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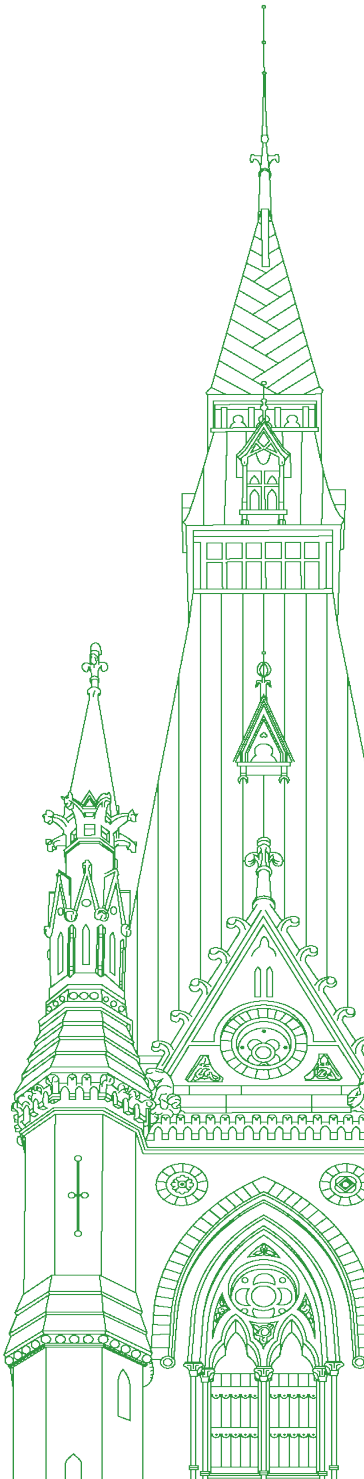

Chair: Mrs. Sherry Romanado

Standing Committee on Industry, Science and Technology

Tuesday, February 2, 2021

● (1105)

[*English*]

The Chair (Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.)): Good morning, everyone. I call this meeting to order.

Welcome to meeting number 14 of the House of Commons Standing Committee on Industry, Science and Technology.

Today's meeting is taking place in a hybrid format, pursuant to the House order of January 25, 2021. The proceedings will be made available via the House of Commons website.

So that you are aware, the webcast will always show the person speaking rather than the entirety of the committee.

To ensure an orderly meeting, I will outline a few rules to follow.

Members and witnesses may speak in the official language of their choice. Interpretation services are available for this meeting. You have the choice at the bottom of your screen of “floor”, “English” or “French”. If the translation is not working, please signal it to me so that we can make sure it gets fixed.

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute your mike.

As a reminder, all comments by members and witnesses should be addressed through the chair.

When you are not speaking, your mike should be on mute. For the sake of interpretation, I ask that you please not speak over the witnesses. Wait your turn and then pose your question, so that we can make sure we have translation.

With regard to a speakers list, the committee clerk and I will do our best to maintain the order of speaking for all members, whether you are participating virtually or in person.

As is my normal practice, I will hold up the yellow card for when you have 30 seconds remaining in your intervention and the red card for when your time for questions has expired.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, December 1, 2020, the committee is meeting today to commence its study on the domestic manufacturing capacity for COVID-19 vaccine.

I'll now welcome our witnesses.

With us today, we have the Honourable Patty Hajdu, Minister of Health. From the Public Agency of Canada, we have Mr. Iain Stewart, president. From the Department of Health, we have Stephen Lucas, deputy minister.

Each witness will present for up to seven minutes, followed by the rounds of questions.

With that, we will start with Minister Hajdu.

You have the floor for seven minutes.

Hon. Patty Hajdu (Minister of Health): Thank you very much, Madam Chair. I do appreciate this opportunity to speak with you and the committee about the Government of Canada's response to the COVID-19 pandemic.

While the issue of domestic manufacturing capacity is outside the purview of my role as Minister of Health, I am happy to speak about the work our government is doing to ensure that Canadians have access to safe and effective vaccines.

I will begin with an update on vaccine distribution.

[*Translation*]

As you know, Pfizer and Moderna's vaccines have been approved in Canada and are now being distributed across the country.

[*English*]

So far, we have secured a total of 80 million doses of these two vaccines, and of these, 1.1 million doses have already been delivered to the provinces and territories.

Although the delays recently announced by Pfizer will have a short-term impact on vaccine rollout, we're still on track to receive the full four million doses we were expecting by the end of March. This would bring the total of doses received, both Pfizer and Moderna, to six million 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.

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): On a point of order, Madam Chair.

There is no interpretation.

[*English*]

The Chair: Please wait one moment. We're just going to double-check. We're having difficulty.

[*Translation*]

Mr. Sébastien Lemire: There is no problem. I'm listening to you attentively.

The Chair: Is it working?

[*English*]

Sébastien, is it working?

[*Translation*]

It's working now.

[*English*]

Go ahead, Minister.

[*Translation*]

Hon. Patty Hajdu: Fine.

It is during this time that mass vaccination campaigns will begin to ramp up around the country. We are working with the provinces, territories and indigenous partners to prepare for this next phase.

[*English*]

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, but we are expecting other vaccines to be authorized in the months to come, providing, of course, that they meet Health Canada's strictest standards for safety, efficacy and quality.

Given the urgency of the pandemic, we put in place measures to safely expedite the authorization process. We are now accept rolling submissions for vaccines, which means that manufacturers can submit data as it becomes available, instead of having to wait until all clinical studies are completed and then submitting en masse at the end. It was through this expedited process that Pfizer and Moderna vaccinations were authorized. Health Canada is now reviewing vaccines by AstraZeneca and Janssen using the same process.

We expect to receive more submissions in the weeks to come. We are ready should any other vaccine candidates be approved.

● (1110)

[*Translation*]

We have signed agreements with seven different companies to reserve COVID-19 vaccines, with an option of expanding those orders later, as we did recently with Pfizer.

[*English*]

This approach, which was informed by the advice of the COVID-19 vaccine task force, enabled us to secure a range of vaccine candidates early on, as it was not possible in the beginning to know which vaccine would be the most effective or available first. The signed agreements include up to 76 million doses of Pfizer-BioNTech's vaccine, up to 40 million doses of Moderna's vaccine, up to 72 million doses of Sanofi-GlaxoSmithKline's vaccine, up to 38 million doses from Janssen-Johnson & Johnson, up to 76 million doses from Novavax, up to 76 million doses from Medicago, and finally, up to 20 million doses from AstraZeneca.

Today I've mentioned the actions we're taking right now to ensure that Canadians have timely access to a COVID-19 vaccine. At the same time, we are looking to the future.

Early in the pandemic, the Government of Canada recognized how biomanufacturing capabilities are critical to securing access to equipment, supplies, medicines and vaccines. From a health portfolio perspective, a robust domestic biomanufacturing sector is critical for strengthening Canada's position to respond to this and future health crises and to maintain a dependable supply of safe and effective vaccines and therapies in the long term. This is why I give my full support to our government's initiatives to build this capacity, which Minister Champagne will describe when he appears before the committee.

In Canada we are fortunate to have some of the best vaccination programs and regulatory approvals systems in the world. With these systems already in place, we were able to act quickly at the beginning of the pandemic to ensure that when a COVID-19 vaccine was ready, Canada was ready.

[*Translation*]

These well-established systems, built over many decades, will serve us well as we vaccinate Canadians against COVID-19.

[*English*]

Looking ahead we have an opportunity to build and strengthen this infrastructure so that we can be as prepared as possible for any public health crisis that might arise in the future.

Thank you very much, Madam Chair.

The Chair: Thank you very much, Minister.

I now turn the floor over to Mr. Stewart.

You have the floor for seven minutes.

Mr. Iain Stewart (President, Public Health Agency of Canada): Thank you for inviting me to speak with you today.

I have the honour of serving as the president of the Public Health Agency. I started on September 28, 2020. I'm pleased to be here to talk about what we're doing with respect to procuring vaccines and vaccine rollout.

As the Minister of Health noted, domestic manufacturing capacity in Canada is not part of the Public Health Agency's mandate. In my remarks, then, I'll focus on securing safe and effective vaccines for all Canadians in our capacity here.

Since the beginning of the pandemic, there has been extensive engagement with provinces and territories, as well as with indigenous communities, about rolling out the vaccine to coordinate a pan-Canadian response. What we're trying to do, of course, is protect the health and safety of all people in Canada while prioritizing the first, limited number of vaccines to high-risk populations. We've been focused on trying to minimize serious illness and overall mortality while limiting societal disruptions.

With regard to acquiring COVID vaccines, we were guided by the COVID-19 vaccine task force. That task force advice led the Government of Canada to secure enough doses to provide vaccines to all Canadians. Minister Hajdu has just run through the procurements that have been lined up and put under way.

The principles guiding the use of the vaccines have been focusing on science-driven decision-making, transparency, coherence and adaptability, as well as fairness, equity and consistency in reporting. These principles continue to guide us, as does a reliance on science experts and public health expertise, to make sure that Canadians have safe COVID vaccines as they're available.

The vaccine acquisition strategy is intended to mitigate various risks to the vaccine supply. So far, as Minister Hajdu mentioned, we have two vaccines, of which we've procured a total of 80 million doses. These are two-dose vaccines, so these are enough to immunize 40 million people—our entire population. Based on the procurement schedules to date, this should be sufficient to do so this year. These of course are vaccines approved by the Health Canada regulator.

As of January 21, Canada has delivered more than 1.1 million vaccine doses. The provinces are very close now to having administered to Canadians their millionth dose against the schedule.

I think, probably as the committee knows, Pfizer deliveries will slow down for a few weeks, because the manufacturers indicated that they need to do some retooling of their production plant. They will deliver on their commitment to provide four million doses by the end of this first quarter. The Pfizer CEO confirmed to the Prime Minister that they're on track to do so.

Last week, the Prime Minister announced that the latest vaccine shipment from Moderna will also contain fewer doses than expected. Here too the company has reassured him that they will provide the two million doses they're contracted for by the end of March.

In total, we're on track to deliver six million doses of Moderna and Pfizer by the end of March 2021.

In support of enabling the provinces and territories to do their vaccine rollout, we purchased a range of ancillary supplies—needles, syringes, wipes, sharps containers, and so on—sufficient for their immunization efforts. We've distributed to the provinces their supplies in this regard for this quarter.

We also have advance purchase agreements, in addition to those with Pfizer and Moderna, as Minister Hajdu set out, with five other vaccine candidates, three of which are currently now progressing through regulatory trials here in Canada. On Friday, Janssen, AstraZeneca and Novavax began that process. We have agreements with all of these vaccine suppliers and have significant acquisitions lined up.

