Call for A Global Health Strategy for Canada

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Executive Summary

This discussion paper was developed to make the case and call for and **inform** a coherent global health strategy for Canada. It is not the actual strategy. The primary audience for the paper is global health stakeholders, including government policy makers, researchers and civil society actors. It was informed by a review of academic and grey literature, interviews with 11 Canadian global health leaders from different institutions and geographic locations in 2021, input from 43 stakeholders who completed an online open survey in July 2022, and participants at an open forum held at the November 2022 Canadian Conference on Global Health. There was overall agreement that Canada was not living up to its potential in global health, that a clear vision for global health was required and that a deliberate process towards a global health strategy could help move Canada's global health agenda forward. Based on Canada's strengths and its global position as a middle power, the following have been suggested as strategic priority areas for a future Canadian global health strategy: a commitment to a resilient and sustainable post-COVID-19 recovery and systems reconfiguration; gender justice and equity in global health; leveraging the power of research to accelerate global health equity; a holistic approach to health; and commitment to decolonizing global health research, policy and practice. Now is the right time for Canada to develop, adopt and resource a global health strategy to emerge as a strong voice to advance global health equity.

Introduction

Health issues are inherently global and transnational in nature. This has been reaffirmed most recently by the COVID-19 pandemic, reiterating the need for a continuous strategic commitment to global health by all countries. However, Canada does not yet have such a strategy in place. The intention of this discussion paper is to propose an outline for a future national global health strategy for Canada to drive forward global, equitable, and sustainable action. It is not intended to be the actual strategy. The COVID-19 pandemic has facilitated the opening of a window of opportunity. If we fail to act while this window is open, other priorities may take precedence. **The purpose of this paper is to make the case and call for and inform a coherent global health strategy for Canada.** The primary audience for the paper is global health stakeholders, including government policy makers, researchers and civil society actors.

This paper is informed by consultations with 11 Canadian global health experts across different disciplines, feedback from an open survey involving 43 global health stakeholders who reviewed the draft paper, participants who attended an open forum at the 2022 Canadian Conference on Global Health, and a review of academic and grey literature, including the global health strategies of other high-income countries, such as Germany and the European Commission. A supplementary report, which summarizes learnings from other country strategies in greater depth is available separately.

This paper is informed by the Canadian Coalition of Global Health Research Principles for Global Health Research: authentic partnering; inclusion; shared benefits; commitment to the future; responsiveness to causes of inequities; and humility (Canadian Association for Global Health, 2015; Plamondon & Bisung, 2019).

A New Vision of Global Health for Canada

"We need a renewed vision for global health as well as a renewed vision of ourselves in it." (Cislaghi et al., 2019). In this spirit, voices on global health have called for a new vision of global health for Canada. A range of suggestions have been put forward that could guide the development and priorities of a Canadian global health strategy. Combined with expert interviews, input from online survey respondents and conference participants, we have found a high level of consensus between global health advocates, experts and researchers for the need for a global health strategy for Canada. The Canadian Association for Global Health calls for higher national priority of resilience in the global pandemic response and planetary health, as well as Canada's emergence as a champion of greater participation by Indigenous Peoples and representatives from low- and middle-income countries across research consortia (CIHR, 2021). This vision would require challenging the associated power and privilege in global health structures, both domestically and abroad, and building alliances with and giving voice to groups and states that are underrepresented. *"Those in the world's most vulnerable places deserve Canada's commitment to a global recovery"* (Grantham, 2021). It is insufficient to renew the global health paradigm in the abstract - it also demands a radical shift as to who is involved, has a voice, and represents Canada.

Global Health Challenges

A critical foundation to global health action is setting a unified global health agenda agreed upon by a wide array of key stakeholders. A national global health strategy can guide Canada's participation in global and multilateral fora. As such, the authors of this discussion paper recommend, based on extensive consultation with the global health community in Canada and literature review, that the following global health challenges be considered as part of the conversation.

Support Global Public Goods

Many global health challenges can be seen in terms of the development and distribution of global public goods in a manner that is non-excludable and nonrival in consumption (Gleicher & Kaul, 2011). The increasing commodification of resources and goods has posed unique challenges to global health, exacerbating inequities between and within nations. Strong policy responses that consider power imbalances are needed to ensure equitable distribution of the benefits of such goods. Canada could utilize its special role as a middle power with prominent presence to argue for the equitable distribution of global public goods. The example of COVID-19 vaccine distribution is a case in point (see **Box 1**).

Box 1. Global Public Goods Challenge: COVID-19 Vaccine Distribution

The World Health Organization (WHO) has declared COVID-19 vaccinations, diagnostics and therapeutics be developed, produced, and allocated as a global public good (WHO, 2020). Many experts and NGOs have called on high-income countries, including Canada, to join the efforts at the World Trade Organization (WTO), which calls for the waiver of intellectual property rights in relation to the COVID-19 response (Dubois, 2021; The Council of Canadians, 2021). Canada's failure to voice support for the Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver had contributed to the WTO deadlock in Spring of 2022 (Canadian Centre for Policy Alternatives, n.d.).

