

PROTECTING OUR COLLECTIVE FUTURE: Renewing Canada's Role in Global Health

EXECUTIVE SUMMARY

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Expert Panel on Canada's Role in Global Health

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Expert Panel

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EXECUTIVE SUMMARY

As we near the second quarter of the twenty-first century, the global health terrain is shifting in important ways. The COVID-19 pandemic, accelerating climate crisis, rising geopolitical instability, displaced populations, alarming wealth and income inequalities, and greater economic volatility, among other major concerns, are coinciding to create what is being described as a “polycrisis.” Together, these crises demonstrate the clear connections between global and domestic health and well-being and highlight the disproportionate burdens felt by underserved and marginalised communities.

It is in this context that an Expert Panel was jointly convened by the Royal Society of Canada (RSC) and Canadian Academy of Health Sciences (CAHS) to provide strategic insights and advice on Canada’s role in global health over the next two decades. We approached this task, not as an exhaustive search of the literature as one would for a systematic review of evidence on the effectiveness of a clearly defined intervention, nor as a research study informed by immutable facts or truths. While we drew upon existing literature and evidence, we were also informed by a myriad of external consultations, and the collective and diverse expertise, experience and explicitly stated values of Panel members. These were brought together as a strategic opportunity to reflect upon Canada’s past, present and future role in global health. The findings from this undertaking led to our recommendations, which we were ultimately tasked to provide, to renew Canada’s global health role amid a rapidly changing world facing interconnected challenges.

Our starting point was that Canada is a vital part of the changing world and must thus continue to actively engage in global health cooperation **to advance health and well-being both at home and abroad.** For the purposes of this report, the Panel defines global health as an interdisciplinary field of study, policy and practice that encompasses the health and well-being of human and other forms of life on a planetary scale. Advancing global health, in turn, depends on three perspectives: a) the need for intergenerational protection and promotion of all life and of the earth’s ecosystems that sustain life (planetary); b) the need to address unfair, avoidable or remediable differences between groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality (equity); and c) the need to move from siloed to holistic thinking and practice (integration). Most importantly, our definition of global health emphasises the close connection between the global and domestic spheres.

KEY FINDINGS AND RECOMMENDATIONS

For more than a century Canada has had a distinguished track record in contributing positively to international health cooperation. Since the ground-breaking discovery of insulin in 1922, Canadians have helped to advance the health and well-being of people around the world through an array of distinctive contributions.

The Panel’s analysis found that over the last two decades, sustained, high-level leadership and financing through efforts like the Muskoka Initiative for Maternal Neonatal and Child Health (MNCH) and the Feminist International Assistance Policy (FIAP) decade of action have led to impressive improvements in reproductive, maternal and child health and nutrition, and the control of infectious diseases globally. There remain, however, important persistent challenges across multiple dimensions of health and well-being and the life-courses of populations around the world, as well as with capacities and resilience of national health systems, especially in low and middle income countries. It is the Panel’s view that more concerted policy, research, and investment attention is needed from Canada and its global partners to improve health and health equity in the years ahead. Of particular attention are health challenges like non-communicable diseases including mental health and the social and commercial determinants of health that have been relatively absent from the mainstream of Canadian global health investment despite important pioneering research and innovation efforts of the Canadian Institutes of Health Research (CIHR) and Grand Challenges Canada.

The Panel also considered the implications of the COVID-19 pandemic that stress-tested Canada’s domestic capacity to respond to a major public health emergency and, at the same time, to engage in the global response to controlling the worldwide spread of a novel coronavirus. This experience revealed the inseparability of domestic and global health through, for example, the issue of equitable access to COVID-19 vaccines. The

importance of policy coherence to advancing Canada's standing internationally, and the challenges of advancing collective action in an increasingly divided world, were also clearly demonstrated.