The vaccine candidates were selected from a number of different companies covering a broad range of technologies. The idea of having different technologies was to minimize risk, as was having a variety of companies, each with its own supply chain. It was also guided by trying to secure the earliest delivery that we could. The idea was that we would have sufficient vaccine available to immunize all Canadians free of charge. This was guided, as I mentioned, by the vaccine task force.

● (1115)

There are a lot of uncertainties. I think Pfizer and Moderna reflect the manufacturing uncertainties that are involved and also at the time of negotiation of the APAs it of course was not clear which ones would have successful clinical trials nor which ones would be approved by the regulator.

We've been relying on an evidence-based supply strategy to ensure we have vaccines in sufficient quantities.

In addition, Health Canada's robust process for regulatory authorization provides Canadians with assurances that the vaccines available to them are safe and effective. Here at the Public Health Agency, along with our partners in the scientific and health community, we will now be continuing to monitor the vaccines as they're rolled out. We have a well-established system for monitoring vaccine safety and we're tracking it closely. As we learn more about COVID every day, we also need to continue to learn more about the vaccines and the transmission of the virus, and so we'll continue to rely on the science community and the medical health community to guide us in that regard.

Thank you very much.

The Chair: Thank you very much, Mr. Stewart.

With that, we will start our rounds of questions.

Our first round of questions goes to MP Rempel Garner.

You have the floor for six minutes.

● (1120)

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

I'll direct my questions to Mr. Stewart.

My understanding is that the Novavax purchase agreement was originally announced on August 31, 2020. I'm looking at an email that was produced in documents that were released to the health committee on Friday. The email is between Bryan Blom, who was the director of communications for Public Works, I believe, and Cecely Roy, who is a press secretary at Public Works. It's an email that's going through various iterations of the press release related to the Novavax purchase agreement announcement. Mr. Blom says, "Hi Cecely - Removed reference to NRC component of Novavax MOU."

I'm just wondering, as you were the head of the NRC at that point in time, why the NRC pulled out of a production deal in August or why that reference was removed.

Mr. Iain Stewart: The NRC is still in discussions with a number of companies and so I'm not sure that in fact there's been a removal of the relationship. I can't really speak to what was included in a PSPC communications interchange, but I think Mitch Davies, who's the current president, is appearing before your committee tomorrow or Thursday.

Hon. Michelle Rempel Garner: Thank you. It's just that there are a lot of questions today in the media because the Novavax contract, or the announcement today, has the NRC facility only producing on best schedule the first dose of that vaccine in late July.

I'm just trying to understand if there was a decision, a conscious decision, made by yourself to not include a production agreement at the time that the purchase agreement was announced last year, because that's a lot of months that we technically could have been producing vaccines, right?

Mr. Iain Stewart: The production of vaccines requires a facility that is able to manufacture. The NRC is, in fact, building such a facility and Mitch Davies can talk to you about how that's progressing.

The relationship you're referring to with Novavax, you're assuming it's a manufacturing relationship but it could have been other things as well. The NRC, of course, is a research organization and does research contracts with its clients.

Hon. Michelle Rempel Garner: So you don't recall why the reference to the NRC was pulled out of the original announcement with Novavax?

Mr. Iain Stewart: It's an ongoing discussion with Novavax. Mitch Davies is probably better placed to talk about how that's evolving.

Hon. Michelle Rempel Garner: Under your tenure, did you complete negotiations for the production of Novavax at the NRC facility?

Mr. Iain Stewart: As I just mentioned, the NRC is in the process of building a manufacturing capacity. That's not yet complete.

Hon. Michelle Rempel Garner: Do you recall if that happened? I just would like to get a clear answer.

Mr. Iain Stewart: You're asking me to clarify why PSPC removed something from a communication document based on internal emails and I don't know the answer to that.

Hon. Michelle Rempel Garner: No, I was just asking if under your tenure there was a formal working relationship either for production of vaccine or other developed with Novavax and if you could specify what that was, and if it was under negotiation, why it wasn't included in the August 31 announcement.

Mr. Iain Stewart: As I've said a few times, there is an ongoing discussion with Novavax, and why it didn't end up in the PSPC press release, I don't know.

Hon. Michelle Rempel Garner: When will the first dose of the Novavax vaccine be produced at the new NRC facility?

Mr. Iain Stewart: Well, the NRC is in the process of building out their manufacturing capability, and Mitch Davies would be able to speak to whether they're still on track for the timetable—

Hon. Michelle Rempel Garner: So, as the head of Public Health Agency, you don't know when the first dose of Novavax would be produced at the NRC facility.

Mr. Iain Stewart: That's right. The Public Health Agency is not involved in the production or manufacturing of vaccines.

Hon. Michelle Rempel Garner: But you don't know.

Mr. Iain Stewart: I have no evidence that they're not on track for the schedule they announced, but I haven't been at the NRC since September 28. Mitch Davies would be able to speak to how they are progressing on that project.

Hon. Michelle Rempel Garner: Why was there such a delay between the original announced completion date for the NRC facility and the fact that it's still not completed?

Mr. Iain Stewart: Are you referring to the manufacturing facility that we were just talking about?

● (1125)

Hon. Michelle Rempel Garner: Correct, and I know there were upgrades to other facilities as well. It's just that we don't have production capacity right now and we've spent a lot of money, so I'm just wondering if you could elucidate as to why that is.

Mr. Iain Stewart: The project that was announced to manufacture vaccines at the NRC was, at the time it was announced, planned to take one year, so this summer would be when that project is completed. To my knowledge, there is no delay, but Mitch Davies would have more current information than I have.

Hon. Michelle Rempel Garner: Were there any delays that you were made aware of under your tenure?

Mr. Iain Stewart: There were no delays of which I'm aware for that manufacturing facility—

Hon. Michelle Rempel Garner: And the retrofit—

Mr. Iain Stewart: —before me leaving on September 28.

Hon. Michelle Rempel Garner: And the retrofit of the other facility?

Mr. Iain Stewart: The retrofit of the other facility here.... I'm not sure what you're referring to.

Thank you, Madam Chair.

Hon. Michelle Rempel Garner: Thank you, Madam Chair.

The Chair: Thank you.

Again, this sign is a reminder that means you have 30 seconds left, and this one means you're at the end of time.

Hon. Michelle Rempel Garner: I'm sorry, I thought you were cutting me off. I'll gladly take another 30 seconds.

The Chair: You do have 30 seconds, MP Rempel Garner.

Hon. Michelle Rempel Garner: Thank you.

Mr. Stewart, when you were president of the NRC, were diplomatic considerations an important component of the deal with China and the CanSino vaccine?

Mr. Iain Stewart: The NRC and CanSino had a research relationship that went back a few years, and it was part of ongoing work around developing different kinds of vaccine variants.

Hon. Michelle Rempel Garner: Was GAC ever involved in the consideration of the deal with CanSino and the NRC?

Mr. Iain Stewart: They would have been aware of what we were doing, but I don't know what you mean by “involved”.

Hon. Michelle Rempel Garner: Thank you.

The Chair: Thank you very much.

Just to let the committee know that Mr. Mitch Davies will be presenting with Minister Anand and Minister Champagne this Thursday. If you have questions directly for them, they will be here on Thursday.

With that, we now move to MP Jowhari. You have the floor for six minutes.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Madam Chair.

Welcome to all the witnesses. Welcome, Minister. It's good to have you in our committee.

Minister, in your opening remarks you talked about two general subjects, and you left one to the appropriate department and minister.

To my understanding you talked about the vaccine approval and about the vaccine distribution. You shared with us the amount that has been procured and the timing that we're going to receive this.

Let me start with the vaccine approval. Can you share with us more detail on what you call the rolling submission and what that has done in reducing the time of the approval?

Hon. Patty Hajdu: I'll talk a bit about that and then I'll turn to Deputy Minister Lucas, who is in charge of the Health Canada regulatory team.

Early on, we knew there would be the need for speed to approve a whole host of medical supplies, including vaccines and therapeutics, and obviously devices, testing, components, etc. We were able to accelerate the capacity of the regulatory body in a few different ways. One was by ensuring they had the financial and human resources to be able to greatly increase their capacity to review applications. We added people and added capacity. As Deputy Minister Lucas will tell you, in terms of vaccine approvals, there are people working literally 24 hours a day, seven days a week on teams assigned to vaccines, so that they can do a very thorough review of the data and understand it as quickly as possible.

I will also say the rolling regulatory approval for vaccines is very important. Typically, from what I've learned in this portfolio, vaccine development can take up to 10 years from the concept to the actual approval because, of course, of the need for submissions of data after every stage of the development, including a number of clinical trials, to test whether it's effective and safe. A rolling approval allows for vaccine manufacturers in this case to be able to submit data very quickly, as they acquire it, so we're not having to review mountains of data at the regulatory approval stage. Rather, we are able to review the data at each stage, as it comes in.

That allows for a very rapid back and forth as well between the manufacturers and Health Canada if there's missing data, for example, if they need clarity, if they need data to be resubmitted or if there are gaps in the data. Rather than the manufacturer having a significant lag time, in some cases, in being able to get that, they can respond very quickly.

I will turn, with your permission, to Deputy Minister Lucas for a few more words on the process.

● (1130)

Mr. Majid Jowhari: Thank you, but now that we're going to Mr. Lucas, let me ask another question.

I now understand the rolling submission and the close collaboration that our government's health organization has with the manufacturer. Did we pursue similar working relationships with other jurisdictions' health organizations? Some of them have approved some of these vaccines ahead of us. Is there any type of collaboration going on between those health bodies and ours to be able to piggyback and to get some of these vaccines like AstraZeneca, Janssen and the other ones approved much faster?

Hon. Patty Hajdu: Again, I will start and then turn to Deputy Minister Lucas for gap filling, if you will.

Yes, there is collaboration with other regulatory bodies, and data, information and analysis are shared as appropriate. Of course, each country does its own approvals, and Canada is considered a gold standard regulator. This is also beneficial to the pharmaceutical companies, because, of course, when they get approved in Canada, many other smaller countries that don't have the same level of capacity to do their own review look at Canada as a stamp of approval, if you will. That's quite valuable to the manufacturer as well. We collaborate on a regular basis with places like the EU, the FDA and others that have long-standing relationships with Health Canada regulators.

I'll turn to Deputy Minister Lucas for a few more words.