At the WTO's 12th Ministerial Conference from June 12-17, 2022, a decision was made to allow eligible countries to override COVID-19 vaccine patents until 2027; however, the decision to extend this to other COVID-19 therapeutics and diagnostics has been delayed for another six months (World Economic Forum, 2022). This decision was met with numerous critiques, claiming that this version of the agreement is substantially different from the original proposed TRIPS waiver and it is incoherent with equity goals in global health (Gupta, 2022). Critiques also claim that the limitation to only vaccines, the five-year duration, and a failure to address rules on trade secrets make it unlikely that this decision will result in a meaningful difference in access to COVID-19 vaccines and may set a negative precedence for future global health crises (Gupta, 2022; Love, 2022; ReliefWeb, 2022).

> "This decision is not only a hollow response to Covid-19, but it sends the message that intellectual property rights outweigh the rights to health and life. After more than 18 months of discussion, the WTO has missed an opportunity to use its power to set global trade rules that save lives, setting a worrying precedent for international cooperation in future public health emergencies." (ReliefWeb, 2022)

Make Progress on the Sustainable Development Goals (SDGs)

The COVID-19 pandemic has disrupted progress towards achieving the 17 SDGs by the intended 2030 target, increasing its urgency to be recognized as a set of interlinked global challenge with relevance to Canada and other countries (European Commission, 2022). The pandemic has exacerbated social and economic gaps between high-income and low- and middle-income countries; a lack of bold policy choices and action will prevent the latter from resuming pre-COVID development trajectories (United Nations Development Programme, 2021).

Uphold IHL and Health in Conflicts and the Refugee Crisis

Political tensions resulting in active conflict have raised concerns of a breakdown of rules-based multilateralism. There has been additional concern that conflicts will create or exacerbate global division and a dissolution of global trust. Many recent and past conflicts have displayed a disregard for rules, such as the International Humanitarian Law (IHL). Conflicts such as the ongoing Ukraine crisis, and crises in Syria, Afghanistan, Yemen, and Myanmar have shown a very high number of attacks on health facilities and on civilians (Haar et al., 2021), which is strictly forbidden by IHL (International Committee of the Red Cross, 2004). These and other crises have resulted in the number of forcibly displaced exceeding 100 million for the first time on record, worsening the associated health challenges for those forced to flee (Siegfried, 2022). Conflicts have great implications for Canada, ranging from global economic impacts to budget allocations to Canada's strong tradition of welcoming refugees (UNHCR Canada, n.d.).

Invest in Research, Technology and Digital Transformation

Research, technology and digital transformation presents as a two-faceted challenge: the development, research and design of new innovative technology, and the equitable distribution of new and currently existing technology across the globe. The impacts of new technology can be limited if access is restricted. Innovation in this context may be best used to describe the removal of barriers to access, whether that be supply chain issues, lack of infrastructure, financial obstacles, or political obstruction. Canada is estimated to host between 1,500 and 2,000 health technology and bioscience companies and research organizations, and health technology innovation has been identified as one of Canada's six key innovation areas in a 2023 digital talent outlook report (Hamoni et al., 2021). As Canadian expertise in health technology grows, the benefits could include improved healthcare efficiency and lower costs both in Canada and abroad.

Sustained support for Global Health Financing

Financing presents another cross-cutting challenge, and the coordination of efforts towards achieving a cohesive agenda is complicated by the increasing number of both state and non-state

actors in global health (see **Box 2**). There are already concerns of increasing competition between funding "health security" and other global health challenges financially supported by Official Development Assistance (ODA). This concern has increased in the face of the conflict in Ukraine, with Canada having allocated more than CAD$5.4 billion in total aid to Ukraine to date (Department of Finance Canada, 2023). Additionally, receiving adequate ODA funding from donor countries itself has proven to be challenging. While the target of countries spending 0.7% of their gross national income on ODA has been advocated for by the international community since 1970, only five countries met or exceeded this target in 2021 (Organization for Economic Co-operation and Development [OECD], 2022). With an assessed ODA contribution of USD$6.3 billion in 2021 (preliminary data), Canada does not stand among these five countries and sits below the average Development Assistance Committee contribution of 0.39%, with a contribution accounting for only 0.32% of the gross national income (OECD, 2022).

Box 2. WHO Financing Model Update

WHO Director-General Dr. Tedros Adhanom Ghebreyesus has described the need for a sustainably financed WHO, noting that over several decades the WHO has been progressively weakened by an imbalance between assessed contributions from member states and voluntary contributions. This imbalance in WHO funding can constrain the organization's ability to remain independent by leaving it vulnerable to external influences (WHO, 2022a). In May 2022, an historic decision was made by the World Health Assembly to improve the WHO financing model. One notable recommendation is the gradual increase of member states' assessed contributions to represent 50% of the WHO core budget, by the 2030-2031 budget cycle at the latest (WHO, 2022b). This is in comparison to the 2020-2021 assessed contribution representing only 16% of the program budget (WHO, 2022b).

The Geopolitics of Global Health: Linking Domestic and Foreign Interests

"Health is a political choice that can and must transcend geopolitics." - WHO Director General, Dr. Tedros Adhanom Ghebreyesus (WHO, 2021a).

Theoretical approaches to global health need to be guided by understanding of the role of structural and geopolitical conditions over health globally (Persaud et al., 2021). COVID-19 has abruptly demonstrated the intersection between geopolitical systems and the necessity for a multilateral approach to health issues; fragmented governance for health and the resultant self-preserving silos have severely undermined the global response to COVID-19 (Lal et al., 2021). Long-standing issues of equity within and between countries and regions have been made visible as a matter of life and death, illustrated, for example, by the stark reality of vaccine apartheid. This period of increased national sovereignty and decreased cooperation has been termed a crisis of multilateralism, and acts as a hindrance to achieving the goal of good health for all (Kickbusch et al., 2021a). Unilateralist approaches combined with geopolitical power shifts are also undermining multilateralism and international cooperation (European Commission, 2020). The challenges posed by the COVID-19 pandemic and the climate change crisis, as well as the

discipline-spanning SDGs, all demonstrate that no country can tackle global challenges on their own.

