anand: I had a call with Jeffrey Zients of the U.S. Biden administration and raised a number of options with him.

Hon. Michelle Rempel Garner: Did we get turned down?

Hon. Anita Anand: All doses being produced in the United States at the current time are for United States citizens. I raised potential timelines with the Biden administration and will continue to follow up with them to see if that will be a possibility for Canada.

Hon. Michelle Rempel Garner: We asked, but we got turned down for the near future.

Hon. Anita Anand: This was in the first week of the Biden administration coming into being, so at the current time, we are still having this conversation. I wouldn't classify it as being turned down.

Hon. Michelle Rempel Garner: When do you think they'll allow us to get doses from their plants?

Hon. Anita Anand: As I said, the Biden administration is coming into play and continuing to evaluate their situation. They are having conversations with us and other international partners to see what is possible, but we have been told that at the current time all doses are staying in the United States. This is why we made sure to have doses coming out of Europe, which we've been able to get.

Hon. Michelle Rempel Garner: Thank you.

Would it be accurate to say there's no hope for us to get U.S. doses for Q1?

Hon. Anita Anand: We continue to scour the globe for doses, including in the United States and around the world.

Hon. Michelle Rempel Garner: On that note, has the minister or the Prime Minister phoned Prime Minister Modi to ask if we could get vaccines from India?

Hon. Anita Anand: I am in regular communication with organizations and countries around the world to secure doses of additional vaccines.

Hon. Michelle Rempel Garner: Have we phoned Prime Minister Modi?

Hon. Anita Anand: I personally have not phoned Prime Minister Modi, and I can't speak for anyone else in our government.

Hon. Michelle Rempel Garner: Does the minister know if the Prime Minister has reached out to the Indian government?

Hon. Anita Anand: I do not know.

Hon. Michelle Rempel Garner: She doesn't know. That's frightening.

Has the Minister of Health asked for advice from the chief of defence, or asked for a plan to be developed, to direct the military to set up military-run vaccine distribution centres?

Hon. Patty Hajdu: No, I haven't spoken directly with the chief of defence. As I mentioned earlier in my statement and many times previously, the organization of vaccination in Canada is being coor-

dated through the national operations centre and Major-General Dany Fortin.

Hon. Michelle Rempel Garner: Can the Minister of Health table with the committee, prior to this portion of the study being completed, any work the government has done to ascertain the percentage of Canadians who need to be vaccinated prior to herd immunity being achieved?

Hon. Patty Hajdu: Perhaps I can turn to Dr. Tam to talk about the work that's being done to evaluate the effect of vaccination on onward transmission.

Hon. Michelle Rempel Garner: I only have a minute left, so I was wondering if you could table any work that's been completed with the committee.

Hon. Patty Hajdu: I would like to be able to answer the question, Mr. Chair, and we do have with us the chief public health officer, who's working with a variety of experts around the country and world on vaccination—

Hon. Michelle Rempel Garner: I would just like to know if we could have that report or that work tabled with the committee, because it's not going to be answered in a minute.

The Chair: Ms. Rempel Garner, please let the witness answer. We have to—

Hon. Michelle Rempel Garner: I just want to know if that can be tabled with the committee.

The Chair: Thank you, Ms. Rempel Garner.

Ms. Sonia Sidhu (Brampton South, Lib.): I have a point of order, Mr. Chair.

The witnesses have the floor, and we all want to hear from them.

The Chair: Thank you, Ms. Sidhu.

• (1510)

Hon. Patty Hajdu: We can certainly endeavour to provide a variety of research, global research, on vaccination and what we understand so far.

Hon. Michelle Rempel Garner: I want to know this: Does the minister have any idea what percentage of Canadians needs to be vaccinated before herd immunity is achieved in Canada? Do they have a benchmark they working with right now?

Hon. Patty Hajdu: Obviously, the more people who are vaccinated in Canada, the more lives that are saved. The vaccination right now—

Hon. Michelle Rempel Garner: What's the percentage for herd immunity in Canada?

Hon. Patty Hajdu: Mr. Chair, the honourable member is not allowing me to answer a complex question in a way that would help elucidate the information she's looking for. I would certainly be happy to turn to Dr. Tam to talk about the emerging research around vaccination and its impact on onward transmission.

Hon. Michelle Rempel Garner: I'd just love that report to be tabled with the committee so we can peruse it.

The Chair: Ms. Rempel Garner, thank you.

Minister Hajdu, if you wish to finish your answer, please go ahead.

Hon. Patty Hajdu: I'm not sure of the procedure, Mr. Chair, but I would like to turn to Dr. Tam to speak a little bit about vaccination, immunity and why the answer is not yet clear worldwide.

The Chair: Go ahead, please.

Dr. Theresa Tam: The bottom line is that the data on vaccine effectiveness against asymptomatic infection or transmission is not yet available. There's some very limited information, so we're still gathering that, and it would not be prudent to guess at the estimate, although mathematical modellers have tried. That will be published, I hope, in peer-reviewed journals.

The Chair: Thank you, Dr. Tam.

I would like to remind all members that according to Bosc and Gagnon's *House of Commons Procedure and Practice*, page 1079, "appropriate courtesy and fairness" should be displayed when questioning witnesses. Thank you.