Dr. Stephen Lucas (Deputy Minister, Department of Health): Yes, indeed, as part of our independent scientific review, we have continued to work with both international regulators and international regulatory forums. Canada played a critical role in the establishment of the International Coalition of Medicines Regulatory Authorities and has played roles co-chairing committees pertinent to the review of vaccines for COVID. We worked through a consortium with Switzerland, the U.K., Australia and Singapore, and also, as Minister Hajdu noted, with the European Medicines Agency and the U.S. Food and Drug Administration.

Through these efforts, we're able to identify opportunities to help strengthen our independent review, but at the end of the day, we make those decisions based on the evidence provided to us and on our benchmarks of safety, quality and efficacy.

Mr. Majid Jowhari: Thank you.

The Chair: Thank you very much.

We will now turn to MP Lemire.

[*Translation*]

You have the floor for six minutes.

Mr. Sébastien Lemire: Thank you, Madam Chair.

Thank you to the minister and to Mr. Stewart for being here.

First, is there any advantage for a country like Canada to be self-sufficient in vaccine production in the context of a global pandemic such as the one we are currently experiencing?

Hon. Patty Hajdu: Thank you for your question.

I think that in a way, yes, maybe so.

[*English*]

As we've seen, the crisis has meant there is intense competition amongst countries, in some cases for the exact same product or the exact same solution. That created, as you know, in the early days, for example, a high degree of tension around personal protective equipment around the country. If you remember those early days, very few countries were producing the kind of equipment we needed. I think we see the same in terms of pharmaceuticals.

Clearly, the world is learning this lesson that there is obviously always going to be a global economy. From my perspective as Minister of Health, the work we're doing to build up our domestic manufacturing capacity is very important, not just for COVID-19, but also for the future of our capacity to respond to other crises.

[*Translation*]

Mr. Sébastien Lemire: Thank you.

First of all, on the government strategy, I'm very supportive of the fact that they're trying to put more money and resources into vaccine production in Canada. However, in its strategy, Canada has secured the equivalent of 500% of its needs. That's huge.

What will happen to the doses that we won't need?

We're talking about 400 million doses, whereas two doses are needed per Canadian, which is about 80 million.

● (1135)

[*English*]

Hon. Patty Hajdu: I agree. We have more than we need. However, the first responsibility is to make sure that we can vaccinate Canadians. We wanted to leave no stone unturned.

One of the benefits of our approach has been to place bets, if you will, on a variety of promising candidates as steered by the vaccine task force. I've talked about this before in the House. These are exemplary Canadian volunteers with expertise in pharmaceuticals, immunology and other relevant fields who advise Canada on which of the candidates that were under development looked promising and how we should place our bets. That's exactly what we've done.

As you know, we're also a contributor to Covax, the facility that's looking at making sure the world can be vaccinated. There is an opportunity, should Canada find itself not needing additional doses, to be able to contribute even more greatly to Covax, either through options or other mechanisms.

I will agree with you—

[*Translation*]

Mr. Sébastien Lemire: Is there a cost, Madam Minister, to reserve doses with pharmaceutical companies?

[*English*]

Hon. Patty Hajdu: These are options on doses from manufacturing companies. These options have been purchased on behalf of Canada to make sure we have a diverse portfolio with the best possibility of having successful vaccines here in Canada.

[*Translation*]

Mr. Sébastien Lemire: So there is a cost associated with buying 400 million doses.

In one of your briefings, you mentioned that each dose, according to the promise to purchase, costs $19.50.

Is this price the same whether you pay it in the third quarter of 2020 or the last quarter of 2021?

[*English*]

Hon. Patty Hajdu: Thank you for the question.

Those are questions that will need to be raised with my colleague, Minister Anand. I am not in the work of procurement in terms of negotiating contracts with the pharmaceutical companies. Rather, I work on the side of making sure that we implement the vaccine task force recommendations and that we have the capacity to distribute the vaccines and support the provinces and territories to do so.

[*Translation*]

Mr. Sébastien Lemire: In that case I will put the question to her a bit later in the week.

Why did the government strategy favour China over Canada's production capacity in the first place?

Why did you then favour the United States and Europe before favouring companies from Quebec and Canada?

[*English*]

Hon. Patty Hajdu: Again, the decision about which candidates we should place our bets on was guided by the advice of the experts on the vaccine task force. They do include a Canadian company, partly because the Canadian company had promised, but also because to your point, having a biomanufacturing capacity in Canada is important. This is a way we can support that development, and that is the Medicago company based in Montreal. Again, we have an option on 76 million doses from that candidate.

[*Translation*]

Mr. Sébastien Lemire: Does the agreement with Pfizer include an obligation to use Pfizer's vaccine?

If Medicago were approved, could it distribute its vaccine in Canada?

[*English*]

Hon. Patty Hajdu: I am not aware of the procurement details and the contracts with the companies. Those will be good questions for my colleague, Minister Anand.

I will just say that from our perspective at the Public Health Agency of Canada, each vaccine is assessed on its merits; each vaccine may be indicated for use in different populations and all might be useful for the variety of Canadian citizens and their needs.

The Chair: Thank you very much.

Our next round of questions goes to MP Davies.

You have the floor for six minutes.

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

My first question will be for Mr. Stewart.

PHAC had somehow inexplicably reduced or eliminated the Global Public Health Intelligence Network. Can you tell me if GPHIN is back in operation now?

● (1140)

Mr. Iain Stewart: Yes, GPHIN is back in operation, and Minister Hajdu has asked for a review of the events you're referring to.

Mr. Don Davies: Are those the events leading to why it was surprisingly cancelled?

Mr. Iain Stewart: It's looking into the operation of the program over the past while and opportunities to enhance its effectiveness.

Mr. Don Davies: Do we know who made the decision to reduce or cancel GPHIN?

Mr. Iain Stewart: I believe it's on the public record. It was a decision made administratively inside the organization to change the way—

Mr. Don Davies: Is there a person who made that decision?

Mr. Iain Stewart: I think that it's already been discussed. I think this is not a new topic. This has been well considered—

Mr. Don Davies: I'm asking who that person is. It's a pretty straightforward question, Mr. Stewart. Who is the person who decided that?

Mr. Iain Stewart: I think the review will give us the insights you're looking for.

Mr. Don Davies: Fair enough.

Mr. Stewart, you have said that you're confident that Pfizer will deliver its four million doses by the end of March. Is that based on five or six doses per vial?

Mr. Iain Stewart: At present, the regulated use of the product is five doses. I believe Pfizer has made a submission, but that's not my area of responsibility. Deputy Minister Lucas is the regulator.

Mr. Don Davies: Right, but if you're confident that we're going to have four million doses, then surely you understand the math on that. It makes a big difference if we're getting five doses or six doses per vial, if we're going to confidently say we have four million doses coming.

Mr. Iain Stewart: Sir, the contract is based on the number of doses, so we will receive the number of doses we contracted for.

Mr. Don Davies: That's a matter of logic. Let's hope so.

Mr. Stewart, you referred to procurement schedules in meeting that promised number of doses. Will you release those procurement schedules to the Canadian public?

Mr. Iain Stewart: Procurement is managed by a different department, by PSPC. I believe Minister Anand and her colleagues will be coming before you and that would be an appropriate question for them.

Mr. Don Davies: Okay.

On August 31, 2020, the Prime Minister's Office issued a press release promising the “production of 250,000 doses of vaccine per month starting in November 2020” at the National Research Council's facility in Montreal and “up to two million doses per month by next year”, that is, by 2021.

However, on November 24, 2020, Prime Minister Trudeau claimed that COVID-19 vaccine access for Canadians would be delayed because “Canada no longer has any domestic production capacity for vaccines”.

Finally, on November 26, the NRC released a statement claiming their facility will not be ready until mid-2021 because the NRC realized in the fall that the space allocated would not meet “good manufacturing practice” requirements.

Mr. Stewart, was the Prime Minister misleading Canadians when, on August 31, he promised us that we would have 250,000 doses of vaccine per month starting in November 2020, and if not, can you explain that discrepancy?

Mr. Iain Stewart: The events that you are referring to happened after I left the organization. From the sounds of it, you're combining two projects. Mitch Davies would be better able to explain the responses to what you're asking after. My understanding is that the manufacturing facility is on track and will be delivering on the timetable announced. However, I'm not current with that project anymore.

Mr. Don Davies: Okay.

Ms. Hajdu, can you explain that discrepancy to us? How could the Prime Minister promise Canadians 250,000 doses of vaccines starting in November out of the NRC facility when, as we have found out, the NRC facility will not be ready to produce any vaccines in any project before mid-2021? Can you explain that to me?

Hon. Patty Hajdu: I think that question is best left to my colleague, Minister Champagne. As I mentioned earlier, that isn't a file I've been involved in.

Mr. Don Davies: Okay.

Ms. Hajdu, you do sit around the cabinet table. Maybe you can answer this. Prime Minister Trudeau told Canadians that Canada would be unaffected by EU export controls, but we are not on the EU's exemption list for export controls.

Can you explain that discrepancy and maybe explain why Canada failed to secure an exemption from EU export controls?

Hon. Patty Hajdu: I think my colleague, Minister Ng, has spoken to this in the media and in the House. In fact, she has had very good conversations with her counterparts.

The EU has assured us that their intent is not to stop shipments to Canada. I also spoke with my counterpart, the minister of health for the EU, on the weekend and she also assured me of that. Again, this is a question that would, in detail, be better put to my colleague.

● (1145)

Mr. Don Davies: I should put it to someone else. Okay.

Perhaps I can pose one more question to Mr. Stewart about something that is in his area.

You publicly stated that it was unacceptable that one of your agency's managers ignored your own advice and took a free vacation in Jamaica, paid for by an airline. That was Dominique Baker. She is, inexplicably, the manager of border and travel health, a program tasked with keeping communicable diseases out of Canada. She violated the advice of PHAC. Can you tell us if she is still working at PHAC?

The Chair: Mr. Davies, you are actually out of time but I'll allow Mr. Stewart to answer that.

Mr. Don Davies: Thank you, Madam Chair.

Mr. Iain Stewart: What is the question? You weren't finished. Sorry.

Mr. Don Davies: Is she still working at PHAC?

Mr. Iain Stewart: First of all, I characterized her behaviour in the media as being unacceptable. It is unacceptable. That is a matter that is being investigated. Of course, because it's now a matter of an individual's personal privacy, I think the investigation should be undertaken without discussing it further, sir.

The Chair: Thank you very much.

We will now start our next round of questions.

Our first round of questions goes to MP Cumming.

You have the floor for five minutes.

Mr. James Cumming (Edmonton Centre, CPC): Thank you, Madam Chair. I'll direct my questions to Mr. Stewart.