Building on analyses of the last 20 years including the COVID-19 pandemic; recognizing the country's history of colonisation and nation-building, and ongoing processes of reconciliation with Indigenous Peoples; and responding to profound shifts in the global landscape over the next two decades, the Panel identified seven key findings. The first four findings set out **"what"** issue areas require priority attention and where Canada's leadership could make a substantial contribution. Importantly, each issue area embodies domestic global interconnectedness, recognising that health in Canada cannot be provided, protected or promoted without attention to the global landscape. The remaining three findings concern **"how"** Canada can effectively take forward these priority issue areas through clear strategy, targeted investments in research and innovation systems, and capacity building to support Canadian leadership.

THE "WHAT" – FOUR PRIORITY ISSUE AREAS

1. Build Equitable Universal Health Systems Centred on Women and Primary Care

As countries work to achieve the Sustainable Development Goals in health, there is growing policy convergence around universal health coverage (UHC) and primary health care (PHC) campaigns. The UHC/PHC momentum could be strengthened through Canada's leadership and high yielding investments in women's and children's health and nutrition, recognising this constituency to unify health systems across the lifespan and all causes of illness (infectious, chronic, or injury-related). Furthermore, Canada's commitment to improve the health and rights of women and girls around the world, and other social drivers of health as central considerations to UHC/PHC policy and programs, should continue to be reinforced.

The UHC/PHC policy nexus represents an opportunity for Canada to align its development assistance across the range of global health initiatives (Gavi, the Vaccine Alliance (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Financing Facility (GFF), Nutrition International (NI)) as well as to make more deliberate connections to the domestic challenges it is facing with respect to UHC and PHC. In this regard, the Panel finds that Health Canada and Global Affairs Canada, in collaboration with other partners, could establish an **"accelerated UHC/PHC strategy"** that catalyses learning systems for UHC/PHC with a triple focus on women's health, the health workforce and innovative financing.

As a key driver of this strategy, Canada could build on an impactful domestic breakthrough that provides universal contraceptive coverage to catalyse a commensurate international effort as part of women's PHC worldwide. Whether part of Canada's G7 presidency, or a global coalition of countries from the global North and South, the target would be to provide at least 100 million more women a full-range of modern contraception by 2032, thereby more than halving unmet need amongst women and adolescents.

2. Advance One Health Security through Sustainability and Equity

Canada's deep global interconnectedness, the lessons from the COVID-19 pandemic, and the rapidly evolving polycrisis, all inform the Panel's finding that a new approach to health security is urgently needed that embeds sustainability and equity as core principles. To achieve this, the Panel identifies three key opportunities.

First, there is an imperative for a more holistic notion of **One Health Security** that: a) recognises the interconnectedness of human, animal and environmental security; b) is informed by credible primary prevention and mitigation countermeasure; and c) can be held accountable with metrics for sustainability and equity. Second, and central to this framework, is a **rebalancing of risk management practices** to span upstream drivers of risk leading to pathogen spillover such as livestock management practices or climate change mitigation, and downstream preparedness and response measures such as increased investments in biomanufacturing and other counter-measures. Third, the Panel recognises the need to **catalyse and consolidate core capacities** for One Health Security including nurturing a standing workforce with readiness to respond to health emergencies as one type of humanitarian and disaster relief need. This also requires

investing in the plurality of state and non-state actors, from the local to global levels, that enable key functions that sustain societies to continue to operate.

Canada has timely opportunities to advance a new equity and sustainability-focused approach to health security by leveraging the wisdom of Canada's Indigenous Peoples in prioritising intergenerational protection and promotion of health and well-being, recognising our acute and growing vulnerabilities to climate change, and ongoing efforts to reduce social and health inequities. A One Health Security framework, for example, could guide Canada's follow-up to the Conference of the Parties (COP) 28 focused on climate change and health, and ongoing efforts to prevent and prepare for emerging pandemic threats including the WHO pandemic agreement.