We go now to Ms. Sidhu. Please go ahead for five minutes.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Before I begin, I need to highlight one important point for all Canadians. The minister and officials are working hard to fight this battle against the pandemic, but they represent hundreds if not thousands of public servants, military personnel and volunteers. I hope I speak on behalf of all members in thanking all these public servants.

My first question is for Major-General Fortin. My community of Brampton has been hit hard by the pandemic and was one of the first to receive the vaccine, one of the very few to get it before Christmas, but also one of many across the country....

General, can you tell us what has been learned from the logistics of these early deliveries and the dry runs?

MGen Dany Fortin: I can summarize quickly that we have learned a great deal about some of the intricacies of shipping at scale hundreds of packages across the country of a vaccine that is highly sought after. We have seen some discrepancies in tracking numbers and addresses, so errors that are easily fixable, and we have addressed those with the provinces and territories.

We've also identified some risks associated with shipping packages in remote and isolated areas as well as into the north in the winter with the complexities that distribution can present in terms of air travel, road travel as well as over-the-water travel. There's a number of small lessons that have been captured and are being addressed in distribution, particularly as we scale up in the month of April and onward.

Ms. Sonia Sidhu: My next question is for Dr. Tam.

A case of the South African variant has been discovered in Peel Region. What do we know about the ability of the major vaccines to protect Canadians against the new variant?

Dr. Theresa Tam: Research is ongoing, but based on what is available right now.... We have been very fortunate in having two vaccines authorized in Canada that have a very high-vaccine efficacy of over 90%—so 94% and 95% in clinical trials. What we ex-

pect based on the data is that it has good coverage for the B117 variant originally reported from the United Kingdom. It seems to have a reduced vaccine effectiveness against the B.1.351 variant that originally was reported from South Africa. Even with that, because the vaccines were so effective to start off with, even if there's some reduction, it is expected the vaccines will still be providing a good level of protection.

It is still something we continuously evaluate.

• (1515)

Ms. Sonia Sidhu: Thank you, Dr. Tam.

My next question is to Minister Anand.

Canada is among 14 countries in the entire world that have managed to administer over one million doses of the vaccine up until now. Canada negotiated the highest number of vaccine doses per capita in the world in a highly competitive market.

Minister, can you describe how competitive this market is?

Hon. Anita Anand: I really appreciate the question because people often say that we have this large portfolio with the highest number of doses per capita in the world, but to get to that point we had to work extremely hard in a very short amount of time over the month of August and part of September.

We had to put in place seven bilateral agreements after receiving the advice of the vaccine task force and the Public Health Agency of Canada. That required us to negotiate very quickly so that we were first in line with Pfizer and close to the first in line with Moderna. We had to move quickly for those products, so that result, with seven bilateral agreements and 400 million doses under contract, was extremely hard to do.

That was after having procured two billion items of PPE for Canadians and 40 million rapid tests. I am so grateful to the public service, and particularly the officials at the Department of Public Services and Procurement Canada, for their incredible work on this file.

Ms. Sonia Sidhu: Thank you, Minister Anand.

Mr. Chair, do I have more time?

The Chair: No, not really. You have 12 seconds.

Ms. Sonia Sidhu: I'll pass it on.

The Chair: Thank you, Ms. Sidhu.

[Translation]

Now it's over to Mr. Thériault for two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

MGen Fortin, in response to a question from the member for Lac-Saint-Jean, you said you did not know why Moderna had cut back on its vaccine shipments. Is that right?

MGen Dany Fortin: Moderna did not flag any problems whatsoever with its supply chain, but the vaccine maker had to adjust to accommodate global demand and deal with production issues, which it did not share with us. We have no reason to believe this will impact the company's ability to meet its objective of delivering two million doses by the end of March.

Mr. Luc Thériault: Do you know the specific reason why the company reduced its shipments?

MGen Dany Fortin: We don't know the reason for the reduction, but we are in constant contact with the drug maker.

Mr. Luc Thériault: Minister Anand, do you know why Moderna cut back on its vaccine deliveries? After all, you're in touch with the company daily and you have to make sure it honours the terms of the contract.

[English]

Hon. Anita Anand: Let me just say that I am in constant contact with the suppliers. As soon as I heard that there was going to be a delay in deliveries—I wouldn't say "reduction", because we are going to meet our two-million target at the end of the quarter—I immediately told the Canadian public the reason that I understand has to do with the production facility in Europe being revamped but that is continuing to ensure that we are able to meet our target.

[Translation]

Mr. Luc Thériault: Are you referring to Pfizer or Moderna?

[English]

Hon. Anita Anand: I understand that. Yes, I believe the reason relates to their production facility, but that is something that I'm still working on ascertaining the precise details about.

[Translation]

Mr. Luc Thériault: It matters given that we were talking about predictability earlier. Under Quebec's plan, those in senior citizens' homes were supposed to have been vaccinated by now, but that's not the case. Every day vaccine deliveries are delayed puts people at risk. The delays impact public health policies and non-COVID-19 patients because it's crucial not to overburden hospitals. We should at least know why.

• (1520)

[English]

Hon. Anita Anand: The bottom of these reasons is that we received 180,000 Moderna doses this week and we will continue to receive Moderna doses over the course of the quarter.

My own father is 90 years old. I understand the urgency, and I am working every single day to make sure that we get doses into this country as we're entitled to under contract so that long-term care—so that Canadians—can have vaccinations as soon as possible. That is the clarity that I wanted to provide to you today.