Global health diplomacy, defined as the practice by which intergovernmental and non-state actors coordinate global policy solutions to improve global health, is gaining recognition as a necessary collaborative method to achieving a multilateral approach (Kickbusch & Szabo, 2014; Pan American Health Organization, n.d.). Health challenges transcend national borders and as such, global health diplomacy is a critical tool for national and global responses to these challenges (Kickbusch et al., 2021b). In the context of Canada's global health strategy, Kickbusch and Szabo (2014) suggest that establishing a national global health strategy is critical to the alignment of a country's political interests with global policy solutions for health.

Present-day domestic health in Canada is closely tied to global health issues, even beyond the prominent illustrations of the COVID-19 pandemic (Kickbusch & Liu, 2022). For example, tuberculosis in newcomer and Indigenous populations domestically are not separate from development aid and global health. A coherent global health strategy can and should tie domestic to international health priorities. Furthermore, clarifying these connections can improve opportunities to gain cross-political domestic will and support for the strategy, which our experts and panelists identified as one of the most critical enabling conditions for a sustainable global health strategy.

Geopolitics and Canada as a Middle Power

Heightened political tensions pose a challenge to a unified and cohesive global health response. For example, in 2020 the Trump administration's policy towards the WHO and towards China significantly impinged on the US' ability to act in global solidarity, also undermining its legitimacy in the process. Despite the change in US administration in early 2021, there remains difficulty in finding agreement on responses to the pandemic in the 2021 and 2022 meetings of the G7 and G20, of which Canada is an active participant. Recent geopolitical events add increased complexity, not only based on the pandemic experiences of inequity that have influenced a stronger north-south divide, but also following the Russian invasion of Ukraine and growing disparities related to climate change. These ongoing political tensions and their after-effects can hinder collaborative global health efforts and therefore must be considered in discussions of global health strategies.

Canada's position as a middle power was analyzed succinctly by Nixon et al. (2018). The authors drew attention to the fact that *"Canada has often aspired to be a socially progressive force abroad, using alliance building and collective action to exert influence beyond that expected from a country with moderate financial and military resources."* (p. 1736, Nixon et al., 2018). In the context of the present geopolitical standoffs – not only between the US and China, but also Russia, the EU, and the NATO - **Canada could play an important role as a bridge, consensus and alliance builder between geopolitical groupings and alliances to benefit global health and health equity**. Canada is still often seen as a "good global citizen" trusted by many other countries, for example by approaching smaller countries and island states heavily affected by climate change as an ambassador to bridge conversations/negotiations with the US and other countries in the G7/G20.

A multitude of recent developments offer political opportunities for Canada to be an active participant in global health. As a member of the G7, the G20, the WHO and PAHO, and a range of other geopolitical groupings, Canada can actively engage in global health with a position "grounded in our shared beliefs and values, including multilateralism, human rights and gender equality" (Grantham, 2021). Global health leadership can also be exercised through convening special global health meetings and summits held outside of UN/WHO processes but this approach should be used carefully. Both the US and the EU have utilized this approach recently, with the US hosting the COVID-19 Summit and creating the U.S. Initiative for Global Vaccine Access (Global VAX), and the European Commission and Italy co-hosting the Rome Global Health Summit 2021. Having hosted several G7 (formerly G8) and G20 summits previously, one may support the notion that Canada has the proficiency and expertise to act as a global health leader as well. As a middle power with historical success in alliance building, Canada can not only participate, but act as a leader in shaping a global health future consistent with the Canadian Coalition of Global Health Principles for Global Health Research.

Canada's role and links could be used in many ways to further a determined global health agenda:

Canada in the G7 and G20

Canada headed a G7 working group in June 2021 which has called for consensus on a unified approach to the challenges that China presents to G7 members. The new working group aims to take independent positions on China, which would allow it to broker harmony on global issues such as health and the environment. The impetus for Canada to continue collaborating in such working groups will almost certainly continue, given the Russian invasion of Ukraine, growing migrant crisis, and climate crisis.

Canada has also been paramount to advancing gender equality as a key international priority both at the G7 and the G20, working closely with Argentina to integrate gender equality across the G20 agenda and leading a call to eliminate gender-based violence for all G20 members (Government of Canada, n.d.-a; Government of Canada, n.d.-b).

Canada-EU

Until recently, Canada's orientation has been largely Global North focused, as reflected by the Comprehensive Economic and Trade Agreement (CETA). It is of note that non-governmental organizations (NGOs) have been highly critical of CETA's negative impact on health, specifically by its potential contributions to the non-communicable disease epidemic (European Public Health Alliance, n.d.). As such, a recommendation can be made to ensure that future Canada-EU partnerships actively consider health in their creation and implementation of policy. In view of geopolitical developments, CETA has gained new importance in the EU-Canada relationship.