3. Renew Canadian Leadership in Health Promotion and Protection through a focus on Well-being

Building on a distinguished legacy, the Panel concludes that Canada should renew its leadership in health promotion and protection through support for the well-being movement. Canada's active participation in the Well-Being Economy Alliance, seeking to advance "an economy to serve people and planet", offers a strategic entry-point for a host of increasingly important health agendas. This includes new actions to mitigate the harms, and amplify the benefits, arising from the **commercial determinants of health (CDOH)**, defined as "the systems, practices, and pathways through which commercial actors drive health and equity." Building on the pathfinding WHO Framework Convention on Tobacco Control, this could take the form of supporting local to global policy diffusion and learning about the effective governance and regulation of health harming industries.

Recognising the complex global drivers of substance abuse with nearly 300 million people using illicit drugs, Canada should lead a **new global task force addressing the toxic drug crisis**. The task force could focus largely on opioids to identify opportunities to tackle the complex mix of global and domestic factors driving the crisis.

4. Urgently Tackle the Health Workforce Crisis

The Panel is of the view that the health workforce constitutes the most important resource to enable countries to meet their rapidly growing needs and emerging challenges, be it universal health care, one health security or health promotion, protection and well-being. Despite its importance, the workforce for health remains woefully neglected as a primary area of focus for policy and research such that all countries face chronic and acute crises with severe repercussions for their populations' health and well-being. There are multiple manifestations of this crisis ranging from severe shortages of health personnel in areas of greatest need, to systemic shortfalls in salary, safety and support of the women who constitute the majority of the health and care workforce, to within and cross-country health worker migrations that are exacerbating health and social inequities.

Canada's acute and chronic health workforce crisis shares these symptoms with a growing reliance on internationally educated health workers who now constitute nearly 15% of the country's health workforce. This reliance encompasses an explicit pro-health worker immigration policy fuelled by federal funding and immigration fast-tracking that risks breaching the WHO Code of Conduct for Ethical Recruitment of Health Workers. Evidence generated for the Panel suggests that Canada realises a more than CDN\$1 billion training subsidy annually from not paying for the training of these workers. This is more than half of what Canada spends on development assistance for health each year.

In response, the Panel believes that Canada should be the first country to place the health workforce as a flagship priority to usher in a new era of global health capability defined by intrepid innovation, joint learning, solidarity and collaborative multilateralism. The upcoming Group of Seven (G7) meeting hosted by Canada in 2025 provides a timely opportunity to announce a **"Canadian Emergency Workforce for Health Innovation Program (CEWHIP)" with a goal of achieving Net Zero Poaching by 2035**. This intersectoral and intergovernmental initiative could catalyse a decade of innovation in the training, recruitment, and retention of health workers in partnership with institutions in low and middle-income countries (LMICs). CEWHIP would position Canada as a leader in the generation of health workforce solutions that reconcile domestic with international labour market realities. These solutions are desperately needed in all countries to reach and sustain their health goals.

THE “HOW” – THREE STRATEGIC AREAS OF ACTIONS

1. Set a Clear Global Health Strategy

The current polycrisis pose profound threats to the health workforce, universal health coverage, One Health Security, and health promotion and well-being across all societies. All countries, including Canada, require a clear overall strategy to navigate this rapidly evolving and complex context. Most importantly, the COVID-19 pandemic reminded us how health in Canada is inextricably linked to events and drivers far beyond our national borders. Advancing domestic and global health together, not as trade-offs, but as interconnected policy goals is thus essential. The many players, competing priority issue areas, and varied initiatives shaping the global health policy environment also challenge Canada to be more coherent in its overall priorities, principles, and activities. An overall strategy will thus help to guide Canada’s positioning across these different domains and prevent the erosion of Canada’s reputation in global health.

We therefore support calls by other Canadian scholars for a coherent strategy that has vision, priorities, governance, resources and monitoring. **A Canadian global health strategy would set out a rationale, key priorities for the Canadian federal, provincial, territorial, and Indigenous governments to pursue in a non-partisan way, and guide targeted investments in the priority issues areas** of the health workforce, universal health coverage, One Health Security, and health protection and promotion.