The Chair: Thank you.

[Translation]

Thank you, Mr. Thériault.

[English]

We go now to Mr. Davies.

Mr. Davies, you have two and a half minutes, please.

Mr. Don Davies: Minister Anand, we heard Minister Hajdu say that transparency is very important to your government, and you mentioned that the EU asked AstraZeneca if they could disclose part of the contract [*Technical difficulty—Editor*].

The Chair: I'm sorry. You've gone on mute. Please ask your question one more time. We'll continue the clock once your question is asked.

Mr. Don Davies: Ms. Anand, we heard Ms. Hajdu say that transparency was fundamental to your government's approach, and you mentioned that the EU asked AstraZeneca if they would agree to disclose part of their contract, which they did, however redacted.

To honour transparency, will you ask AstraZeneca if they will allow you to release part of the contract to the Canadian public?

Hon. Anita Anand: Indeed, this is an issue that I have already raised with the vaccine suppliers—the contents of the contract, what is permitted to be disclosed, what is not permitted to be disclosed. I believe in transparency and accountability. I also believe in respecting contracts, so I am working to try to find whether there is a solution here. Currently I'm obliged to observe those confidentiality provisions. I will say that the AstraZeneca contract was heavily redacted and that's an important point—

Mr. Don Davies: I have very limited time, Minister. Will you disclose the confidentiality clauses themselves?

Hon. Anita Anand: That's a very good question, and I will take that back to determine whether that would be possible within the confines of the legal parameters of the agreements.

Mr. Don Davies: Thank you, Minister.

Minister, Deputy Prime Minister Freeland has claimed that drawing vaccine doses from COVAX was always part of the federal government's procurement strategy. However, Gavi, which is the organization leading procurement and delivery for COVAX, has noted that for self-financing countries like Canada, "the Facility serves as a critical insurance policy that will significantly increase their chances of securing vaccines,...if their own bilateral deals fail".

Is the Government of Canada's decision to draw from the COVAX program an admission that our bilateral deals have failed?

Hon. Anita Anand: It is not at all, not in the least. We wanted to make sure that we were supporting developing countries, and at the same time, the way in which the COVAX facility worked was that it had two pillars, the advance market commitment for low-income countries and the facility for self-financing countries. We invested \$220 million in both pillars. We just accepted the AstraZeneca doses that were dedicated to Canada according to equitable allocation mechanisms. In fact, other developed countries like New Zealand are also accepting doses as well.

Mr. Don Davies: So, help me to understand—oh, I'm sorry, Mr. Chair.

The Chair: Thank you, Mr. Davies.

We'll start our round three now. We'll start with Mr. Barlow.

Please go ahead for five minutes.

Mr. John Barlow (Foothills, CPC): Thanks, Mr. Chair.

Does the minister expect restrictions to be lifted once we hit herd immunity?

Hon. Patty Hajdu: “Restrictions” is a general term. There are a number of public health measures in place that are imposed by municipalities, provinces and indeed the federal government. Certainly as we see a decrease in COVID-19 circulating, I would anticipate that measures will be alleviated.

Mr. John Barlow: When do you expect, then, Minister, that Canadians will be back to normal life, if it's contingent on whether or not the government is able to get enough vaccines—as you've promised—by September?

• (1525)

Hon. Patty Hajdu: I'm reluctant at this point to predict what a normal life will be all about or when that might happen. I think what we know is that provinces and territories have been steadily increasing their capacity to test, to contact trace and to do the isolation. They've learned a lot about infection control and prevention. We've invested millions if not billions of dollars into a variety of different supports, including those for long-term care homes, and we're continuing to purchase and procure vaccines for Canadians. So I think—

Mr. John Barlow: Thank you, Minister. You've said that you will have enough vaccines, that every Canadian who wants a vaccination will be vaccinated in September. With that promise on the table, do you expect that businesses will be back to being open, travel restrictions will be lifted, schools will open and those types of things? Will life be back to what Canadians expect if you reach your promise of vaccinations by September? Will I be able to play hockey next September?

Hon. Patty Hajdu: Certainly the more Canadians are vaccinated, the safer Canadians will be, and I would anticipate—and I certainly would turn to Dr. Tam and others—that the resumption of what we call normal life would begin.

I think the question of international travel is an interesting one, though, and it drives attention to the importance of contributing to COVAX, because of course we know that many other countries will not have access to vaccination for years, and that will affect—

Mr. John Barlow: Thanks, Minister. I wasn't asking about international travel. I was asking about Canadians' lives going back to normal. Minister, I think this is a question you should be able to answer with yes or no. Canadians want to know this information, and all of you have talked about today about being open and transparent. Will Canadians' lives be back to normal once we reach herd immunity, yes or no?

Hon. Patty Hajdu: Well, I think there's a lot packed into that question. Certainly, that's the goal of vaccinating as broadly as possible, and certainly with an aggressive goal of the end of September

for any Canadian who wishes to be vaccinated, I think we'll see a great return to normal. It's difficult to predict, of course, because the virus always has a surprise for us, so I will just say that that is indeed the goal of vaccination: that we can resume a “normal life” to the degree that it is possible within Canada. I think the issue of international travel is one that's under close examination by—

Mr. John Barlow: Again, Minister, I'm not asking you about international travel. I appreciate that—

Hon. Patty Hajdu: I would just say that many Canadians are looking forward to taking a vacation—clearly.

