INTRODUCTION

CANADA, GLOBAL HEALTH, AND FOREIGN POLICY: MUDDLING THROUGH IS NOT GOOD ENOUGH

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Guest Editors

We are pleased to present this special issue of *Canadian Foreign Policy*, which examines the linkages between health and foreign policy in the Canadian context. Global health issues occupy a growing portion of the foreign policy agendas of both developed and developing countries. While health has always been an important component of development aid and humanitarian assistance, health emerged onto the foreign policy stage for several reasons. The global HIV/AIDS epidemic sparked concerns about its impact on economic development and security (UNSC, 2000). Heightened globalization facilitated the transmission of infectious disease, enabling the spread of pathogens over a wider geographic area in a shorter period of time.[1] The spread of SARS, the H1N1 pandemic, and the threat of a potentially more deadly H5N1 influenza outbreak brought the health impact of globalization into sharp relief and focused foreign policy decision makers on global health concerns (Fidler, 2004). New and powerful players, for example, the Gates Foundation, have been influential advocates for global health issues to be placed on the foreign policy agendas of developed countries. The tireless advocacy of civil society on global health issues such as HIV also has worked to force health onto the foreign policy agenda.[2]

Foreign policy decision-makers are now routinely confronted with health issues ranging from the threat of pandemic influenza to the health impact of trade agreements. The G8 includes health related commitments in their annual communiqué[3] and have spearheaded several global health initiatives—such as the Global Fund at the Okinawa Summit in 2000, and the Global HIV Vaccine Enterprise at the Sea Island Summit in 2004. The United Nations General Assembly has an annual resolution on health and foreign policy (UNGA, 2009), the World Health Organization actively engages with foreign ministries on a host of health related issues (WHO, 2008), and several governments are working together on a

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[1] For a detailed study of the complex causal relationships between globalization and infectious disease, see Saker et al., 2004.

[2] See, for example, Gruskin et al., 2007; Hunt, 2006; Backman et al., 2008.

[3] While the G8 communiqué had periodically mentioned health, particularly related to malnutrition, the first substantive inclusion of health as a priority was in the 1996 Lyon Communiqué. Health issues, including the fight against HIV/AIDS and pandemic preparedness, have remained an important component of the G8 Communiqué. See Kirton & Sunderland, 2005.

Global Health and Foreign Policy Initiative.[4] Health also finds its way onto the agenda of regional organizations such as APEC, ASEAN and the OAS. In short, the advancement of global health has become a foreign policy priority.

While more research on specific case studies is needed to determine the conditions under which health becomes a foreign policy issue, the health and foreign policy relationship has three basic dimensions. First, global health challenges can impact on the ability of a state to protect and promote its national interests—both at home and abroad. For example, the spread of infectious diseases across borders, seen most dramatically in the cases of SARS and H1N1 influenza pandemic, can undermine the ability of the state to protect the health and well-being of their population. However, the impact on foreign policy also can be less direct. Many OECD countries have included the strengthening of the economies of developing countries as an explicit foreign policy objective—to reduce poverty and boost economic opportunities. The impact of HIV on potential economic development in high prevalence countries has been well documented (Bell et al., 2006), and could affect the ability of these countries to meet this objective.

Second, foreign policy decisions ranging from foreign aid allocations to the enforcement of intellectual property can have positive or detrimental effects on the health of populations far outside the borders of the decision-making state. As a result, many global health challenges cannot be addressed without the engagement of foreign policy decision-makers. For example, decisions on whether or not to enforce intellectual property protections on pharmaceutical products or medical devices can have a direct impact on the ability of developing states to protect the health of their populations.

Third, viewing foreign policy issues through a global health lens may change the framing of an issue, prompting a policy shift. For example, when the debate over landmines was framed from a public health rather than a national security perspective, policy makers were forced to incorporate the human costs of landmines into their decision to continue utilizing these weapons. As a result, many countries supported the global effort to ban landmines (Anderson et al., 1995). Advocates hope that documenting the potential health impact of climate change will have a similar effect (Costello et al., 2009).