Mr. Stewart, I want to go back to your time at NRC. You were dealing with, under the CanSino agreement, an agreement with a Chinese entity that has a proven track record.... China certainly has a proven track record of violating intellectual property rights. You sent the proprietary cell line for developing vaccines to CanSino. When you did that, were there any red flags? Did it raise any concerns that the entity you were dealing with could have been a problem?

Mr. Iain Stewart: I have a couple of things.

CanSino is a private company. If I remember, it is publicly traded on the Hong Kong stock market. What we transferred to them, sir, was a cell line, which is a basic platform. It's actually their intellectual property in the vaccine, not ours. In that instance, our cell line was something that we have commercialized with many different people. We didn't have any concerns about the intellectual property because the cell line is a physical thing. The intellectual property risk, if there had been any, would have been around who owns the vaccine ID. In this instance, it was actually their ID and not ours.

Mr. James Cumming: There were further developments, where even CSIS officials said the NRC should have seen red flags around this CanSino partnership. Did this not raise any concerns for you in dealing with CanSino?

Mr. Iain Stewart: I don't know which CSIS officials you are referring to, sir. We had no discussions with CSIS that raised red flags. I have no knowledge of that discussion.

Mr. James Cumming: When did you realize the CanSino deal was falling apart? What was the date that you realized it was falling apart?

Mr. Iain Stewart: There was no one date. They were lined up to start clinical trials, and they did not ship. It did not clear customs. It just became apparent with time that it was not going to be released. You'll remember, perhaps, in the media, I noted at that time that, obviously, the transaction was not proceeding.

Mr. James Cumming: When did you make the government aware? When was the earliest date that you made the government aware?

Mr. Iain Stewart: To be honest, I don't remember. We can certainly double-check and provide that detail.

Mr. James Cumming: This is critical. From what's being reported, it appears that when the announcement was made in May and then the shipment of the seeds was held back, it delayed further discussions, and when it was finally cancelled.... Was there a delay in looking at other opportunities because of the efforts that were put into this CanSino deal?

Mr. Iain Stewart: This story has been circulated in the media a few times. There's no connection whatsoever between the CanSino deal and the procurement negotiations that Minister Anand's team were doing. I don't know where that comes from, to be honest. CanSino was just a research relationship with the company at that juncture. It did not defer to nor was it connected to any of the other activity under way.

● (1150)

Mr. James Cumming: At your time at the NRC, so the Royalmount facility, which had an expansion and looks like we may see some kind of production out of it sometime this year, with any hope.... It's been reported that the U.K. took a different strategy. It recognized in May, early on, the importance of manufacturing. It looked at repurposing facilities. Did the NRC actually look at potential repurposing and other arrangements with other potential organizations that could have produced vaccines?

Mr. Iain Stewart: That's a large question, sir.

I would say that what the United Kingdom is doing and what the NRC is doing are actually the same thing. There were extensive discussions back and forth between the United Kingdom team and the NRC team. It's the same general idea: a non-profit entity to manufacture vaccines. The government is—

Mr. James Cumming: But Mr. Stewart, the difference is that the U.K. was, from May to the fall, able to build production capacity, manufacturing capacity. In Canada, we are, at best, sometime this year, and the latest reports may even be by the end of the year. Is that not concerning?

Mr. Iain Stewart: Well, the NRC project, as I mentioned earlier, to my knowledge, sir, is on track and is actually on schedule for what was intended when it was announced. Mitch Davies and his minister will be available to this committee to reassure you or speak about the issue you're raising. If you have concerns that it's not on track, Mitch would be better positioned than I am to speak to that, because I haven't been there since September.

The Chair: Thank you so much.

Our next round of questions goes to MP Lambropoulos.

You have the floor for five minutes.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you, Madam Chair.

I'd like to thank all of our witnesses for being here today to answer our questions.

My first question is for Minister Hajdu. If anyone wants to chime in as well, they're more than welcome to.

The Premier of Quebec has announced several times and has made it clear that he believes that giving one dose of the vaccine to Canadians is better than giving some people two doses of the vaccine. This is very concerning to many people, because they don't necessarily think it will work or have the same effectiveness if the rules that Pfizer has given on the time between vaccines is not followed.

What role do we have to play in this? Is there any way that we can strongly encourage the Premier of Quebec to follow the instructions given by Pfizer with regard to the 45 days between doses rather than 90 days or a longer amount of time?

Hon. Patty Hajdu: Thank you very much, MP Lambropoulos.

I'll just start, but maybe I'll turn to Iain Stewart because it has an intersection with the Public Health Agency of Canada or to Deputy Minister Lucas for a regulatory approval process point of view.

Obviously, the closer that we can adhere to the recommendations of the manufacturer, the better, in terms of our perspective. In fact, the vaccine was approved with adherence to the manufacturer's recommendation. It was further reviewed by NACI and then through Dr. Tam's special advisory committee to extend it to six weeks as being the maximum gap between the first and second doses.

We understand there are strong desires to vaccinate people as quickly as possible, but we also obviously want to make sure that the vaccine is as effective as possible for the individuals that we're using it for.

I'll turn to Deputy Minister Lucas to start.

Dr. Stephen Lucas: Madam Chair, as Minister Hajdu noted, the regulatory review based on clinical evidence provided by Pfizer indicated that the dose interval should be 21 days in the context of Pfizer authorization and 28 days in the case of Moderna. This regulatory authorization was then considered looking at the broader benefits and risks and the clinical evidence by the National Advisory Committee on Immunization in terms of the clinical guidance they provided.

Iain Stewart can speak to that in the context of the Public Health Agency, given their direct relationship with the National Advisory Committee on Immunization.

● (1155)

Mr. Iain Stewart: Just to close that off, the National Advisory Committee on Immunization has looked at this issue. It's an arm's length, independent body of experts. They looked at the clinical trial data. They looked at the regulatory approval and they provided the advice that 45 days was an appropriate interval. So far, my understanding is that provinces are working within that guidance.

Ms. Emmanuella Lambropoulos: Thank you very much.

Minister Hajdu, my next question goes to you as well.

We've procured Moderna and Pfizer vaccines. We've said that the next two that will possibly soon be approved and that we'll possibly have access to are AstraZeneca and Johnson & Johnson. With the ones we currently have, we will be vaccinating all Canadians by September at the latest. That's the promise that's been made up until now.

I'm looking for a best-case scenario. If these two other vaccines were to be approved and other ones down the line as well, what is the quickest that we can get Canadians vaccinated?

I'm asking this because we don't know necessarily how long immunity lasts once someone has been given both doses. We know that it is effective for a certain amount of time, but we don't know how long that lasts. The quicker more Canadians get vaccinated, the better it'll be for Canada in the long run. I'm just wondering what a best-case scenario would look like.

Hon. Patty Hajdu: Through the chair, the member is absolutely right. There are still so many unanswered questions around the immunity piece. How long it lasts and whether or not it prevents onward transmission are two of the questions that researchers are trying to unlock the answers for right now. We do know, though, that it reduces severe disease and it protects people from dying from COVID-19, which is why the NACI recommendations suggested that we prioritize elderly people.

I see the chair is waving a card at me, so I'll have to stop there. I'm sorry.

The Chair: Thank you very much, Minister.

We will now go to MP Lemire.

[*Translation*]

You have the floor for two and a half minutes.

Mr. Sébastien Lemire: Thank you, Madam Chair.

Madam Minister, on more than one occasion last week during the emergency debate, it was mentioned that the Government of Canada's plan was very simple and very clear. There was talk of six million combined doses of Pfizer and Moderna by March, 20 million doses by June and 80 million doses by September. It was said that the government's strategy focuses only on these two companies.

Can you confirm all that for me?

[*English*]

Hon. Patty Hajdu: Thank you, through the chair.

I'll clarify that it is not the government's strategy to focus only on those two companies. They're certainly two very promising companies and they're the first two that have been approved.

The member is right. Even if we were to approve no other companies, we would still have enough with those two companies to vaccinate every Canadian according to our current contracts. We're not stopping with just two, of course. As the member previously said, AstraZeneca and Johnson & Johnson are in the queue to be approved. Recently, Novavax as well has filed for regulatory approval through our rolling approval process.

This is good news for Canadians, because the variety is not just important in terms of the number of doses, but in some cases, vaccines are more effective with one population over another. Vaccine manufacturers may have done research in, for example, younger populations, while others might not have. This variety is important for Canada to reach its immunization goals and to provide that option to provinces and territories as well.

[*Translation*]

Mr. Sébastien Lemire: Okay.

Could you tell me, specifically, why Canada's strategy is based on buying doses rather than buying a licence? A licence would have allowed us to produce our vaccines here.

[*English*]

Hon. Patty Hajdu: I can't answer that question for you. It is a question that might be more appropriately directed to Minister Champagne.

The vaccine task force was charged with the chore of looking at all of these promising vaccine developments around the world and advising the government about where to place our bets so that we would have as much variety as possible given that we knew not all candidates would be successful and not all companies would be able to scale up to deliver vast numbers of doses around the world.

[*Translation*]

Mr. Sébastien Lemire: Thank you.

● (1200)

The Chair: Thank you very much.

[*English*]

Next we have MP Davies.

You have the floor for two and a half minutes.

Mr. Don Davies: Thank you.

Minister, when we talk about vaccinating all Canadians by September, do you mean that all Canadians will get one or two doses of the Moderna and Pfizer vaccine by that time?

Hon. Patty Hajdu: Through the chair, the concept is that all Canadians who want to be vaccinated will have an opportunity to do so by the end of September. Some vaccines don't require two doses and so some people may be vaccinated with, for example, Johnson & Johnson, which does not require two doses. Others may be vaccinated with two doses.

The regime should be followed dependent on the kind of vaccine the person is receiving.

Mr. Don Davies: Okay.

You talked about securing as much variety as possible, but I want to zero in on variety of production. Of course, AstraZeneca has been mentioned and domestic production is in the news today.

We know that AstraZeneca pledged to provide its vaccine on a not-for-profit basis for the duration of the pandemic and was open to manufacturing partnerships. In fact, Australia, Brazil, Mexico, Argentina, India, Japan, South Korea, China and other countries all negotiated licensing agreements to manufacture the AstraZeneca vaccine domestically and are doing so today.

Can you tell us why Canada failed to secure a similar licensing agreement to manufacture the AstraZeneca vaccine in Canada?

Hon. Patty Hajdu: Through the chair, I can't speak to the negotiations that the procurement team and that Minister Champagne's team had proceeded with.