There is a high degree of consensus on many global health issues between the EU and Canada. These issues include support of a pandemic treaty and support for sexual and reproductive health rights (although this support does not extend to all individual EU member countries). There are many opportunities to expand Canada-EU global health cooperation, especially following the announcement that Canada will expand its diplomatic presence in Central and Eastern Europe (MacKinnon, 2022; Prime Minister of Canada Justin Trudeau, 2021a). The EU released their

revised Global Health Strategy in November 2022, presenting an ideal opportunity for Canada to partner on the three identified EU global health priorities: investing in the well-being of all people, reaching universal health coverage, and combatting current and future health threats (European Commission, 2022).

Links to the Indo-Pacific

In 2021, Canadian Minister of Foreign Affairs Mélanie Joly was instructed to develop an Indo-Pacific strategy intended to reposition Canada more decisively as a Pacific nation, with objectives to strengthen Canada's pre-existing presence and cooperation in the Indo-Pacific through partnerships, economic ties, and development assistance (Prime Minister of Canada Justin Trudeau, 2021b). There could be many health dimensions to consider as these relationships develop and progress, for example, combining health and climate agendas through diplomatic efforts.

Considerations for Ongoing Partnerships

Strategic collaborations and partnerships, as described above, have laid a foundation in which Canada can further expand relationships to advance a determined global health agenda. Interviews conducted with Canadian experts also suggest the potential for the development of mutually beneficial partnerships with Caribbean nations and a more proactive engagement of La Francophonie, extending Canada's network for a Canadian global health strategy. Additionally, considering Canada's diverse population, with over 140 spoken languages (Statistics Canada, 2017a) and 250 reported ethnic origins (including different Indigenous groups) (Statistics Canada, 2017b), there remains untapped potential linkages and partnerships with other countries.

SDG 17, which aims to "strengthen the means of implementation and revitalize the global partnership for sustainable development", acknowledges that multi-stakeholder partnerships are vital mechanisms to achieving the sustainable development goals in all countries (United Nations, n.d.). SDG 17 lists a target of enhancing North-South, South-South, and triangular cooperation. Canada's role in supporting this goal can include fostering additional equitable partnerships between Canada and countries of the Global South. This would enable Canada to move away from a traditional North-North partnership narrative and, if done equitably and in a manner which fosters solidarity, can demonstrate a commitment to decolonizing global health. The authors of this discussion paper recognize that the decolonizing global health language and movement has to-date largely been led by global practitioners in the Global North (Oti & Ncayiyana, 2021), and that further discourse is needed to clarify the aims and roles for future partnership (Affun-Adegbulu & Adegbulu, 2020; Khan et al., 2021)

Finally, a coherent global health strategy could help connect and expand domestic partnerships and initiatives with global health researchers and practitioners. The possibilities for creating meaningful partnerships are expansive; a Canadian global health strategy can help recognize and direct these actions in alignment with Canadian values and beliefs both at home and abroad.

The Right Time for a Global Health Strategy?

Many global health advocates had expected more determined global health action from the first and second Trudeau government. In 2018, a call for more resolute action in the form of a global health strategy for Canada was published in the Lancet: *"A Canadian global health strategy should be developed along similar lines to that of the UK, Switzerland, Japan, and other countries as a unifying vision of Canada's engagement in global health efforts." (*p. 1744, Nixon et al., 2018). Authors asserted that fragmentation within government, and the lack of coordinating mechanisms undermine Canada's overall impact (Nixon et al., 2018). Di Ruggiero and Aslanyan (2021) echoed this call in early 2021. They argue that as shown by the pandemic, addressing ongoing global health challenges such as the equity and climate crises requires the federal government to increase intra-governmental cooperation and improve synergies between domestic and foreign policy.

In the face of multiple overlapping health crises, now is the time to consider a whole of government/whole of society approach for a Canadian global health strategy. Such a strategy could bring together the many intersecting governmental departments and non-state actors that relate to and have an impact on global health, underpinned by values driving Canadian cooperation. Due partially to the constitutional division of powers, fragmentation in our approach to health and other transdisciplinary policy arenas has been noted in the Canadian context, both vertically at the Provincial/Territorial-Federal interface, and horizontally at the Federal level between Ministries (Richardson & Lambek, 2018). "*Simply put, governments have trouble solving big complex problems in large part because governments have been organized into collections of narrowly focused vertical silos*" (p.4, Crawford Urban, 2018). Furthermore, the current political climate facing Canada (and countries worldwide) in terms of growing populist movements, recession, conflict, migration, and public mistrust and disinformation in health institutions and government, highlights a pressing need for a global health strategy that draws together domestic and international policies and garners cross-sectoral political will. A cohesive intragovernmental approach will facilitate the alignment of national and global priorities and allow nation states, including Canada, to put forth a strong response both nationally and internationally.

The more active position in the global health sphere taken by the Trudeau government has suggested that the political will required for the creation of meaningful change is present. **The intention of this discussion paper is to make the case and call for a Canadian global health strategy as a policy framework to dedicate and align resources and operationalize equitable and sustainable action.** The COVID-19 pandemic has facilitated the opening of a window of opportunity to further advance Canada's global health position. If we fail to act while this window is open, other priorities may take precedence.

Past Canadian Prime Ministers have set agendas in global health before (Nixon et al., 2018). There is ample opportunity for Prime Minister Trudeau and his government to do so **by acting as a decisive, innovative and value-based middle power in global health.** Canada will next chair the G7 in 2025 – this gives a good lead time to think forward. The geopolitical decoupling of global

health requires strong and determined political voices and alliances that speak up for equity, multilateralism and democracy.