Mr. John Barlow: I'm sure they are.

Would you expect, Minister, that lockdowns would be eased before September—if we have access to the vaccines—once a significant portion of Canadians have been vaccinated?

Hon. Patty Hajdu: It's very difficult for me to determine what decisions provinces and territories will take. It will depend on the circulation of the virus.

As Dr. Tam has already indicated, we know a lot about the virus and protecting people from death and from adverse outcomes with infection from COVID-19. What we don't know yet is how it affects asymptomatic transmission. I'm again repeating what Dr. Tam has advised the committee earlier.

Mr. John Barlow: With the delays we're experiencing in vaccine shipments, it not only means that more Canadians are going to be dying preventable deaths, but also that the businesses that all of us are hearing from will continue to be closed, and Canadians won't be able to make their rent and put food on the table because of the measures that remain in place. What you're saying is that you expect the lockdowns to continue until vaccines are available—

Hon. Patty Hajdu: No, Mr. Barlow. Please don't say what you think you've heard me say. What I'm saying is that of course we're working—

Mr. John Barlow: Well, you're not answering the question.

Hon. Patty Hajdu: Well, you still can't...you don't have the right to tell this committee what you think you've heard me say. I will say that is not what I said.

Mr. John Barlow: Well, then, answer the question, Minister. Answer the question.

Hon. Patty Hajdu: I did answer the question, Mr. Barlow, and the answer is, of course we're working as quickly as possible to vaccinate as many Canadians as possible, because we know that vaccination is an important tool to ending the destruction that COVID-19 has wreaked on Canadians' lives. We are solely focused on that, but I will also say that many of the public health measures that you refer to are imposed by provinces and territories, and it is at their full discretion when and how they lift them.

The Chair: Thank you, Mr. Barlow.

We go now to Mr. Fisher.

Mr. Fisher, please go ahead. You have five minutes.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair.

I want to thank our witnesses, and I also want to thank the government officials for being here. I know we're not hearing an awful lot from them, but I do want to thank them for the work they're doing day and night to keep Canadians safe.

My question is for Minister Anand. Under previous governments, Canada lost the manufacturing capability and technology to produce some of these extremely highly technical vaccines. I think this is just obviously one of the reasons why it's so important that you, Minister, and our government have worked so hard to make sure Canada has a very strong—I know we've heard this a lot—and diverse vaccine portfolio. We hear that a lot. We have the most units per capita in the world.

I recognize that members opposite like to say that this portfolio doesn't necessarily matter, that Canadians won't be vaccinated until 2022 or 2030, but we know that it does matter. This type of misinformation only serves to mislead Canadians and spread fear. As soon as Health Canada approved the first vaccine candidate, we took delivery of vaccines, and the same with the second. We've already delivered more than a million vaccines to provinces and territories.

Minister, I think we can agree that we're hearing a lot of false and misleading information about vaccine delivery and distribution. I want to know if you can tell this committee what the reality is of vaccines being delivered in Canada.

• (1530)

Hon. Anita Anand: By all means, I would very much like to present the facts as I know them, and as I present them to Canadians whenever I have an opportunity.

First and foremost, you are correct that we were one of the first countries to begin inoculations in December, and, indeed, to roll out a vaccine across the country. The reason why we were chosen by Pfizer and Moderna as the recipient of their vaccines earlier than other countries was because Canada was ready.

The Public Health Agency of Canada, Minister Hajdu and I mentioned to the vaccine companies that we would be ready to accept delivery. That readiness and perseverance has certainly paid off in terms of our negotiations with the vaccine companies.

Moderna in particular has continued to mention that this is only a temporary delay, and they will continue to deliver. Pfizer has also mentioned that this is only a temporary delay. We will, through both of those suppliers, see six million doses in this country prior to the end of March, as those companies are committed to do under contract.

We at PSPC have moved very quickly to ensure that we would have options under contract and accelerated delivery so we will see 20 million more doses of approved vaccines alone coming into this country in Q2. That is a very important fact to remember when thinking about the deliveries that Canadians should be expecting.

Millions and millions of vaccines are going to be coming into this country in Q2. Canadians, provinces and territories should realize that and be ready.

Then at the end of Q3, if not sooner, we expect there to be more than 70 million vaccines in aggregate in this country, and all Canadians who wish to have access to a vaccine should have it.

In my opinion, the Economist timetable, the Bloomberg timetable and the messaging we have heard from the opposition on the impossibility of reaching our timelines, are false. We have had assurances from the vaccine suppliers, and, indeed, from approved vaccine suppliers alone—Moderna and Pfizer—that they will be shipping those vaccines to this country. I am confident that we will be seeing Canadians who wish to be inoculated being inoculated prior to the end of September, if not sooner.

Mr. Darren Fisher: Thank you very much, Minister.

Quickly, I would like to go Major-General Fortin.

Major-General, from day one it appears that you have been giving Canadians real-time information, whether it's good news or disappointing news. I want to thank you for that because I don't think there's another country out there that's doing that, and I see you do it every day.

I want to know if you made a conscious decision from the start to take that information in real time and pass it along to Canadians, whether it's good news or whether it's disappointing news.

MGen Dany Fortin: It's an absolute honour for me to represent day in and day out a much larger team. What you see is me talking, but it's a team effort of military and public servants from across the Government of Canada, as well as provinces, territories and a number of stakeholders, so it's with great pride that I share those numbers.