Mr. Don Davies: Fair enough.

My last question is for Mr. Stewart.

Mr. Stewart, there was I think it's fair to call it a scathing report called “Lessons Learned” from the Public Health Agency of Canada. It was a comprehensive audit. Frankly, it revealed serious gaps in capacity at PHAC, including a lack of senior medical expertise needed to support Dr. Tam. They said it was slow to be put in place and most likely is still insufficient to provide the support required. There were gaps in critical skills, limited capacity, a lack of emergency response, management expertise, and it went on and on.

I'm going to break that down a bit. One of my biggest concerns was the finding that Dr. Tam often received information in the wrong format with inaccuracies. Now, for a government that wants to make decisions based on science, of course, we can't base science on incorrect information. Is that still a problem at PHAC or has it been fixed?

The Chair: Answer very quickly, please. You're out of time.

Mr. Iain Stewart: It was a lessons learned report that management asked for in order to learn from what was happening, and one of the problems identified, as you say, was the support for Dr. Tam. We have, in fact, augmented the support for Dr. Tam. We've also hired more doctors, more nurses and more epidemiologists in order to surround better support of the nature you're referring to.

The Chair: Thank you very much.

[*Translation*]

We will move on to the next round of questions.

Mr. Généreux, you have the floor for five minutes.

Are you on mute? Mr. Généreux?

[*English*]

I'm just going to check with the clerk whether there was a change in the speaking order. The next round is for the Conservative Party. Anyone?

What I'll do is go to MP Ehsassi and then we'll flip back to the Conservatives, if you could let me know who will be next on the rotation.

Ms. Emmanuella Lambropoulos: MP Dreeshen just raised his hand.

The Chair: MP Dreeshen, please go ahead.

You have the floor for five minutes.

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Thank you very much.

There are just a couple of things. Certainly, the Prime Minister has been telling Canadians that we're doing fine when it comes to fighting this pandemic and distributing vaccines, but of course some of the statistics don't particularly bear that out. Canada is now ranked 61st out of 98 countries in performance in fighting COVID, according to a think tank from Australia.

In addition, according to data collected by the University of Oxford-based Our World in Data, Canada now ranks 20th globally in terms of vaccines distributed per capita and we are behind many countries that have been doing a much better job.

Of course, there are reports today that the Prime Minister is refusing to show Parliament the terms of any of the contracts for the vaccines that have been acquired.

As the Minister of Health, can you assure us that this lack of transparency is only short term, so that Canadians can have the transparency that this Prime Minister has always promised?

● (1205)

Hon. Patty Hajdu: I'll speak first of all to the transparency that we have shown Canadians.

I invite Canadians to visit Canada.ca/coronavirus where they can follow along with a number of details regarding the data on transmission, on cases, on equipment that has been shipped to provinces and territories, on the vaccination process, on the vaccinations distributed to the provinces and territories, and those that have been delivered by the provinces and territories. We have been sharing data as quickly as we can get it. Obviously, this is a shared jurisdiction, so sometimes data is not as forthcoming as we'd like.

Mr. Earl Dreeshen: It's great to hear that you're talking about the shared jurisdiction. Of course, all of this has been put on the provinces' plates in order to carry out the distribution. They have done their job. They have to save back a few vaccines for the second doses, and they are the ones that are saying your government is not giving vaccines out in a timely way.

Could you talk about the many millions of doses that are to be available by the end of the third quarter? Right now we're in the first quarter. We're in the middle of this. This is the time when people need to have these vaccines. I don't think people are quite as confident as you're suggesting.

Yes, there's probably a website. Again, it's hearing assurances from the Prime Minister who has proven not to be overly trustworthy in that. Today you're saying we should talk to another minister. I wonder if the ministers ever talk to each other, because the answers we're getting today are like those in question period. We're not getting any answers.

Can you tell this committee what he means when he says that Canada is doing fine?

[*Translation*]

Mr. Sébastien Lemire: Madam Chair, I did not want to interrupt member Dreeshen, but there was no interpretation during his intervention.

[*English*]

The Chair: One moment please. We're going to check with respect to translation.

Mr. Dreeshen, please place the microphone between your lip and your nose. That will help the translators.

Please go ahead, Mr. Dreeshen.

Mr. Earl Dreeshen: I asked if the minister was aware of the fact that these assurances from the Prime Minister have not proven to be overly trustworthy. We had two months of prorogation. We asked for the minister back in December. It seems now, when the minister is here, that we start to hear announcements from the Prime Minister about what the government is planning to do.

This is the delay, and this is the frustration that people have. The point I was trying to make was that we can continue to say there are millions of doses that will be ready at the end of the quarter, but right now, it's the middle of the quarter and we aren't getting any.

What is the plan as far as this minister is concerned, and does she talk to the other ministers, so that we can all understand what's taking place?

Hon. Patty Hajdu: In fact, we've been there for the provinces and territories since the beginning, providing billions of dollars to the provinces and territories, paying for all of the equipment, personal protective equipment and testing equipment. We're paying for all of the vaccines, distributing the vaccines, and setting up the provinces and territories, so they could receive those vaccines—

Mr. Earl Dreeshen: Excuse me. Who is distributing the vaccines? Are the provinces not delivering the vaccines?

The Chair: Mr. Dreeshen, please let the minister finish for the sake of interpretation. Thank you.

Hon. Patty Hajdu: The national operations centre run by the Public Health Agency of Canada delivers vaccines to the provinces and territories. In particular, with the Pfizer vaccine, it was very involved in ensuring that the provinces and territories had the distribution sites ready to receive those vaccines.

Deliveries continue week over week. We are in clear communication with the provinces and territories, so they know what to expect and can plan accordingly.

Mr. Earl Dreeshen: I believe the provinces have been doing the job. They're the ones waiting for the rest of these vaccines to be given.

The Chair: I understand there was a fire alarm at 151 Sparks, so that might have been the problem with Mr. Généreux's microphone. We'll be able to get to him in the next round. Our apologies for that.

We'll now go to Mr. Ehsassi, for five minutes.

Mr. Ali Ehsassi (Willowdale, Lib.): Thank you very much, Madam Chair.

Thank you very much, Minister, for appearing before our committee.

Minister, it seems to me, looking at all of the activity that's been going on, that our government has taken a whole-of-government approach. It's essentially consisted of three different prongs, each of which we have pursued independently. First, we've secured access to leading international vaccines. Second, we've invested in the most promising Canadian vaccines and therapies. Third, we've made strategic investments to rebuild Canada's domestic capacity.

Would that be a fair assessment? I appreciate that you're responsible for various aspects of this, but would that be a good way of summarizing our government's approach?

● (1210)

Hon. Patty Hajdu: I think it would be.

Mr. Ali Ehsassi: Thank you.

You noted in your remarks on several different occasions that we are guided by the vaccine task force, and that we were intent on making sure we had access to the best international vaccines, and that essentially it constituted a process of placing our bets on various ongoing developments around the world.

How would you assess that in hindsight? Would you say it has been an effective strategy?

Hon. Patty Hajdu: Through the chair, yes, I think using expertise in Canada from a variety of different perspectives in the field of vaccination has been very effective.

If you think about the fact that we have two approved vaccines, three more in the queue for approval and some very promising developments from the Canadian vaccine, Medicago, we should be very grateful to these Canadians who, by the way, did this on a voluntary basis besides the extremely busy jobs, in some cases, they were holding down, and also responding to COVID-19 in their own realms.

This use of expertise has really stood Canada well in terms of our capacity to ensure we are in fact buying the right vaccines and, as you said and I've said, placing our bets on the right candidates.

Mr. Ali Ehsassi: Thank you very much for that. I couldn't agree with you more.

You noted that, as of April, there are going to be more volumes of vaccines coming in and that will accelerate in terms of what we receive.

From where you sit, would you say that the provinces are in a good position to have the ability and the logistics to actually deal with the heightened volume of doses coming in?

Hon. Patty Hajdu: Through the chair, yes, I would say that an enormous amount of work has happened at all levels of government to prepare for the next stage of vaccination, which is really, as you point out, one that will be primarily focusing on volume.

We knew early on in the first quarter that we would not have a volume of vaccines, but we also felt that it was a good way to ramp up our vaccination process, because it would allow for the provinces and territories to have in place the infrastructure, particularly for these new vaccines that require extremely cold storage.

When we start to receive vaccines that are more, I suppose, traditional in that they don't require the same storage considerations, they can be moved more easily. In some cases they are one-dose vaccines. We know that provinces and territories have a lot of experience in that type of vaccination. Obviously, there are a number of different stakeholders who are excited to help, and that work is happening with the national operations centre to ensure that provinces and territories have the robust planning in place. Of course, we're there to assist them with any needs they might have as they do that planning.

Mr. Ali Ehsassi: Thank you very much.

Now I will turn to Mr. Stewart.

I'm quite surprised that you have been barraged with a number of questions that really don't relate to PHAC and instead relate to the NRC. For the benefit of the members of our committee, could you explain the differences and the responsibilities of PHAC and the NRC, please?

Mr. Iain Stewart: Of course. The National Research Council is over 100 years old. It's a 15 research centre institution that does research with a lot of partners, about 800 different partners a year. In any given year, they have many projects with all kinds of companies from all across aerospace, life sciences, agriculture, you name it.

Of course, the Public Health Agency is focused on the public health of Canadians, whether it's funding programs to support things like addressing early childhood development, or the opioids crisis, or, on the other hand, today very evidently preparing for an immunization program and responding to the pandemic.

I'm being red-flagged so I'll stop there.

● (1215)

The Chair: My apologies, but you're out of time.

[*Translation*]

We'll continue with Mr. Généreux, who has five minutes at his disposal.

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Thank you, Madam Chair.

I'll be brief. From what I understand today, Thursday will be a busy day, because we almost didn't get any answers to our questions. Mr. Davies and Mr. Champagne will have to prepare themselves well.

Madam Minister, all last fall, you told us that you had a wonderful portfolio of vaccines guaranteed worldwide. Of the seven companies, five of them will not be ready to supply vaccines until next summer, including Novavax. Novavax will produce two million doses per month. It appears that the Prime Minister will make the announcement this afternoon. As we speak, the two major suppliers have not been able to meet their commitment since the beginning of the year. What guarantee do you have, other than an assurance, not written but verbal, that the vaccines will be delivered in the next few months?

[*English*]

Hon. Patty Hajdu: Thank you, MP Généreux, and through the chair, those questions around the contract and delivery schedules are best posed to my colleague, Minister Anand.

[*Translation*]

Mr. Bernard Généreux: As I was saying, Thursday's meeting will be busy.