Example: What Can Be Learned from Germany's Approach to Developing a Global Health Strategy

There are several existing global health strategies that can offer lessons for Canada. A more in-depth analysis of several strategies would need to underpin the development of Canada's actual global health strategy. For the purposes this discussion paper, we feature one such country, Germany, with considerable experience with several continuous global health strategies. The discussion for a strategic document on global health in Germany began prior to 2009, with the first German Global Health Strategy being accepted in 2013. When examining the development process for the German Global Health Strategy, Aluttis et al. (2017) highlight some key findings which provided a window of opportunity for its development:

- Health issues increasingly entering the foreign policy context;
- Scientific publications pressuring Germany to enhance its voice and reputation in global health matters;
- An emerging trend in the creation of national global health strategies in other countries such as Switzerland, the United Kingdom and US;
- Internal disagreements over division of tasks across Ministerial departments and the inability to place global health in any one department.

Many of these insights are also applicable to Canada. Post-implementation, experts acknowledged that the strategy led to better cooperation and coordination among key ministries and an organized framework for collaborative work on future global engagements (Aluttis et al., 2017). These changes contributed to a better representation of Germany's position in global governance settings (Aluttis et al., 2017). Canada can stand to benefit from both these outcomes.

An updated global health strategy was adopted by the German coalition government in October 2020 and has been maintained by the new government that took power in December 2021. Four process elements were critical to this updated strategy: stakeholder engagement, international advisory boards, consultations with all German ministries, and the adoption of the Strategy by Cabinet. Given the ever-changing geopolitical landscape, this strategy might be revisited to incorporate the experiences gained during the COVID-19 pandemic and with consideration to Russia's war on Ukraine. The EU Global Health Strategy, released in 2022, will also impact next steps. Regardless, important lessons can be drawn in relation to the process of developing a strategy, governance of the strategy, priority setting, resources, and monitoring and evaluation. Germany's prioritization of global health prior to and during its 2022 G7 presidency, in addition to its status as the largest funder of the WHO at 17.9% of the WHO's budget in 2020-2021, indicates a high degree of continuity to commitment, serving as an example for the development of a long-term global health strategy for Canada (WHO, 2021b). Other ministries such as the Ministry for Economic Cooperation and Development are actively engaged in global health, as is

the Foreign Office through significant contributions for humanitarian responses. One key factor has been a very strong sub-committee on global health in the German parliament, which has bolstered the strategy across a changing national political landscape, a consideration that will be critical for Canada as well in developing and implementing its global health strategy. In Germany too, internal political and economic pressures and the consequences of the invasion of Ukraine have had impact on the priority assigned to global health.

Canadian Global Health Strategy Priorities

Equity is seen by many experts as a global health principle that Canada should stand for and act on. Yet, this needs to be reflected in the approaches chosen both abroad and at home. Many of the experts we interviewed indicated that Canada has so far missed the opportunity to move forward towards a more inclusive and equitable global health vision and strategy. They have called for a meaningful vision that should set political ambition and coherence within government, with one interviewee stating that *"a global health strategy would be helpful to help take the Canadian positions and contributions to global health forward".*

Based on the analysis of literature, reports on Canadian activities in global health, and 11 expert interviews with Canadian global health leaders, we propose five priorities for a future Canadian global health strategy:

1. Commitment to a resilient and sustainable post-COVID-19 recovery and systems reconfiguration
2. Gender justice and equity in global health
3. Leveraging the power of research to accelerate global health equity
4. A holistic approach to health
5. Commitment to decolonizing global health research, policy and practice

These five proposed priorities were widely supported by participants in our open survey and by attendees at the open forum we held at the 2022 Canadian Conference on Global Health.

We emphasize that the proposed strategic priorities, while informed by the literature, expert interviews, an online stakeholder survey, and open discussion at the 2022 Canadian Conference on Global Health, are **meant only to serve as a suggested starting point in the development of a Canadian Global Health Strategy**.

1. Commitment to a Resilient and Sustainable Post-COVID-19 Systems Reconfiguration

The COVID-19 pandemic has made it evident that competing interests and fragmentation in global health and governance systems will not suffice if we intend to achieve health for all. It has also forced Canadians to realize that we can no longer afford to view our own health independently from that of other nations (Di Ruggiero & Aslanyan, 2021). The 2021 Chief Public Health Officer's Report on the State of Public Health in Canada, titled "A Vision to Transform Canada's Public Health System" listed stable and consistent funding as a critical step in creating

a more sustainable and resilient public health system within Canada (Government of Canada, 2021b). However, economic investments in health should extend beyond domestic health systems. An equitable global health strategy demands sufficient financial investment in not only global health, but other cross-cutting global governance arenas that also support health.

The impact of the pandemic, compounded by the syndemic crises of climate change and inequities within and between countries, has placed Canada and other middle- and high-powers in a unique position regarding domestic and international recovery. As such, a collaborative and strategic response that aligns domestic and global priorities is required (Di Ruggiero & Aslanyan, 2021). Recovery efforts must shift away from a "saving the economy" narrative to the support of a resilience agenda, which includes short-term and long-term goals for sustainable, inclusive growth. This agenda will depend on addressing the conditions of economies and societies in a holistic manner, considering interrelationships between climate, healthcare, finance, inequality, and economic development (Schwab & Sternfels, 2022). It is important that Canada (and the world) builds a resilient rules-based system with a reliably financed global health domain, that emphasizes accountability, transparency, and coherence with other institutions (Kickbusch & Szabo, 2014). With the increasing economic impact of COVID-19, the G20 initiatives to link health and finance ministers through the new G20 Joint Finance-Health Task Force could provide Canada with an important platform and an opportunity to show leadership in supporting sustainable growth through support for the international financial architecture and open, rules-based trade and investment (Government of Canada, 2021a). To address broad international health needs, we recognize the need to strengthen Canada's support for the WHO and to recognize it as the primary body accountable to the public.