I share numbers as we have them and as they become actionable information for partners. If we're unsure about those numbers, we wait, but we want to provide the truth with confidence to provinces, territories and shareholders to allow them to plan as effectively as possible.

• (1535)

Mr. Darren Fisher: Thank you.

The Chair: Thank you, Mr. Fisher.

We go now to Ms. Rempel Garner. Please go ahead for five minutes.

Hon. Michelle Rempel Garner: Thank you, Chair.

To the minister of procurement, The Globe and Mail is reporting that new Statistics Canada data suggests we're paying significantly higher per dose for vaccines than the United States and the EU, yet we're receiving them later.

Is that correct?

Hon. Anita Anand: We are paying fair value for our vaccines. We have, as I mentioned, confidentiality provisions that prevent me from providing specifics relating to price, but I will say that when I say “fair value”, that means prices are, to my knowledge, comparable.

Of course, I don't know exactly what all other jurisdictions are paying, but we negotiated in earnest for the accelerated delivery, and we will continue to do that with the vaccine suppliers.

Hon. Michelle Rempel Garner: The accelerated delivery we received was zero. The Globe and Mail is reporting \$38 per dose and that's higher than the U.S. and the EU.

Would you like to comment on that?

Hon. Anita Anand: I sure would.

It's actually incorrect for us to be talking about one price per dose. We have seven agreements with vaccine candidates and therefore the price per dose differs per vaccine. I don't think it's accurate simply to throw out global numbers like that.

Hon. Michelle Rempel Garner: Is it accurate for The Globe and Mail and Statistics Canada to suggest that?

Hon. Anita Anand: As I have mentioned, there is a confidentiality clause in our agreements, and I personally would be in violation of those clauses if I mentioned the price.

Hon. Michelle Rempel Garner: I'd like to go back to the Minister of Health. She started responding to one of my colleague's questions about the subject of international travel restrictions and she raised the issue of COVAX.

Is the minister looking at international travel restrictions as they apply to global herd immunity or domestic herd immunity?

Hon. Patty Hajdu: Those considerations are very live and active right now globally, as you know. Countries are struggling with decisions about what to do to restore international travel safely, and Canada is a participant in those conversations.

Hon. Michelle Rempel Garner: Would the minister be advising lifting those restrictions upon domestic herd immunity or global herd immunity being achieved?

Hon. Patty Hajdu: I would not actually be advising at this point. I'm taking advice from research and science, and that research and science is under way and it is a complex space. I have had regular ongoing biweekly conversations with my G7 counterparts, and this is something all countries are examining in terms of next steps on international travel.

Hon. Michelle Rempel Garner: Is the minister going to be advising any exemptions for quarantine requirements on international travellers for any groups such as those travelling abroad for medical surgery, family reunification, minors under 18 or religious missionary travel?

Hon. Patty Hajdu: Canada has some of the strongest measures at the border in the world, including a mandatory 14-day quarantine. It has been a very important—

Hon. Michelle Rempel Garner: Sure, and we all support that. For the new hotel quarantine restrictions, is she looking at any exemptions for any particular group, including temporary foreign workers or agricultural workers?

Hon. Patty Hajdu: We're working out the details right now in terms of how we'll manage the mandatory three-day quarantine. All that to say, quarantine is an important component of our commitment to reducing importation at the border and to understanding the role of variants in a Canadian context.

Hon. Michelle Rempel Garner: There are no exemptions that will be put in place for the first round under a potential OIC?

Hon. Patty Hajdu: That is not what I said. I said that we are carefully examining those groups of travellers and how we best manage them.

Hon. Michelle Rempel Garner: When does the minister expect those rules to be put forward to the Canadian public?

Hon. Patty Hajdu: We'll be releasing the details of those new measures very shortly.

I also want to take this opportunity to thank the Hotel Association of Canada, which is working very closely with us on the plan.

• (1540)

Hon. Michelle Rempel Garner: Does “very shortly” mean within the next week?

Hon. Patty Hajdu: Very shortly.

Hon. Michelle Rempel Garner: Is it five days, 10 days?

Hon. Patty Hajdu: Very shortly.

Hon. Michelle Rempel Garner: Does the minister want to comment on any work she has undertaken with the finance department to tie herd immunity to potential figures for long-term sustainability of the CERB?

Hon. Patty Hajdu: I'm not sure what the question is.

Hon. Michelle Rempel Garner: The question is whether you have talked to the finance department about your assumptions on herd immunity and how long we'll need the CERB.

Hon. Patty Hajdu: The finance minister and I have regular conversations about the supports that are necessary to help Canadians get through this difficult time and do whatever it takes to make sure we reduce the spread of COVID-19 and restore the functioning of our economy.

The Chair: Thank you, Ms. Rempel Garner.

We go now to Dr. Powlowski for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): The Prime Minister has repeatedly said that every Canadian who wants to have a vaccine will have one before September. My understanding is that it's based solely on existing contracts that we have with Moderna and Pfizer. However, there are three other vaccines that are currently waiting for approval in Canada. Two of those have completed phase three trials and shown effectiveness. Although AstraZeneca and Johnson & Johnson might not have, in the original trials, shown 95% efficacy like Moderna and Pfizer, they weren't in head-to-head trials with those other vaccines. There were different populations and different amounts of variance.

