

Towards A Global Health Strategy for Canada

Discussion Paper

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Executive Summary

This discussion paper was developed to inform a coherent global health strategy for Canada. It was based on a review of academic and grey literature, and interviews with 11 Canadian global health leaders from different institutions and geographic locations in 2021. There was an 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 position as a middle power, the following have been suggested as priorities for a 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 a national global health strategy for Canada to drive forward global, equitable, and sustainable action. COVID-19 has facilitated the opening of a window of opportunity. If we fail to act while this window is open, other priorities may take precedence.

This paper is informed by consultations with 11 Canadian global health experts across different disciplines, and a review of academic and grey literature, including the global health strategies of other high-income countries, such as Germany. 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 benefit; commitment to the future; responsiveness to causes of inequities; and humility (Canadian Association for Global Health, n.d.).

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, Canadian voices on global health have called for a new vision of global health for Canada. Recently, a range of suggestions have been put forward that could guide the priorities of a Canadian global health strategy. Combined with expert interviews, we have found a high level of consensus between global health advocates, experts and researchers. The Canadian Association for Global Health would like to see a Canada that gives high priority to resilience in the global pandemic response and planetary health. They would also like to see Canada as a champion of the decolonization of global health movement, addressing the damages and harms of a lasting colonial legacy. This would require challenging the associated power and privilege in global health, both domestically and abroad, and building alliances with and giving voice to groups and states that are not being heard. *“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

As suggested by Canadian global health experts, a critical foundation to global health action is setting a unified global health agenda. It is vital that action to address such challenges be agreed upon by all involved. A national global health strategy can guide Canada's participation. As such, the authors of this discussion paper recommend that the following global health challenges be considered as part of the conversation.

Global Public Goods

As stated by Gleicher & Kaul (2011), 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. The increasing commodification of resources and goods have posed a unique challenge 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.

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 their 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).

Making progress on the Sustainable Development Goals (SDGs)

The pandemic has reduced the probability of achieving the 17 SDG goals by its intended target of 2030, increasing its urgency to be recognized as a global health challenge. It has been shown that COVID-19 has exacerbated social and economic gaps between high-income and low- to 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).

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.).

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 to such technology 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.

External Pressures by Strong Resourced and Influential Non-State Actors

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. This is further exacerbated by pressure exerted by influential and resource-strong non-state actors that may influence parts of the global health agenda, with minimal accountability or transparency (Kickbusch & Szabo, 2014).

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's funding can constrain their ability to remain independent by leaving it vulnerable to external influences (WHO, 2022a). In May 2022, a historic decision was made by the World Health Assembly to improve the WHO's financing model. One notable recommendation is the gradual increase of member state's assessed contributions to represent 50% of the WHO's 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).

Financing

Another cross-cutting challenge is financing. 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's 2022 budget having allocated more than CAD\$1.2 billion in direct contributions to Ukraine, with an additional CAD\$1.6 billion in loan support (Prime Minister of Canada Justin Trudeau, 2022). 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 six countries have met or exceeded this target in 2021 (Organization for Economic Cooperation and Development [OECD], 2022). With an assessed ODA contribution of USD\$5.46 billion in 2021, Canada does not stand among these six countries, with their contribution accounting for only 0.319% of the gross national income (OECD, n.d). In the context of the COVID-19 pandemic, garnering political will for funding has also proven to be difficult. For example, the G20 Joint Finance-Health Task Force's proposal to establish a Financial Intermediary Fund for Global Health Security and Pandemic Preparedness has not yet been met with the full approval of all members as important issues remain open on the governance of the fund. This is now being taken forward under the Indonesian presidency after discussions in the context of the WHO and at the G7 meeting in Elmau in June 2022.

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 that do not consider the geopolitical perspectives limit the ability to understand 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., 2021). Unilateralist approaches combined with geopolitical power shifts are also undermining multilateralism and international cooperation (European Commission, 2020). The COVID-19 pandemic, as well as the SDGs, and the climate change crisis 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. 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.

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 former's ability to act, also undermining its legitimacy in the process. Despite the change in USA administration in early 2021, there remained 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. Prior to this, Canada, recognized both as a neighbour to the USA and as a middle power, experienced its own political tension with China sparked by the 2018 arrest of Meng Wanzhou in what has been termed the "Huawei case". 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 USA 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.** It is still often seen as a "good global citizen" trusted by many others. For example, Canada has approached smaller countries and island states heavily affected by climate change as an ambassador that can bridge conversations/negotiations with the USA and other countries in the G7/G20.

There have recently been a multitude of developments that 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). Another approach is to manifest global health leadership through special global health meetings and summits held outside of UN/WHO processes. Both the USA 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 can act as a leader in shaping a global health future consistent with the Canadian Coalitions 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 a consensus on a unified approach to the challenges that China presents to G7 members. The new government aims to take independent positions on China, which would allow it to broker harmony on global issues such as health and the environment.

Canada has also been paramount to advancing gender equality as a key international priority both at the G7 and the G20, with Canada 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 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 (SRHR) (although this support does not extend to all individual EU member countries). There could be 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, and also in view of the fact that the EU has decided to revise its Global Health Strategy by November 2022 (MacKinnon, 2022; Prime Minister of Canada Justin Trudeau, 2021a).

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. The objective of this strategy is to strengthen Canada's pre-existing presence and cooperation in the Asia-Pacific through partnerships, economic ties, and development assistance (Prime Minister of Canada Justin Trudeau, 2021b). There could be many health dimensions to consider in these relationships.

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 states "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 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.