As stated by Kickbusch, if we realize that good global health starts at home, what we do at home and what we do abroad will make a difference for health at home (Dalla Lana School of Public Health, 2021). As such, supporting equitable vaccine, test, and treatment distribution related to COVID-19 on a global scale is also imperative to a post-COVID-19 systems recovery domestically. Our collective global failure to administer COVID-19 vaccines in a fair and equitable manner is prolonging the pandemic (Bachelet, 2022). The pandemic has had impacts on multiple systems in Canada, including, but not limited to: health impacts (e.g., a decline in mental health and excess deaths among the population), affected public safety and special cohesion (e.g., a 37% increase in police-reported hate crimes between 2019 and 2020), and a decline in economic activity (Statistics Canada, 2021). To support the recovery of various systems at home impacted by the pandemic, Canada must also be a champion for equitable global COVID-19 recovery.

2. Gender Justice and Equity in Global Health

While global health is much more than health in the form of development aid, ODA constitutes a strong component of a country's global health positioning and leadership. According to data from the Organisation for Economic Co-operation and Development (OECD), Canada's health-related ODA funding has a strong focus on Maternal, Newborn, and Child Health (MNCH) and Sexual and Reproductive Health Rights (SRHR). Health, particularly SRHR and MNCH, is a cornerstone of Canada's Feminist International Assistance Policy (FIAP). Canada's commitment to the

advancement of gender equity and justice is a strength that should be leveraged in the development of a national global health strategy.

Canada's development policy frames SRHR as fundamental to the empowerment of women and girls. As such, Canada belongs to a small group of countries, which also includes the US, the UK, the Netherlands, and Sweden, which have spent the largest percentage of their health ODA on SRHR (Jaeger & Johnson, 2021). Canada has significantly increased funding for SRHR over the last ten years. In 2017, former International Development Minister Bibeau announced that Canada will increase international assistance budget towards SHRH, in response to the Trump administration's global gag rule and consequent funding gaps (Carbert & York, 2017). The US$71 million of funding in 2009 was scaled up by Canada starting in 2017 eventually reaching US$221 million in 2019 (Jaeger & Johnson, 2021). This represents a 211% increase over ten years.

Canada has also been a vocal supporter of gender equity issues through its participation in 'Women Deliver', 'She Decides', 'Family Planning 2020', the Ouagadougou Partnership, and the Partnership for Maternal, Newborn and Child Health. In 2019, Canada hosted the Women Deliver conference, in which Prime Minister Trudeau pledged CAD$1.4 billion annually beginning in 2023 to support SHRH and MNCH (Prime Minister of Canada Justin Trudeau, 2019). In the same year, Canada was the fourth largest provider of overall contributions to the United Nations Population Fund, with funding focused on SRHR in conflict zones, health system strengthening, and midwifery projects (Donor Tracker, n.d.). In 2020, the Canadian government also joined leaders from 58 other countries calling out the importance of safeguarding SRHR during the COVID-19 crisis (Donor Tracker, n.d.). While the aforementioned financial commitments to global gender equity reveal a strong and continued commitment to the cause, gender justice and equity in global health must remain a priority in a Canadian Global Health strategy, and leverages Canada's existing leadership. As per the 2022 federal budget, federal funding has not been explicitly allocated towards global gender equity and justice (Government of Canada, 2022).

Downward Trend in SRHR funding

Despite Canada's increased funding in ODA to SHRH, there has been a general downward trend in OECD donors' ODA to SRHR since 2017 (Jaeger & Johnson, 2021). Maintaining funding in this sector is critical in order to achieve SDG5 - achieve gender equality and empower all women and girls - of which SHRH is a prerequisite (Jaeger & Johnson, 2021). Despite President Biden's repeal of the US funding withdrawal from the sector under the Trump administration, funding gaps remain. In addition, there is increased funding demand in this sector due to the COVID-19 pandemic (Jaeger & Johnson, 2021). Donor countries like Canada should continue to increase SHRH-related funding levels in the future, as more broad-based funding for SRHR will leave the sector more resilient to the tides of US political change and overlapping global health challenges (Jaeger & Johnson, 2021). The recent US Supreme Court ruling striking down Roe vs. Wade will have significant consequences not only for Canada as a neighbouring state with legal abortion, but also for the international funding of services for women.

COVID-19 Response and Recovery

As a top donor to the SHRH sector, Canada must ensure that COVID-19 response and recovery programs include SHRH and MNCH as focus areas. The impacts of the pandemic on health systems have resulted in decreased access to sexual and reproductive health care and to MNCH services in low- and middle- income countries due to the diversion of equipment and staff to other types of care, supply chain disruptions, and clinic closures, especially affecting already-marginalized populations (Ahmed & Cross, 2020; ReliefWeb, 2021). While it is critical for Canada to recognize that SHRH is a building block of gender equity, it does not alone represent its totality. A Canadian global health strategy should not only continue to prioritize SHRH and MNCH but support the achievement of gender equality and empowerment of all women and girls more broadly. As described in SDG 5, reducing discrimination of women and girls, eliminating all forms of violence against women and girls, and recognizing the value of unpaid care are examples of other areas that must be recognized in Canada's global health strategy to support the gender equity movement (UN Women, n.d.).