In addition, it seems that with further boosters, you can increase the efficacy of pretty well all vaccines. Johnson & Johnson has only one. Their result was with one shot. In addition, although Johnson & Johnson was effective at preventing only 70% of people getting COVID, it decreased the number of admissions to hospital and deaths 100%. These vaccines seem to me to be very likely to be approved. The results of these studies are public and have been much scrutinized by the medical community. I know that we have to wait for the completion of the regulatory process, but it seems to me that Johnson & Johnson and AstraZeneca are very likely to be approved. AstraZeneca has already been approved in some jurisdictions. If preliminary results from Novavax hold, then we have a fifth vaccine.

I understand our reluctance to count our chickens before they hatch. However, again, it seems very likely that probably all three of these vaccines will be approved. Canada's bought millions of doses of these vaccines. Given this, it would seem to me that our promise to have every Canadian who wants to be vaccinated before September is very conservative—in the sense of a prediction, not in the sense of a party.

I know that we rightly don't want to make promises we can't keep, but there's a great deal of COVID fatigue out there. That's resulted in real health problems. People are unhappy. They're despondent. They're drinking too much. They're overdosing. They're ignoring public health advice because they don't see an end in sight. I would assume that our government has some prediction on vaccination rates and timelines if the other vaccines are approved. Would you be willing to share this with us?

That's to anyone who might want to answer that quick question. I don't think we should promise anybody anything, but I think Canadians really want hope. From what I'm hearing, that September timeline seems very conservative.

Hon. Patty Hajdu: I'll start, and then maybe I can turn to Minister Anand to speak a bit as well.

You're right that it's a difficult time right now for Canadians. They are anxious. They are tired of the restrictions in which they face a new reality. I do want to take the time to actually thank Canadians, because by and large Canadians have followed public health measures. It has been difficult. There are sacrifices, some that we see in the media and some that we'll never know about, that people are making in their daily lives to protect each other. I truly am proud to be a Canadian when I look at my fellow Canadians and the astronomical amount of work they're putting into life in their

community in protecting each other and sustaining and adapting their businesses. The stories go on.

The target that we have repeated, which is our goal of having enough vaccinations in the country for every Canadian who wishes to be vaccinated by the end of September, I think is a realistic target, but it doesn't mean there's not a lot of work ahead. As I think Minister Anand and many others have pointed out, we will start to see the volume of vaccines arrive in this country, all things considered, with manufacturers hopefully getting all of their ducks in a row, and the commitment is that we'll have those doses in Canada in increasing numbers over the next two quarters. That means April, May, June, which will be very busy for Canadians and for provinces and territories, and July, August, September, which will still be very busy.

Provinces and territories are stepping up. You heard Major-General Dany Fortin speak about the work the provinces are doing right now to make sure they have the capacity to not only vaccinate in large volumes but to tap into some of the networks that actually help them every single year in massive influenza vaccination campaigns, for example. I think Canadians can be confident that the vaccines are coming. If we manage to exceed that target of the end of September for every Canadian who wishes a vaccine to have one, that's great news for Canada. Again, sticking with trying to remain realistic in these targets, I think it's a reasonable goal.

I'll turn to Minister Anand to see if she has any words to add.

● (1545)

Hon. Anita Anand: There are two variables that can see the acceleration of doses from Q3 to Q2, which we're working very hard on. The first is that we are working with approved suppliers to see if they would be willing to move doses from Q3 to Q2. We've had some success on that already, which I have announced previously, but we're still working to make sure that approved suppliers...and inquire with them to see if their doses can be moved earlier to Q2. That would be useful in accelerating our timelines.

The second variable is the speed at which additional approvals occur at the separate regulatory body of Health Canada. As we see additional vaccines come online, we will hopefully see accelerated deliveries of those vaccines and our numbers, previously provided in chart form and repeated here a number of times, also accelerating.

As you can see, this is an environment with many moving parts, where suppliers are ramping up production at the same time that regulatory bodies are approving new vaccines. It's very important for us to be aware that the targets we are setting are realistic. They can change, and as soon as we have information relating to additional deliveries to be expected in Q2 we will share that with the Canadian public. It's my commitment. It's our government's commitment.

The Chair: Thank you.

[*Translation*]

Mr. Thériault, it's your turn for two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

As I listen to the witnesses answer the questions about procurement, I sometimes get the sense that Canada had to bow down to the pharmaceutical companies.

Still, the truth will come out one day.

The health minister will no doubt agree that each day vaccinations are delayed, the pressure on the health care system and front-line workers mounts. What's more, the number of non-COVID-19 patients grows; potential COVID-19 patients are not the only ones at risk.

The people suffering you don't hear about are non-COVID-19 patients. Why are there so many? Because health care has been underfunded for decades, so much so that the resources needed to respond to the pandemic are lacking.

Since the government apparently works so well with the provinces, why does it stubbornly refuse to increase health transfers? Why does the government refuse to send provinces a strong message that it will support their capacity to get through the crisis, so they can allocate their resources properly? Why not send that message now? It seems to be more about holding the power than about improving public health.

● (1550)

Hon. Patty Hajdu: Thank you for your question.

All levels of government are working together to keep Canadians safe.

As part of our response to COVID-19, we announced the safe restart agreement, a \$19-billion-plus initiative to support the provinces and territories. That investment is in addition to—

Mr. Luc Thériault: You sound like a broken record, Minister.

