



Let's outlive, not just live with, the COVID-19 virus using a 'glocal' health equity lens

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Dear Editor:

In an editorial, Trottier and Moore (2022) highlighted how countries like Canada are learning to live with the COVID-19 virus and preparing for future pandemics. We contend that countries must outsmart and outlive, not merely live with, the virus. Moreover, Canada's pandemic response plan should embrace a *glocal equity lens* to address the interplay of inequities rooted inside and outside the country. Unlike a buzzword, 'glocal' implies an interplay between global and local (Roudometof, 2015), which has been suggested to address glocal problems like climate change (Gupta et al., 2007). As pandemics are glocal problems, we recommend that a transformative glocal lens may provide solutions to protect everyone from future pandemics. If considered in isolation, the global and local may stand in opposition (Roudometof, 2015). Consequently, global equity (e.g., in vaccination) may remain shamefully unachieved (Ali et al., 2022). Conversely, interplays between global and local and their creative appropriation (Roudometof, 2015) may help nations to better address such crises.

Pointing to the Canadian 2022 Federal, Provincial, and Territorial COVID-19 Public Health Response Plan for Ongoing Management of COVID-19 (hereafter, the plan), Trottier and Moore (2022) emphasized that Canadian health-care systems must address socio-demographic disparities, including race and ethnicity. Indeed, the plan underscored within-country inequities and clarified how marginalized populations were disproportionately affected by COVID-19 due to pre-existing inequities (Public Health Agency of Canada, 2022). We echo Trottier and Moore's (2022) concern but stress that Canada's plan needs to be outward-looking to incorporate the interaction between local and global

factors. For example, in highlighting the racial/ethnic inequities, we must consider the interplay of stigma within and outside national boundaries, such as the rise of violence against Chinese Canadians in Canada (Chakraborty, 2022) as an interaction between local and global forces.

Interestingly, Canada's response plan acknowledges the effects of global immunity levels on its response but is silent about global inequities. Trottier and Moore (2022) have problematized the vaccine inequity in low- and middle-income nations but recommended no action. Although Canada supports other countries' recovery and response, the market-oriented donor support model used by the Global North has failed to achieve pandemic response equities in the Global South (Torreele et al., 2023). Therefore, we draw on Torreele et al. (2023), who advocate for a *global commons* approach to generate an equitable end-to-end ecosystem for addressing outbreaks and pandemics. This approach is glocal in that it proposes linking governance and finance, from research and development to production, distribution, and access, for *every region to quickly respond to outbreaks where it happens* (Torreele et al., 2023). The vaccine technology transfer hub in South Africa is one such model.

Encouragingly, Canada has outperformed most of its G10 peers in improving COVID-19 vaccine uptake and reducing infections and deaths (Razak et al., 2022), and it aspires to do even better. However, *no one in Canada is safe until everyone in the world is safe*. Therefore, we hope Canada will commit to providing transformative support to achieve global pandemic equities to prevent COVID-19 and future pandemics.

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References

- Ali, S., Jacob, A., & Stranges, S. (2022). COVID-19 vaccine inequity and Big Pharma: Time to rethink our love affair? *Canadian Journal of Public Health*, 114(1), 80–81. <https://doi.org/10.17269/s41997-022-00706-9>
- Chakraborty, C. (2022). Contagious minorities: Chinese Canadians during the COVID-19 pandemic. *Journal of Canadian Studies*, 56(3), 393–409.
- Gupta, J., van der Leeuw, K., & de Moel, H. (2007). Climate change: A ‘glocal’ problem requiring ‘glocal’ action. *Environmental Sciences*, 4(3), 139–148. <https://doi.org/10.1080/15693430701742677>
- Public Health Agency of Canada. (2022). *Federal/Provincial/Territorial Public Health Response Plan for Ongoing Management of COVID-19*. Retrieved January 15, 2023, from <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/federal-provincial-territorial-public-health-response-plan-ongoing-management-covid-19/fpt-response-plan-eng.pdf>
- Razak, F., Shin, S., Naylor, C. D., & Slutsky, A. S. (2022). Canada’s response to the initial 2 years of the COVID-19 pandemic: A comparison with peer countries. *CMAJ*, 194(25), E870–E877. <https://doi.org/10.1503/cmaj.220316>
- Roudometof, V. (2015). The glocal and global studies. *Globalizations*, 12(5), 774–787. <https://doi.org/10.1080/14747731.2015.1016293>
- Torrelee, E., Kazatchkine, M., Liu, J., Dybul, M., Cárdenas, M., Singh, S., Quigley, H. L., McNab, C., Sirleaf, E. J., Mazzucato, M., & Clark, H. (2023). Stopping epidemics when and where they occur. *The Lancet*, 401(10374), 324–328. [https://doi.org/10.1016/S0140-6736\(23\)00015-6](https://doi.org/10.1016/S0140-6736(23)00015-6)
- Trottier, H., & Moore, D. (2022). Managing population health risks as we learn to live with COVID-19. *Canadian Journal of Public Health*, 113(5), 649–652. <https://doi.org/10.17269/s41997-022-00686-w>

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