You're on the special committee that was set up to manage the whole issue of obtaining vaccines and you can't even confirm that we won't get five of the seven vaccines until next summer. I repeat my question.

Do you have any assurance that we will receive, in the next few weeks, the vaccines that unfortunately have not been delivered since the beginning of the year, although they were promised to us?

[*English*]

Hon. Patty Hajdu: I'll just say that I work very closely with the Minister of Public Services and Procurement. She is working flat out to ensure we have clarity of delivery schedules so we can ensure the provinces and territories know what doses they're going to get and when they will get them, and they can be ready to deploy when those vaccines enter the country.

Of course, some of these vaccines require an extreme cold chain, as we know, and it's very important that we coordinate the receipt of the vaccines and then the further delivery to the provinces and territories. That work is happening with Major-General Dany Fortin through the national operations centre and obviously with a great deal of participation from Procurement. We're very pleased he's there to help ensure the transfer to the provinces and territories is going as smoothly as it is.

[*Translation*]

Mr. Bernard Généreux: Madam Minister, due to a lack of vaccine, the Quebec government has been forced to postpone the second injection of the Pfizer or Moderna vaccine. There are concerns that this practice, which is not recommended by the manufacturers, could lead to new mutations of the virus, as we are unfortunately seeing in South Africa and Brazil.

As Minister of Health, are you concerned about this?

[*English*]

Hon. Patty Hajdu: I responded already to that question. There is guidance from the Public Health Agency of Canada as well as regulatory approval guidance that indicates that provinces should be vaccinating as close as possible to the pharmaceutical recommendation.

[*Translation*]

Mr. Bernard Généreux: Medicago received $175 million from the federal government to develop a vaccine.

Do you know if it will be effective? Can you tell us when the first deliveries of this vaccine to Quebec will take place?

[*English*]

Hon. Patty Hajdu: I will answer broadly and then turn to my officials.

In general, my understanding is they are proceeding very well through their clinical trials and it is quite promising.

I will turn to Steve Lucas to see if there is any update from his conversations with the corporation.

Dr. Stephen Lucas: Madam Chair, Health Canada has authorized two clinical trials for Medicago and they're currently doing a phase two/three trial. That was authorized in early November. We'll be awaiting their results and when they're ready, a rolling submission to our expedited pathway that Minister Hajdu has described.

[*Translation*]

Mr. Bernard Généreux: When can we expect to see this vaccine made available to Canadians?

[*English*]

Dr. Stephen Lucas: That depends on the completion of the clinical program and the manufacturing work of Medicago and their submission to the regulatory authority at Health Canada.

● (1220)

[*Translation*]

Mr. Bernard Généreux: I see.

Mr. Stewart, since September 28, you have been working in another department.

If I'm not mistaken, in your previous position, you were at the heart of the agreement that took place with CanSino Biologics Inc. You truly believe that CanSino is an exclusively private company.

Do you think that, even if they are listed on the stock exchange, Chinese companies are entirely and exclusively private?

[*English*]

The Chair: Reply very quickly as you're out of time.

Mr. Iain Stewart: I may not have fully got the question, sir.

Are you asking me if private companies are fully private in China? I'm not quite clear.

Mr. Bernard Généreux: Yes, that's what I was asking.

The Chair: Perhaps on a subsequent round you can continue that subject.

Our next round of questions goes to MP Erskine-Smith.

You have five minutes.

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Thanks very much, Madam Chair.

My first question is in relation to the approval process for vaccines. Obviously, without domestic manufacturing capacity, we rely on imports and so, out of necessity, it is really important to approve these vaccines as quickly as possible.

A constituent of mine, Dr. Doan, asked why there has been a delay in approving AstraZeneca, and when we look at the EU and Australia and the U.K., why, in a crisis situation like this, a global pandemic, would we not rely upon not a single international regulator. When there is a collection of trusted regulators, three that I've referenced, why on that basis would we not expedite the approval of these critical vaccines?

Hon. Patty Hajdu: I can start and then turn to Deputy Minister Lucas.

Quite frankly, the answer is that we're not comparing apples to oranges in many cases. For example, AstraZeneca can be produced in multiple sites across the world. When Health Canada does an approval, it's looking at not just the efficacy and the safety of the vaccine itself, but also the manufacturing data that goes along with where the doses destined for Canada will be produced, along with data on the individual lots that Canada is purchasing.

It seems that we're all approving the same vaccine, but in fact a vaccine produced in India versus a vaccine produced in the U.K. versus a vaccine produced in the U.S. may all have different manufacturing data that needs to be analyzed through the lens of safety.

I will turn to Deputy Minister Lucas to fill in a few more details.

Dr. Stephen Lucas: Madam Chair, as Minister Hajdu noted, we do work on a rolling submission basis through data from preclinical to clinical to quality data or data pertaining to manufacturing. We issue drug establishment licences for those establishments that would be producing the actual vaccines that Canada would access. That process is happening on an extraordinarily expedited basis.

As noted previously, we do work in collaboration with international regulators, but in the end, we need to review the final data that is pertinent to the authorization in Canada and make that assessment based on our independent scientific review. We're doing that by literally working around the clock with independent teams dedicated to each vaccine. We'll work to conclude that review, in particular, AstraZeneca, as quickly as possible, with the final information provided by the manufacturer when it comes.

Mr. Nathaniel Erskine-Smith: Do you have a sense, Mr. Lucas, of when that will be?

Dr. Stephen Lucas: As noted, it's dependent on the final information coming from the manufacturer, but—

Mr. Nathaniel Erskine-Smith: What's the earliest that we might see it?

Dr. Stephen Lucas: I'm not going to speculate on a specific date. We have noted it's in the very short term, but it is dependent on the final information from the manufacturer and the review of that information.

Mr. Nathaniel Erskine-Smith: We have enough vaccine doses through Pfizer and Moderna to ensure, as you've said, that every Canadian who wants to will have an opportunity to be vaccinated by the end of September.

When AstraZeneca is approved, how does that change the timeline?

Let's stay with Mr. Lucas.

Dr. Stephen Lucas: As noted, the vaccines will have different efficacy and population targeting. The National Advisory Committee on Immunization will provide advice. The assessment on having an ability to provide vaccinations to all Canadians who want them by the end of September was in recognition of approved vaccines and recognizing other ones in the pipeline. I'm not going to speculate on the specific timeline. The intent with approved vaccines and deliveries is to immunize Canadians as quickly as possible.

● (1225)

Mr. Nathaniel Erskine-Smith: I can glean, I think, that it will be faster than the end of September, but you're not going to give me a specific date, as it goes.

I'll close with this. We see 20,000 dead as of yesterday here in Canada. We have a vaccine rollout that is obviously under way, but we're many months away from the end of this crisis. We have new travel restrictions that are now in place. From the perspective of the Public Health Agency of Canada when it comes to contact tracing, rapid testing and paid sick leave, what advice would you give to either the federal government or provincial governments to continue to save lives until we get to the end of this with vaccines?

Hon. Patty Hajdu: Maybe I can start. I'm not sure if Dr. Tam is on the line. Madam Chair, I'm not sure if she's on the list of deputants. I think it's an important question.

The reality is that vaccines are a very important tool, but that is what they are. They are a tool. We have other tools as well that we will need to continue applying. No one really knows the end game here with COVID-19. We do know that we are going to have to continue to protect each other while we undergo vaccination, while we understand the role of vaccination on onward transmission and while we develop better therapeutics to manage COVID-19.

There are some scientists who wonder if COVID-19 might not become like an annual flu, which we will have to combat in very specific ways.

All of that research is critically important and it's why we've invested in the Canadian Institute for Health Research in such phenomenal ways to ensure our full research community here in Canada is looking at all of those aspects of managing COVID-19.

The Chair: Thank you, Minister. My apologies; I was trying to get your attention with the red flag.

[*Translation*]

Mr. Lemire, you have two and a half minutes.

Mr. Sébastien Lemire: Thank you, Madam Chair.

I thank the minister again for her presence.

Since there is currently a global alert due to COVID-19 variants, if the virus mutates, is it possible that current vaccines may no longer be effective?

If so, will the agreements adapt to a new and improved vaccine, or will they have to be rewritten, which would mean we would have paid for vaccines for nothing?

[*English*]

Hon. Patty Hajdu: Perhaps I can start and then turn to my officials.

So far, that is why we're watching so closely the variants of concern. Obviously, there's research worldwide to understand their impact on vaccination. There's some limited research that some of the variants may have an impact on vaccine effectiveness, but none that completely negate vaccine effectiveness. That is the research that's under way right now worldwide. In fact, manufacturers have been very clear that in some cases they can adjust the formula, so to speak, to address the rise of new variants and to ensure that their vaccine remains effective against new variants of the disease.

I'll turn to Dr. Lucas who may know more from a regulatory perspective.

Dr. Stephen Lucas: Thank you, Minister Hajdu.

Madam Chair, we do work continuously with the manufacturers of approved vaccines, and indeed as the variants emerged, I followed up with Pfizer and Moderna, as did regulators around the world who had approved those vaccines, to have them assess them relative to these variants of biological concern. That work continues and they will be continuing to assess those and will make adjustments, if needed.

[*Translation*]

Mr. Sébastien Lemire: From what I understand, the agreements will therefore still be valid.

If the whole strategy had to be redesigned, would you take more account of the capability of pharmaceutical companies in Quebec and Canada to ensure local production of the vaccines that Canadians and Quebeckers need?

[*English*]

Hon. Patty Hajdu: That's exactly why our strategy includes a Canadian company. As the announcement from the Prime Minister today indicates, Canada has been proceeding towards a biomanufacturing capacity since the outbreak.

Obviously, this is important for our health security.

[*Translation*]

Mr. Sébastien Lemire: Thank you very much.

[*English*]

The Chair: Our next round of questions goes to MP Davies.

You have the floor for two and a half minutes.

● (1230)

Mr. Don Davies: Thank you.

Minister, I think it's well known now that your government has refused to release a single word of a single contract that you signed with vaccine manufacturers when jurisdictions such as the United States, Brazil and the European Union have made much of that information public. Other countries are disclosing details of the contracts they signed.

Your government famously said it would be transparent by default. Principles of crisis management demand straightforward communication.

You claim that you've secured the doses in presumably ironclad contracts, and that they're done. It leads to questions, Minister, that there must be something in these contracts you don't want Canadians, or the opposition, to see when you hide them.

Why won't you disclose at least basic information on these contracts, if they're so solid and back up the supply plans that you've announced?