2. Bolster Research and Innovation Systems for Global Health

There is a need for a complementary strategy focused on research and innovation systems. Beyond the transformative importance of science and technology to improve health, this strategy recognises that Canada needs to be more explicit about how it is engaging in the increasingly global landscape of life sciences and digital innovation to improve health. Strategic considerations should include finding resources for critical priorities such as the health workforce or One Health; redressing imbalances in research capacity in LMICs and amongst Indigenous communities; and securing public trust.

These considerations could be incorporated into a strategy that embraces the growing global interdependence in health with attention to the relative specificity of research agendas linked to universal health coverage/ primary health care, one health security, and health promotion and well-being. Such a strategy should be inclusive of diverse partners from the public, private and academic sectors, with whom strategic alignment can inform coherence and the nature and level of investments. Such a strategy might be entitled “ARRISE”: Accountable and Responsive Research and Innovation Systems including in Emergencies, informed by exemplars in other countries and regions such as the EU Horizons Strategy.

3. Fortify Leadership Capacity in Global Health

Canadian capacity to lead in global health, and thus advance strategic priorities, requires people with appropriate technical knowledge and content expertise; leadership, negotiation and collaboration skills; and experience of working in global health settings and with diverse constituencies. The Panel finds that Canada’s leadership capacity to effectively engage in global health should be strengthened in three ways.

First, Canada should **appoint a Global Health Ambassador**. This high-profile role would serve as a coordinator and leader for advancing Canada’s global health strategy, facilitating cross-ministerial and cross-jurisdictional collaboration, and for achieving Canada’s global health objectives through global partnerships and engagement with both domestic and international stakeholders.

Second is to **create a Canadian Global Health Hub (CG2H)** chaired by the Global Health Ambassador. By providing a mechanism for convening a wide range of expertise and diversity, the CG2H could provide timely evidence synthesis and other inputs to inform policy and decision making. The experiences of the global health hub in Germany and the Scientific Advisory Committee on Global Health in Canada could help to inform the appropriate arrangements for such a hub.

Third, the panel recognizes the need to nurture next generation Canadian leadership in global health through a **Global Health Diplomacy and Innovation Program**, with an explicit mandate to improve the representativeness

of Canada’s global health expertise and leadership. Informed by the experiences of similar programs in Thailand and Europe, this program would develop a cadre of talented and well-trained individuals capable of advancing Canada’s global health strategy.

WHAT

Equitable UHC: Women & Primary Care

Catalyse learning systems for UHC/PHC with a triumvirate focus on women’s health, including universal contraceptive coverage, the health workforce and innovative financing.

One Health Security: Sustainability & Equity

Implement a new One Health Security framework prioritizing sustainability, equity, and prevention, balancing upstream and downstream risks across humans, animals, and the environment, with a standing responsive workforce.

Health Protection & Promotion: Wellbeing

Renew leadership in health promotion by advancing the well-being movement, addressing the commercial determinants of health, and leading a new global task force on the toxic drug crisis.

7 KEY FINDINGS



Health Workforce Crisis

Transform the health workforce from a constraint to a catalyst through a Canadian Emergency Workforce for Health Innovation Program (CEWHIP) with a goal of achieving Net Zero Poaching by 2035.

HOW

Clear Global Health Strategy

Develop and implement a coherent global health strategy that aligns domestic and global health goals, sets clear priorities, and ensures targeted investments in the health workforce and the “what”.

Research & Innovation Systems

Bolster a new strategy towards Accountable and Responsive Research and Innovation Systems including in Emergencies (ARRISE) to harness life sciences and digital innovation, align global health priorities, and strengthen partnerships across sectors.

Leadership Capacity

Strengthen Canada’s global health leadership by appointing a Global Health Ambassador, creating a Canadian Global Health Hub, and developing a Global Health Diplomacy and Innovation Program.