I'm talking about Quebec's and the provinces' calls on the federal government to increase health transfers immediately so they can get through the crisis and provide care to their populations. Some non-COVID-19 patients are being completely shut out of the health care system as we speak.

Why not increase health transfers right away and send a clear message to those on the front lines of care? That is my question.

Hon. Patty Hajdu: Ever since the crisis began, we have transferred funding to the provinces and territories to help their health

care systems weather the COVID-19 pandemic. We will continue to be there to protect Canadians. I hope you recognize that.

The Chair: Thank you, Mr. Thériault.

[*English*]

We will go now to Mr. Davies.

Mr. Davies, please go ahead. You have two and a half minutes.

Mr. Don Davies: Minister Anand, the government has said repeatedly that we have enough vaccines locked in from Pfizer and Moderna alone to vaccinate every Canadian by September. We also have as one of our seven contracts, one for...I think it's 20 million doses, with AstraZeneca.

If that's true, why did Canada need to access two million doses of the AstraZeneca vaccine from COVAX, which, let's face it, is a fund primarily to help low-income countries get access to the vaccine?

Hon. Anita Anand: As I said, we are aware, and participate in COVAX and its two pillars. The multilateral procurement pooled mechanism is for the purposes of receiving doses in both developed and developing countries. We're one of the highest contributors in the world.

Mr. Don Davies: Right, but my question, Minister, is why we need to access that. If it is true that you already have enough from Pfizer and Moderna, you don't need to access COVAX.

Hon. Anita Anand: Mr. Davies, the reason is that we would like to have as many doses in Canada as early as possible. COVAX allows us earlier doses, and that was our goal in selecting AstraZeneca.

Mr. Don Davies: Diana Sarosi from Oxfam says, "Canada should not be taking the COVAX vaccine from poor nations to alleviate political pressures at home. Receiving one or two million doses isn't going to solve Canada's vaccination challenges and it is going to cause harm elsewhere in the world for the poorest and most marginalized people."

How do you respond to that statement?

Hon. Anita Anand: I respond by saying that we are committed to COVAX. We provided \$220 million to the advance market commitment, which is for low-income countries specifically. We are making sure we participate, not only through the advance market commitment for low-income countries but also in the governance of COVAX, making sure that Karina Gould, our Minister of International Development, is taking a leading role on behalf of our government.

In addition, we will share excess doses with the rest of the world once those doses come into Canada and are not usable, so there is the intention to help the rest of the world.

Mr. Don Davies: Obviously we're in a global competition for limited supply. We have billions of people chasing millions of vaccines. India and South Africa have proposed to the WTO to loosen trade rules to allow all countries to have access to intellectual property instead of having a handful of companies control limited supply.

Why is Canada opposing that proposal at the WTO?

Hon. Anita Anand: Actually, I am not sure of the reason myself. I am so focused on procuring vaccines for this country. I spend every waking moment, and there aren't many others, in the day on this issue, but I will certainly get back to the member about this question and elucidate it for both him and me.

The Chair: Thank you, Mr. Davies.

That brings our questioning to a close. I'd like to thank the—

• (1555)

Mr. John Barlow: Chair, I have a point of order. We started five minutes late because we were waiting for some witnesses, and we have five minutes left. I'm wondering if we can have a quick one- or two-minute round for each party, just to make up for that lost time. We still have five minutes left in our allotted committee time, so I would like to make that proposal.

The Chair: I have been informed by the clerk that we have a hard stop at four o'clock.

We had planned to do some committee business following the testimony of the witnesses, and unfortunately that's not going to be able to be done—

Hon. Michelle Rempel Garner: Mr. Chair, I have a point of order. It's not four o'clock yet. There are five minutes until 4 p.m.

The Chair: Excuse me. Please do not interrupt me.

That's not really going to be able to be done. There's really no time. We have five minutes—

Hon. Michelle Rempel Garner: Left until 4 p.m.—

The Chair: Pardon me, Ms. Rempel Garner. I would appreciate it if you did not interrupt me. I will deal with your point of order in due course.

I wanted to inform the committee that we will not be able to do the committee business we proposed in this meeting, but I'll consider it deferred until the next meeting, following the witnesses.

I take your point that there are four minutes left. If each party wants to have a one-minute round, I'll certainly go ahead with that.

Ms. Rempel Garner, who would you like to speak on your end?

Hon. Michelle Rempel Garner: Mr. Barlow.

The Chair: Go ahead, Mr. Barlow. You have one minute.

Mr. John Barlow: Thank you very much, Mr. Chair.

I'd like to put a motion on notice. We know that countries like the United States have negotiated weekly vaccine commitments in their contracts with suppliers and penalty clauses when those allocations

aren't met. We've certainly heard today that we do not have the same mechanisms within the contracts that we have signed. We're told Canada has managed not weekly, not monthly but quarterly commitments, which I think is very concerning, and there is no recourse when those allocations aren't met.

Of course, none of this can be verified, not by journalists, premiers or elected MPs. I think this needs to change, Mr. Chair, and our job is to get answers for Canadians.

We know that the law clerk has received more than 6,000 documents to date from the government in response to our House order.

The Chair: Please wrap up your question. You have 20 seconds left.