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 create better synergies between domestic and global policy.

In the face of multiple overlapping health crises, now seems a good point in 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 branches and non-state organizations 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 Province/Territory-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). 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 present Canada's global health strategy as a policy solution to operationalize equitable and sustainable action. COVID-19 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

Lessons learned from Germany can inform the development of a Canadian global health strategy. 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 (Aluttis et al., 2017). 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 were increasingly entering the foreign policy context;
- Scientific publications were 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 USA;
- 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 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 Russia's war on Ukraine. The fact that a new EU strategy in global health is in preparation will also impact next steps. Irrespective, some 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 consideration of global health as a top priority 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). One key factor has been a very strong sub-committee on global health in the German parliament.

Canadian Global Health Strategy Priorities

Equity is seen by many experts as a global health principle that Canada should stand for. Yet, this needs to be reflected in the approaches chosen both abroad and at home. Many of the experts 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: *“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, five priorities for a Canadian global health strategy have been suggested.

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

Commitment to a resilient and sustainable post-COVID-19 systems reconfiguration

COVID-19 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 the world's (Di Ruggiero & Aslanyan, 2021). The 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. 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 the *“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).

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 Canadian systems, including, but not limited to; health impacts (ex. a decline in mental health and excess deaths among the population), affected public safety and social cohesion (ex. a 37% increase in police-reported hate crimes between 2019 and 2020), and a decline in economic activity (Statistics Canada, 2021). In order to support the recovery of various systems at home impacted by the pandemic, Canada must also champion for equitable global COVID-19 recovery.

Canada: Righting past wrongs on vaccine equity

Experts have suggested that positions taken in relation to vaccine equity will be a defining moment for Canada's global health position. Early on, Canada was criticized for its failure to commit to clear timelines and timely support for global vaccine distribution, since Canada had secured enough doses to inoculate its population multiple times over (Banerjee & Pai, 2021). This is especially significant considering that Canada was one of the high-income countries that withheld doses from COVAX (Banerjee & Pai, 2021). At the 2021 G7 Summit, Justin Trudeau supported the prioritization of equitable access to COVID-19 around the world and advocated for continued G7 leadership in closing the funding gaps for the ACT Accelerator. Canada committed to sharing 100 million doses. In April 2022, this commitment was reaffirmed as Prime Minister Justin Trudeau announced an additional \$220 million to support COVID-19 vaccination needs, including addressing barriers to access, and improving the capacity of low-income countries to distribute vaccines. Canada has emerged as a world leader in contributions per capita and must continue to demonstrate a strong resolve to ending the pandemic as part of domestic and global recovery. A Canadian global health strategy can support the continuation of global progress and aid in the coordination of a sustainable post-COVID recovery and systems reconfiguration.

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 their 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 these 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, of which \$700 million annually is dedicated to the former (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. 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's funding withdrawal from the sector under the Trump administration, funding gaps remain. In addition, there is increased funding demand in this sector due to COVID-19 (Jaeger & Johnson, 2021). As such, 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 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 on the international funding of services for women.

COVID-19 Response and Recovery

Alongside increasing SHRH funding, Canada, as a top donor to this sector must also ensure that COVID-19 response and recovery programs also include SHRH and MNCH as focus areas. The impacts of the most recent pandemic on health systems have resulted in decreased access to sexual and reproductive health care and MNCH services in low- and middle- income countries, especially among already-marginalized populations (ReliefWeb, 2021). The reasons for this decrease include, but are not limited to, the diversion of equipment and staff to other types of care, supply chain disruptions, avoidance of preventative care, and clinical care (Ahmed & Cross, 2020). However, it is critical for Canada to recognize that while SHRH is a building block of gender equity, it does not represent its totality. As such, 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 reiterated by 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.).

Leveraging the power of research to accelerate global health equity

Coordination among Research Communities

As stated by Nixon et al. (2018), 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. 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 Institute of Health Research (CIHR) and the International Development Research Centre (IDRC) are two independent research centres whose coordinated effort may place Canada at the forefront of global health research. The global health strategies of countries such as Norway and Germany have included research investments as an important component, a strategy to which Canada should follow suit (Gong, 2021).

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. Build 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). This framework reflects the importance of the leading and cutting-edge research as a necessary underpinning of global health action and Canada's global health strategy. Much like the initiative of the GHRI, 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 their ODA contributions from 0.319% of their 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.

A holistic approach to health

Numerous political meetings have resulted in declarations for a holistic approach to health, both at the national and global levels. One such declaration was featured 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). A One Health approach is gaining increasing recognition in public and global health, which have historically been criticized as being too narrow in focus and emphasizing a colonial perspective on health. COVID-19, a global pandemic caused by a zoonotic event, has further validated the need for a holistic approach.

Similarly, the concept of planetary health is 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 be invited 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).

Commitment to decolonizing global health research, policy and practice

There have been 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, thus must be addressed as a step in achieving equity. Achieving 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), Canada's colonial underpinnings are exemplified by persistent disregard for Indigenous knowledge, disguised racism, (white) saviourism, in the acquiescing tolerance for extractive capitalism, etc. Canada is an extractive country that has had negative impacts on the health of local communities in many countries, both domestically and globally. The challenge of the ongoing legacy of colonialism, which still appears in modern forms such as extraction procedures, 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, practiced within a colonial paradigm, are actively reinforcing unequal power distributions (Abimbola & Pai, 2020). A global health strategy with the priorities of decolonizing and engaging in reflexivity can aid Canada in actively 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 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.

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 itself. 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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