3. Leveraging the Power of Research to Accelerate Global Health Equity

Coordination among Research Communities

The lack of coordination among research communities within Canada has led to the lack of clear strategic planning and action in the context of global health (see **Box 3**) (Nixon et al., 2018). The revival and improvement of the Global Health Research Initiative (GHRI), following cutbacks to the initiative by the Harper government, is a central component of this effort. The Canadian Institutes of Health Research (CIHR) and the International Development Research Centre (IDRC) are two organizations whose history of coordinated effort may place Canada at the forefront of global health research. The global health strategies of countries such as Norway and Germany have also included research investments as an important component, an approach that Canada should consider following (Gong, 2021).

Box 3. Grassroots leadership for Canada's endorsement of the Kigali Declaration
The Kigali Declaration was launched in 2022 to secure high-level political and financial commitments toward the research and action needed to eliminate neglected tropical diseases (NTDs) as outlined in the WHO's 2030 NTD Roadmap. NTDs affect 1.7 billion people globally, causing debilitating morbidity, disability and suffering (Uniting to Combat NTDs, 2022). In the absence of a coordinated Canadian global health strategy or committee to respond to this global call to action, grassroots efforts led by the Canadian Network for NTDs required significant persistence, presence, and advocacy on the part of dedicated individuals in order to garner the political will necessary for Canada to endorse the declaration. The Honourable Harjit Sajan, minister of Global Affairs Canada, signed the declaration publicly in a video in front of heads of state and dignitaries in Kigali, Rwanda in June 2022. This reflected the yearlong efforts of an active network of Canadian researchers and partners working together with parliamentarians and interested individuals across Canada. The Canadian endorsement of the Kigali Declaration demonstrates the power and results that a coordinated response amongst Canadian researchers and partners can have to bring issues to national attention and action.

The CIHR Framework for Action on Global Health Research was developed to leverage the power of research to achieve global health equity. The first goal of this framework, to promote transformative impact in three key areas of global health research, will be achieved by focusing their global health efforts between 2021 and 2026 on the following:

1. Advancing the science of prevention to reduce the global burden and inequities of non-communicable diseases;
2. Building on the consideration of sex and gender variables towards gender-transformative approaches;
3. Leading the global science of health emergency response.

These areas were identified as those in which Canada is positioned to capitalize on existing research strengths and leadership to deliver impactful research (CIHR, 2021). Additional areas of Canadian research expertise should be leveraged through our global health strategy to align our efforts with global health needs that we are well-situated to solve (e.g., ecohealth, vaccine innovation, pharmaceutical and medical device research and development). The CIHR framework reflects the importance of cutting-edge research as a necessary underpinning of a Canadian global health strategy and action. Much like the initiative of the Global Health Research Initiative, an objective of the CIHR Global Health framework also emphasizes the importance of coherence in research. A key action is, therefore, the development of a comprehensive CIHR-IDRC partnership, to improve inter-organizational communication and create a more synergistic approach to research (CIHR, 2021).

ODA-Funded Research on Global Health

ODA-funded research programs, when specifically designed, have been shown to be a promising strategy to address global health challenges (Cassola et al., 2022). As previously mentioned in this discussion paper, Canada has been encouraged to increase our ODA contributions from 0.32% of the gross national average to the recommended target of 0.7% (Organisation for Economic Co-operation and Development, 2021). The generation and sustainability of political will for such a financial commitment is often contingent on the funding also providing benefit to the donor country, such as the knowledge production and capacity-building associated with ODA-funded research (Cassola et al., 2022). However, any prioritization of ODA-funded research in a Canadian national global health strategy must ensure the following considerations: focus on priorities and absorptive capacity of the receipt country; translation of research into technologies appropriate to the context of the receipt country; inclusion of ongoing monitoring mechanisms; built-in structures for equitable partnerships; strengthening capacity in ODA-receiving countries; and ensuring opportunities for knowledge translation (Cassola et al., 2022). Canada can leverage the use of ODA-funded research to address current gaps in research institutions' frameworks for addressing global health challenges and emerge as a leader on the global health stage. However, it must be ensured that the relevance and outcomes of the research are maximized for the recipient country, as opposed to only Canada.

4. A Holistic Approach to Health

Canada is a leader in the understanding, teaching, and application of ecohealth (Webb et al., 2023), a concept of holistic and interconnected health that is gaining increasing recognition globally as key to health strategies; a future Canadian global health strategy should leverage this existing expertise (see **Box 4**). Numerous political meetings have resulted in declarations for a holistic approach to health, both at the national and global levels, for example in Germany's G7 2022 Presidency proposal which highlights improving the global health architecture using a One Health approach as a priority (G7 Germany, 2022). One Health has been defined as a collaborative and transdisciplinary approach to designing and implementing programmes, policies, legislation and research at every organizational level. Its goal is to achieve better public health outcomes through the recognition of the interconnectedness between people, animals, plants, and their shared environments (Centers for Disease Control and Prevention, n.d.; WHO, 2017). The COVID-19 pandemic, caused by a zoonotic event, has further validated the need for holistic health approaches.