Mr. John Barlow: Mr. Chair, I'd like to table the following motion: "That the chair of the committee write the Law Clerk and Parliamentary Counsel inquiring whether or not the contracts for Canada's seven vaccine agreements with suppliers have been provided to his office as part of the motion adopted on October 26, 2020, by the House of Commons. Should the Law Clerk have copies of these documents, the committee instruct the Law Clerk to prioritize the translation of these documents and these documents be published as soon as possible in accordance to the parameters set out in the House motion. If the Law Clerk does not have these documents, the committee requests from the government the contracts for Canada's seven vaccine agreements with suppliers be tabled with the committee and the documents be vetted in accordance with the parameters set out in the House motion and the members of the Standing Committee on Health review these documents in camera."

The Chair: Thank you, Mr. Barlow.

Hon. Anita Anand: Mr. Chair, could I respond to the motion?

Mr. John Barlow: My time is up, Mr. Chair.

The Chair: Yes, I'm going to rule the motion out of order at this time, as Mr. Barlow knows—

Hon. Michelle Rempel Garner: It was the tabling of a motion—point of order.

Mr. John Barlow: It was the tabling a motion, Mr. Chair.

The Chair: We do not have time to deal with this at this time. We have two minutes left. We have technical issues with the room, and the technical staff have given us a hard stop.

Mr. John Barlow: I was just tabling the motion, Mr. Chair.

Hon. Michelle Rempel Garner: Point of order, Chair.

Mr. John Barlow: It's not up for debate. I wasn't moving the motion. I just tabled the motion.

Hon. Michelle Rempel Garner: He's giving notice of motion.

The Chair: I'll accept it as a notice of motion.

Unfortunately we now have only two minutes left. We're going to have to go over by a couple of minutes to allow the other parties their one minute.

I believe it's Dr. Powlowski for the Liberals.

Please go ahead for one minute.

Mr. Marcus Powlowski: A lot of Canadians are genuinely concerned about the possibility of having to deal with the South African variant. My understanding is that it's going to be fairly easy to adapt the current vaccines in order for them to be effective against the South African variant. Some companies, I think of both Moderna and Novavax, are already in the process of doing that in testing these tweaks.

With these tweaks, will the vaccines have to go through the whole regulatory process again, i.e. phase one, phase two and phase three trials to be approved, or will it be quicker?

Hon. Patty Hajdu: That is probably a good question for Deputy Lucas or Dr. Tam.

• (1600)

Dr. Stephen Lucas (Deputy Minister, Department of Health): I would say that Health Canada is working with vaccine suppliers in the case of the two approved vaccines, Pfizer and Moderna, to have them look at the impact of the variants and any considerations on a change in design that could result in, for example, a booster shot, and that research and regulatory requirement work continues.

The Chair: Thank you, Dr. Powlowski. We'll go now to Monsieur Thériault.

[Translation]

Mr. Thériault, it's over to you for one minute.

Mr. Luc Thériault: Mr. Chair, I'd like to draw the health minister's attention to the fact that the side effects of the pandemic will continue to grow and grow until her unrealistic vaccination timetable is met.

Quebec and the provinces are in the midst of planning and making budget decisions. Health care workers are under tremendous pressure to anticipate needs and organize the delivery of care.

As I see it, the government absolutely needs to increase funding immediately, as opposed to waiting until after the pandemic, as the Prime Minister wants. We can't afford to wait. We have learned too much, as we cope with this new public health reality. Now is when Quebec and the provinces need the additional funding. It seems straightforward to me: public health comes first.

[English]

Hon. Patty Hajdu: We've been there for Quebecers every step of the way, and we have paid the full price of PPE, expertise, long-term care supports, infection prevention control expertise, the vaccines, the \$19 billion for a safe restart, the CERB money for Canadians who are unemployed, the small and medium-sized business supports and the wage subsidies.

We have been there for Quebec and will continue to be there. The Prime Minister has indicated that—

[Translation]

Mr. Luc Thériault: Minister, the key word is predictability. The provinces and territories are making plans based on their funding. Predictability is the key to rebuilding health care capacity.

The Chair: Mr. Thériault, that's all your time.

[English]

We'll go now to Mr. Davies for one minute.

Mr. Don Davies: Dr. Tam, Canada is set to receive 1.9 million vaccine doses from COVAX. That's a bigger allocation than dozens of other countries are going to receive, including Haiti, Mali, Nicaragua, South Sudan, Rwanda, Zimbabwe, Papua New Guinea and Namibia, and the list goes on.

To you as an international public health officer, this is a globally mobile virus, and given that equitable distribution of COVID-19 vaccines is key to ending the global pandemic and preventing the emergence of vaccine-resistant variants, isn't it in Canada's interest to leave these doses for high-risk populations in low-income countries? Are we going to be unaffected by high-risk populations being unvaccinated in the world while we vaccinate low-risk people here?

Dr. Theresa Tam: I think at this point in Canada we are still trying to cover the high-risk populations, so we are in a very difficult situation right now.

My bottom line is that no one is protected until everyone is protected. This is why it is important for Canada to contribute to the international vaccine supply as well.

The Chair: Thank you, Mr. Davies.

Thank you once again to the ministers and all the officials for sharing your time with us today and for all of your expertise, and thank you for what you're doing on a day-to-day basis to help us work through this pandemic.

Thank you to the members, of course, for being here and asking great questions.

With that, the meeting is adjourned.

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