Hon. Patty Hajdu: I think making an assumption that the contracts are hiding things that we don't want Canadians to see is a bit of a leap, but that question is best posed to my colleague, Minister Anand, who is the minister of procurement and manages the contract.

Mr. Don Davies: Thank you.

The B.1.1.7 and the B.1.351 variants remind us now that gatherings of any size are dangerous and travel should not be happening at all.

In a federally regulated sector, the airline industry, your government allowed airlines to advertise vacations to sunspots to Canadians in December, at a time when you were advising Canadians not to do non-essential travel. Was that an error?

Hon. Patty Hajdu: Madam Chair, I think our government's message has been clear from the beginning to avoid non-essential travel, to stay home, not only because of the risk of contracting the virus, and potentially bringing it back to Canada, but because the travel environment is incredibly fragile right now, as we see countries make changes in their entry and exit requirements very rapidly.

Mr. Don Davies: I agree, Minister, but that's why I think it's hard to understand how your government, which is responsible for regulating the airline industry, allowed them to market to Canadians vacation travel at a time when you're telling Canadians not to travel. Is that not a contradiction in federal policy?

Hon. Patty Hajdu: Madam Chair, I myself, the Prime Minister, every minister of the Crown, and Dr. Tam along with many other officials have advised Canadians to avoid non-essential travel for a very long time.

The Chair: Thank you very much.

Our next round of questions goes to MP Cumming.

You have the floor for five minutes.

Mr. James Cumming: Thank you.

Through the chair, thank you, Minister Hajdu. You mentioned that you believe the provinces are ready for the additional doses of vaccines, for the volume that will be coming. Is it clear to the provinces when the volume is coming, by what date and in what amount? It looks to me like the distribution of vaccines, without knowing what you're dealing with....

To ramp up properly, they need to know what the supply looks like. Is it clear to the provinces by what date they will receive doses and from whom?

Hon. Patty Hajdu: As soon as we have information from the pharmaceutical companies about what dose shipments look like, we share that with the provinces and territories. The national operations centre, which as you know is run by General Dany Fortin, works very closely with provinces and territories to assess their plans, to identify gaps and to help fill those gaps when the provinces and territories need that assistance.

This is a very collaborative approach. As you know, we've been sharing information as quickly as we've been getting it from the companies.

Mr. James Cumming: Can you not see how this creates some difficulties? For example, in Alberta they had scheduled out vaccines, including for caregivers. I have personal knowledge of this. Caregivers were scheduled for their vaccine and then it was dropped, with no date laid out into the future. Can you not understand how difficult that is, first, for all of the people who are worried and looking for these vaccines, and second, for a province to manage?

Can there not be a greater level of transparency on what the plan is on the layout? It must be in the contracts.

Hon. Patty Hajdu: Absolutely, MP Cumming, every step of the way we've been transparent with provinces and territories, even when the news is not good. When Pfizer and Moderna needed to reduce shipments to increase production, we were immediately clear with the provinces and territories about that disappointing news. It is obviously short term, but nonetheless, I can fully understand why that is very stressful for those on the ground waiting for the vaccines.

Now, having said that, it is our assurance to the provinces and territories that we will be open and we will be transparent. As soon as we have information, whether it's a reduction in doses, whether it's the resumption of doses, or whether it's a delivery schedule from a pharmaceutical company coming on board with the ability to produces doses, we will be clear with provinces and territories and give them the information they need to plan ahead.

● (1235)

Mr. James Cumming: We have outstanding scientists working in vaccine development and on therapeutics. One thing we've heard from them is how slow the government has been to get behind some of these vaccines.

You suggested that the vaccine task force has played a big role in this, but they didn't actually come into play until quite late in the game. Why wasn't it put into place earlier? Should we not have looked at internal vaccine development, and funding vaccine development, earlier in the game and in a more substantive way rather than the trickle of capital they received?

Hon. Patty Hajdu: I can't speak to the decisions on the Innovation, Science and Economic Development end. I would suggest that those are good questions for Minister Champagne about how decisions were made.

I will just say that the vaccine task force has been providing advice prior to any vaccine submitting for regulatory review. In fact, of the candidates they selected, as I mentioned, five of them now have applied for regulatory approval. Two of them have been approved. In fact, one was a Canadian company. Medicago is showing a great degree of promise, as I mentioned before.

I'm very grateful for the early and very thorough work of the vaccine task force, which I think has put Canada in good stead.

Mr. James Cumming: Would you not acknowledge that Canadian vaccine development is well behind the curve comparative to those that you've written purchase orders to?

Hon. Patty Hajdu: I would just say that including a Canadian developer was important to the vaccine task force for the purpose of building our biomanufacturing capacity. That is why in fact Canadian companies are included. This company had promise. It was also a way to invest in the company. It was a way to start to rebuild that footprint of biomanufacturing that is so important for our health security.

Mr. James Cumming: I want to come back to the manufacturing.

Do I have time?

The Chair: You have three seconds, unfortunately.

We will have time for another round with the deputy minister, if you'd like.

Mr. James Cumming: That's fair enough. I'll yield.

Thank you.

The Chair: Thank you.

Next up we have MP Jaczek.

You have the floor for five minutes.

Ms. Helena Jaczek (Markham—Stouffville, Lib.): Thank you very much, Chair.

My first question is for Mr. Stewart.

How is PHAC keeping track of vaccinations given across Canada? Is there a national database that's recording first dose, second dose?

There might come a time when Canadians want to travel and might need to produce proof of vaccination. I won't call it an immunity passport, of course. How is PHAC looking at that particular dataset?

Mr. Iain Stewart: That's an excellent question.

We're very much looking at this idea of some kind of vaccination certification documentation. As people are immunized, it will be increasingly needed, so it's a great point.

As you know and as has been discussed here today, provinces and territories are the ones administering the vaccination on the ground, and each of them has a documentation system for tracking who was immunized and who needs a second dose. What we've been doing with them is creating a sharing of that data, and as that data comes in to us, we have been putting it up on our website.

When it comes to negative aspects, for instance, adverse effects, there's a well-established network to communicate as quickly as possible that something has occurred. Fortunately, so far, there have been very few instances of problems.

There is a well-developed system in place, and through the national operations centre we're making that information transparent to each of the jurisdictions participating in the campaign.

● (1240)

Ms. Helena Jaczek: Thank you.

Minister Hajdu, it has been quite a year for you. Personally, I will simply say thank you for all your answers here today and for what you've done over the last year, remaining calm and thoughtful and responding to so many different questions.

Obviously, over the last year there have been lessons learned. I wonder if you could summarize for us as we go beyond the pandemic and applying some of the lessons you've learned as Minister of Health, are there areas you can see within the ministry and within the many agencies that relate to the ministry where there's need for improved staffing, areas where we could have benefited perhaps from increased data, or anything you've learned that will be put to good use going forward?

Hon. Patty Hajdu: Thank you very much for the kind words. Yes, we are actually conducting a lessons learned, broader review, as you know, in terms of the entire pandemic process.

I will just say personally, and I've said this before publicly, so it won't come as a surprise to any of my colleagues, that as someone who worked in public health with the Thunder Bay District Health Unit for nine years prior to politics—and I know you were also a minister of health at the provincial level, public health—I think the things we've all come to know now in terms of contact tracing, protection, prevention and promotion are often dramatically under-recognized as critically important to the health of a community. We spend a lot of money on physical delivery of health, the health care systems, hospitals, doctors, all the kinds of stuff that we think of when we see health, but public health typically, if lucky, might get 2% of a health care budget in any province or territory, maybe a bit more or a bit less. It plays a pivotal role in protecting the health of citizens. At the federal level, we are looking now at ways that we can ensure that the Public Health Agency of Canada has a robust footprint here within the family of departments and agencies, because that prevention and protection role that public health has played for centuries is incredibly important.

Ms. Helena Jaczek: You mentioned contact tracing as a key element of prevention and public health practice. The federal government has assisted provinces with personnel able to help with contact tracing. Could you quickly tell us what that has consisted of?

Hon. Patty Hajdu: Absolutely.

We have assisted provinces and territories not only with contact tracing, for example, through trained contact tracers at Statistics Canada, but we've also assisted with many other supports to deliver health care, according to their responsibilities: Red Cross supports in long-term care homes, and epidemiological and other research expertise.

I see the red flag.

We've been there for provinces and territories, not just with the safe restart's $19 billion, but with tangible supports in communities that are experiencing significant crises.

The Chair: Thank you so much.

That ends our third round of questions and the time that we have with Minister Hajdu and Mr. Stewart. I want to thank you both for being with us today.

I understand that the deputy minister will remain for the last 18 minutes of committee so that he can answer any additional questions from committee members.

I want to thank you both for your hard work, and I want to thank your teams. Thank you, again, for being here today to answer all of our questions. We greatly appreciate it.

With that, we will start the next round of questions. We'll start with a five-minute round.

MP Généreux, you have the floor for five minutes.

[*Translation*]

Mr. Bernard Généreux: Thank you very much, Madam Chair.

Other Canadian companies had expressed interest in interacting with Health Canada regarding vaccine production, including Alberta-based Providence Therapeutics. It announced last week that it has the capacity to produce mRNA vaccines. They intended to proceed with clinical trials in the event that an agreement was reached with Pfizer or Moderna.

Could this company meet our supply needs by next summer or fall, just like Moderna, for example?

● (1245)

[*English*]

Dr. Stephen Lucas: Madam Chair, what I would indicate is that the government has entered into a series of contracts for vaccine procurement, as has been noted.

That being said, work continues in supporting Canadian firms, as Minister Champagne and officials can indicate. Health Canada plays an important role from a regulatory perspective. We've recently approved a clinical trial for the Providence Therapeutics vaccine candidate, as noted, and we'll work with the company as it proceeds with its clinical development program.

[*Translation*]

Mr. Bernard Généreux: The Sanofi company, which has a plant in Ontario, had hoped to develop its own vaccine over the past year, but unfortunately, it has not worked. It is reportedly in discussions with Pfizer to produce its vaccines.

Is the government considering producing Pfizer vaccines in Canada instead of importing them from Belgium?

[*English*]

Dr. Stephen Lucas: Madam Chair, as Minister Hajdu noted previously, the government is focused on the contracts to provide vaccines to Canadians, as has been discussed, but as well, through the leadership of Minister Champagne, advancing work on biomanufacturing. I'm sure that he will be more than pleased to respond to questions pertaining to that work, to answer in that capacity looking forward.

[*Translation*]

Mr. Bernard Généreux: Mr. Lucas, Pfizer and Moderna vaccines have been approved and vaccination has already begun.