Similarly, the concept of planetary health is also gaining momentum in conversations of climate change and health. While having a similar goal to that of One Health, planetary health gives judicious attention to the political, economic, and social human systems that shape the Earth's natural systems, which in turn shape the future of humanity (Lerner & Berg, 2017; Whitmee et al., 2015). Planetary health is a broader concept which includes issues of climate change and the challenge of planetary boundaries. These considerations also demand a multidisciplinary and collaborative global approach, as it is dramatically highlighted that issues of planetary health are not confined within geographic and political borders.

Interviewed experts pointed to the vast body of holistic health knowledge of Indigenous communities, acknowledging that Indigenous Ways of Knowing are exemplary yet are not currently legitimized in decision-making. As such, interviewed experts suggested that such a holistic approach to health be led by Indigenous leaders. However, literature cautions the application of a Western framework (i.e., a One Health or planetary health approach) to Indigenous Teachings, as they are fundamentally distinct and may itself be a form of modern colonization. Therefore, this approach advocates for Indigenous leaders to lead, or participate, in whichever capacity they chose, in the design and implementation of culturally safe and appropriate solutions (whether that be via a One Health approach, or an Indigenous-led approach to healing).

Box 4. Canadian leadership in ecosystem approaches to health
The Canadian Community of Practice in Ecosystem Approaches to Health (CoPEH-Canada) has over 15 years of "land-based, transdisciplinary, learner-centred, transformative learning and training" experience in ecosystem health approaches, which are needed to "rekindle healthier, reciprocal relationships with nature and each other" (Webb et al., 2022). The community of practice represents a breadth of ecohealth expertise, with a focus on practicing different ways of knowing and adaptive pedagogy to further the "understanding, teaching, and application of ecosystem approaches" to address threats to a healthy and sustainable future. A global health

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> strategy can leverage such Canadian expertise to address global threats to sustainability in a more coordinated and purposeful way.

5. Commitment to Decolonizing Global Health Research, Policy and Practice

There have been growing calls to decolonize global health, as its colonial architecture continues to perpetuate and exacerbate inequities and unequal power relations. Canada's ongoing legacy of colonialism, both domestically and globally, must be addressed as a step in achieving equity. Meaningful reconciliation with Canada's Indigenous populations, a priority recognized by the Liberal election platform in 2018 and 2021, is ongoing and will need to be approached with unwavering commitment. According to Abimbola and Pai (2020), the colonial underpinnings of global health are exemplified by persistent disregard for Indigenous knowledge, disguised racism, (white) saviourism, and the acquiescing tolerance for extractive capitalism. Canada is an extractive country that has had negative impacts on the health of local communities, both domestically and globally. The challenge of the ongoing legacy of colonialism, which still appears in modern forms, will also need to be addressed if Canada is to achieve and maintain an "equity brand" on the global stage.

Current global health research, policy, and practice within Canada and globally manifest in ways that actively reinforce unequal power distributions, for example through imbalance in authorship and skewed representation in agenda-setting (Abimbola & Pai, 2020). A global health strategy with the priorities of decolonizing and engaging in reflexivity can aid Canada in intentionally considering power dynamics throughout the life-course of all global health actions, and not just as an afterthought. It can foster the creation of meaningful partnerships by pressing Canadian global health actors to reflect on who has been included in the design and implementation of programmes. "[R]epresentation is as important as how it alters the agenda; what is on the table is as important as who is around the table" (p. 1628, Abimbola & Pai, 2020). A strategy can also address the accountability of universities (e.g., medical education, healthcare service delivery) in decolonizing global health education (Eichbaum et al., 2021). A global health strategy designed using a critical lens can emphasize the need for decolonization in Canada's global health actions, in research, policy, and practice. The suggestion to prioritize decolonization of global health as an aim of a future Canadian global health strategy was strongly supported by survey respondents and attendees of the Canadian Conference on Global Health open forum.

Thinking Forward

Canada's understanding of and approach to global health, as reflected on the government's website, still shows a rather standard set of activities related to a very narrow definition of global health: *"Canadian efforts to increase health and decrease death by preventable causes in the developing world."* (Government of Canada, 2017). This narrow understanding of global health must be met with a commitment by the government to reshaping this understanding and resetting our path forward in this arena. "The calls for equity and justice in global health practice need to be matched with a bold vision of the future." (Abimbola & Pai, 2020). A Canadian global health strategy has been proposed as a means by which to catalyze the path to this bold vision.

The COVID-19 pandemic exposed domestic and global inequalities in a manner by which we can no longer claim ignorance and the decision not to act is an action in of itself.

The purpose of this paper is to call for and inform a coherent global health strategy for Canada. A global health strategy can and should be connected to disparities within our own borders; transforming our own overstretched and underperforming healthcare system could serve as a basis of how to co-lead such transformations elsewhere and increase public support and buy-in from government officials.

The necessary conditions to enable Canada to develop and implement a global health strategy include political will and cross-political engagement, meaningful partner and community engagement with early and regular consultation, long-term commitment and appropriate funding, a clear accountability plan, transparent decision-making, and clear goals and governance structures. We recommend that governance of a global health strategy for Canada spans academia, government, industry, non-governmental organizations, and other relevant parties.

Next steps following this call to action include developing tangible and actionable objectives, engaging federal department(s) such as Health Canada, Global Affairs Canada, the Ministry of Health, and CIHR, and continuing engagement with a variety of stakeholders to advance a strategy and accompanying governance and accountability plan.

Canada has the potential as a facilitative leader in equitable global health action. We believe now is the time to do so.

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