Other vaccines are being studied. AstraZeneca's vaccine is under review. There is the vaccine from Johnson & Johnson. Novavax, it seems, will eventually produce vaccines in Montreal after the summer. There are also vaccines from Medicago and Sanofi.

Could you tell us at what stage of the process these companies are at?

[*English*]

Dr. Stephen Lucas: Madam Chair, in responding, we have rolling submissions from AstraZeneca, submitted in October; Johnson & Johnson, or Janssen, submitted in late November; and as of last Friday, Novavax. Those are—

[*Translation*]

Mr. Sébastien Lemire: Madam Chair, there is no interpretation.

[*English*]

Dr. Stephen Lucas: Is that better, Madam Chair?

[*Translation*]

Mr. Sébastien Lemire: It's clearer like that. Thank you very much.

[*English*]

Dr. Stephen Lucas: Those submissions are in different stages of review, obviously, just starting, the Novavax rolling submission now with their initial data being provided. By contrast, as I noted previously, we're at the final stage of our review of the AstraZeneca submission and are working closely with the company for the remaining information that will allow us to complete our review of that in the very short term.

[*Translation*]

Mr. Bernard Généreux: Mr. Lucas, I'm going to come back to Mr. Davies' question earlier. It concerned the procurement contracts signed with Health Canada and the Government of Canada. Health Canada is certainly aware of this, since the terms of the contract directly set out what the department can or cannot do to approve them.

Why has the Canadian government not disclosed the content of these contracts?

[*English*]

Dr. Stephen Lucas: Madam Chair, as Minister Hajdu indicated previously, Minister Anand will be appearing before the committee. We have to respond very specifically. We have a very significant amount of information up on the Canada.ca coronavirus website.

I would indicate further that in regard to the regulatory decisions, a scientific summary basis of decision is posted. Further to our strong commitment to transparency, the product monograph, further information on the authorization and the clinical data associated with the development of the vaccines will also be posted.

The Chair: Thank you so much.

Our next round of questions goes to MP Erskine-Smith.

You have the floor for five minutes.

Mr. Nathaniel Erskine-Smith: Thanks very much, Madam Chair.

I want to pick up where I left off with the question of what more we can do as it relates to contact tracing, as it relates to testing and as it relates to supporting individuals in need before we have full vaccination across this country.

Narrowing in specifically on rapid tests, how many rapid tests have we delivered to the provinces?

Dr. Stephen Lucas: Madam Chair, in regard to rapid tests, as of January 31, we had delivered 17,686 rapid tests to the provinces. That includes the Abbott ID NOW as well as antigen tests by several manufacturers.

● (1250)

Mr. Nathaniel Erskine-Smith: My understanding from media reports is that Ontario, as an example and which is where I am, has used only a fraction of the rapid tests that it has received. I have sat in the House of Commons in question period and I have felt that insistence myself, to say we need more rapid testing until we have a fuller vaccine rollout.

You're in communication with your provincial counterparts. Why are they not using the rapid tests that have been delivered to them?

Dr. Stephen Lucas: Madam Chair, I first note that it is critically important, as noted, that public health measures coupled with testing and screening, contact tracing and isolation of cases and contacts, as well as vaccination, all continue in the work to control the pandemic.

In regard to the provinces and territories, we have worked very closely in terms of providing information on the use of those tests, provided guidance in October and have established fora to work on understanding how they can be used and sharing lessons learned.

The use of the tests is increasing day by day. For example, in the fall, Nova Scotia used the antigen tests to test people in pop-up settings associated with some downtown bars and restaurants, and they did good work. Ontario has also worked with them in workplace settings, with employers. We're seeing that work increase, and providing guidance for testing through convening provinces and territories with experts as a means of doing that.

I would just conclude by saying as well that we've provided further guidance through the expert panel on testing and screening that Minister Hajdu convened. They released a report recently—

Mr. Nathaniel Erskine-Smith: I'm familiar with that report. The co-chair, Dr. Irfan Dhalla, is brilliant. He happens to be a constituent. He said, "We need the federal government to procure more of them. We need the federal government to approve more of them, and then we need the provincial governments to support the more rapid use and wide-scale use of them."

Do you agree with that statement?

Dr. Stephen Lucas: Yes, Madam Chair, we are working to procure more tests. We have further ones in our regulatory pipeline and are working closely, as I noted, with the provinces and territories to encourage and support, in all regards, their use. We are also working with other interested parties to support their use for screening as well as testing purposes.

Mr. Nathaniel Erskine-Smith: As it relates to screening, I want to narrow in specifically as we look at reopening our schools. Here in Ontario, in Toronto, a hot spot, the provincial government has not been so clear with parents about how schools are to be reopened.

One would think, though, with what we know today, that you would have a clear, rapid testing regime using screening for, say, teachers and potentially even students, multiple times a week. You're going to have sufficient rapid testing to screen the individuals who are having to go into the workplace.

Have those conversations been active with the Province of Ontario, and if so, do we have enough rapid tests at scale for that kind of reopening to happen?

Dr. Stephen Lucas: Madam Chair, we are working with the provinces on different use cases. Some of them are indeed looking at schools or universities as settings for screening on an ongoing or regular basis. We're working with them to understand that demand and have proactively procured tens of millions of rapid antigen tests, for example, to address those and other settings.

Mr. Nathaniel Erskine-Smith: The last question, I suppose, is just on human resources. There was some media reporting in relation to there being tens of thousands of Canadians who have stepped up to serve in contract tracing or otherwise, but who have not been put to full use.

Can you give this committee an update concerning those efforts and ways in which Canadians can step up to support them?

Dr. Stephen Lucas: Madam Chair, indeed, in the spring, Health Canada launched a national volunteer recruitment initiative and had extraordinary support from Canadians. It was followed up, and information was provided to the provinces, for example, for support in long-term care.

We've gone back to people in the inventory to confirm interest and are working, again with the provinces, on people who may be interested, for example, in helping out with in the vaccination campaign in functions that their experience and qualifications would support.

● (1255)

The Chair: Thank you so much.

We will go to our next round of questions.

[*Translation*]

Mr. Lemire, you have the floor for two and a half minutes.

Mr. Sébastien Lemire: Thank you, Madam Chair.

I would like to come back to Medicago. Can you confirm the information that this Quebec-based company could not commercialize its vaccine before September, even if it had the green light from your agency?

[*English*]

Dr. Stephen Lucas: Madam Chair, as I believe I noted earlier, Medicago was identified as a strong candidate and recommended by the vaccine task force for entering into an advance procurement agreement, which has been done.

They have, as well, submitted for clinical trials to Health Canada. An initial submission was made in July for an initial phase one trial, and another subsequently in early November—their clinical trial for phase two and three stages, with a larger population. They have an additional clinical trial under way in the United States.

This clinical development program will help provide the evidence for them to build their dossier for regulatory submission to Health Canada.

[*Translation*]

Mr. Sébastien Lemire: If Medicago is ready before September, it will be able to market its vaccine and vaccinate Quebeckers and Canadians before September.

[*English*]

Dr. Stephen Lucas: Madam Chair, the approach for regulatory authorization requires a rigorous set of stages, starting with preclinical research, including in animal models, and initial phase one trials in a small group of volunteers, which was authorized for Medicago in July, as I noted.

With those results, Medicago proceeded to the next stage, which was their combined phase two and phase three trial, in which they intend, through participation in Canada as well as in the United States, to enrol more than 30,000 adult participants.

All of these stages, coupled with their work to define their manufacturing process and ensure good manufacturing practices, will contribute to their dossier, and we can—

[*Translation*]

Mr. Sébastien Lemire: Can you confirm that, if its vaccine were recognized by Health Canada, there is no agreement that would prevent Medicago from distributing it before September?

[*English*]

Dr. Stephen Lucas: That is dependent, Madam Chair, on when Medicago completes its work and submits a rolling submission to us. As we go through it and review it, that process will determine the timeline, as has been the case with other companies, such as Pfizer and Moderna.

The Chair: Thank you very much.

Our last round of questions goes to MP Davies.

You have the floor for two and a half minutes.

Mr. Don Davies: Thank you, Madam Chair.

Mr. Lucas, did you have any meetings with any pharmaceutical companies in November and December to discuss their request to delay Patented Medicine Prices Review Board regulatory reform?

Dr. Stephen Lucas: Madam Chair, I did not have any such meetings.

Mr. Don Davies: I am wondering whether you can help with this.

Do you know why the government last month postponed for the third time PMPRB reforms that would, by Health Canada's own estimates, save Canadians billions of dollars in pharmaceutical costs over the next 10 years?

Dr. Stephen Lucas: Madam Chair, the context we're working in, of course, is the pandemic. It impacted timelines for the development of the guidelines by the Patented Medicine Prices Review Board, which were developed through consultation.

Those were finalized in the middle part of the fall, and the government took a decision to delay their coming into force to ensure that the guidelines were in place and understood, to support the implementation of the PMPRB regulations.

Mr. Don Davies: To your knowledge, was there any implication or threat, indirect or direct, by pharmaceutical companies that they would interfere with vaccine access if the PMPRB reforms went ahead?

Dr. Stephen Lucas: Madam Chair, as I stated, the decision was made on the basis of wanting to ensure time to respond to the guidelines, which were finalized through an extended process during the context of the pandemic in 2020 such that they could come into force at the beginning of July 2021.

● (1300)

Mr. Don Davies: Thank you.

We know that this is a global pandemic and that we're all affected by it. We know India and South Africa have put forward a proposal at the WTO to exempt member countries from enforcing traditional patents, trade secrets and pharmaceutical monopolies, in other words, to make the vaccine available to all countries. In your view, should Canada support that proposal?

Dr. Stephen Lucas: Madam Chair, I will not be in a position to comment specifically on the details of that proposal given my detailed knowledge. What I would say is that Canada has strongly supported the accelerator facility developed with the WHO and the Covax facility to ensure that countries around the world can have access to the vaccines that are going to be so essential for our recovery from the pandemic.

The Chair: Thank you so much.

That ends our time today.

I'd like to thank you, Mr. Lucas, for your time today. I'd like to thank the translators, IT, the analysts and our clerks for their support.

On Thursday we have ministers Anand and Champagne with us to further answer questions. Seeing the interest in procurement, I suggest all members who will be participating in that meeting be on early so that we can get through the sound check so that we can start our meeting on time and make sure everyone has an opportunity to ask the questions they have. We also have an update that we will have the vaccine task force coming to us during the week of the 15th. We will have further updates that will be circulated by the clerk.

With that, the meeting is adjourned.