Foreign policy is conducted most visibly in the halls and assemblies of multilateral institutions. The number of international institutions related to health has expanded: UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria emerged from the response to HIV, while the visibility of the WHO has grown. One of its most important roles is in its signalling power—identifying the global health issues that members of the international community should focus it. In the interpretation, translation and dissemination of scientific research related to global health threats, the WHO has the capability to place a stamp of legitimacy on health concerns. It also has persuasive power. It coaxed governments into taking pandemic preparedness seriously, led the charge on the provision of antiretroviral therapy, and advocated for international action on neglected diseases, chronic conditions, and action on injury prevention. The WHO is strengthening international law related to global health issues—leading the effort to revise and strengthen the International Health Regulations and creating an International Convention on Tobacco Control. Yet, as with most

[4] The Foreign Policy and Global Health Initiative (FPGH) was launched by the foreign ministers of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, and this initiative issued the Oslo Declaration and Agenda for Action in March 2007. See Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, 2007.

multilateral institutions, its ability to act on its legal power so far has been limited, so to advance its interests, it is relegated to the use of persuasive and signalling power.

In this emerging research area, many questions remain. What does this intersection of health and foreign policy mean for global health? What does it mean for foreign policy? What are the risks and opportunities of looking at global health through a foreign policy lens? Does engagement on global health issues lead to greater international cooperation?

Answering these questions is not straightforward. The community of researchers examining the health and foreign policy relationship is divided between those with public health expertise and those with a background in foreign policy. The challenge is more than simply overcoming interdisciplinary boundaries: there are philosophical differences between the evidence-based approach of health-related decision-making, and the processes that characterize the formulation and execution of foreign policy. Foreign policy is characterized by calculations of national self-interest and considerations of relations with other states. It is conducted by diplomats who are skilled in the art of diplomacy and compromise.

When making health decisions, policy makers first and foremost consult scientific evidence and research. While debates over the validity and reliability of research findings can be vigorous and there is no universal agreement on the interpretation of the evidence base, the use of scientific research to back policies is unquestioned. The development and implementation of global health policy is also fractured. Within government, responding to global health challenges requires interdepartmental cooperation and close engagement with research organizations and the community of health professionals. However, beyond interdepartmental groups assembled to address disease specific initiatives such as pandemic planning and the response to HIV, institutionalized mechanisms to promote and facilitate collaboration and coordination amongst these diverse actors are uncommon.[5]

Why is policy making so difficult? Global health issues touch upon the mandates of many different departments and agencies within a government—development agencies, departments of health, disease control initiatives, departments of food safety and consumer protection, research institutes, and foreign ministries. Moreover, global health challenges impact on the mandates of these diverse organizations in different ways. Therefore, whatever agency of government takes the lead on a global health issue will influence the manner in which that country responds and engages. The result is a fragmented and uncoordinated approach to global health—"muddling through."

Some countries have recognized the problem, and have responded by articulating a broad strategic vision that outlines the government's overall objectives in global health and defines how each agency and department of government will work towards these objectives. The strategic vision is implemented through the development of institutional mechanisms for stronger inter-departmental cooperation, coordination, and collaboration.

Internationally, the United Kingdom has developed the most ambitious plan, outlining a global health strategy which includes five priority areas for action: global health security; more equitable health systems; more effective international health organizations; freer and fairer trade to promote health; and the development and use of evidence to improve policy and practice. The strategy has committed £6 billion to health systems and services until 2015, £1 billion to the Global Fund, and £400 million to global health research (HM Government 2008).

[5] Interdepartmental mechanisms can and do exist for disease specific issues—such as pandemic influenza or HIV, but not for global health writ large. A focus on specific diseases in the absence of an articulated vision for global health is extremely problematic.

While the United States is not as far along, it has recognized the problem. In May 2009, President Obama reminded Congress that "we cannot wall ourselves off from the world and hope for the best, nor ignore the public challenges beyond our borders" and asked for 63 billion USD over six years to develop and implement a new global health strategy (The White House 2009). Secretary of State, Hillary Clinton, remarked that the new global health strategy "will be a crucial component of American foreign policy and a signature element of smart power. Bringing better health to people around the globe is an avenue to a more secure, stable, and prosperous world" (US Department of State 2009).

The objectives of Switzerland's global health strategy, released in 2006, are less ambitious and more self-interested. Their goals include protecting the health interests of the Swiss population and safeguarding Switzerland's role as a host country to multilateral organizations and private businesses focused on health. Inter-ministerial coordination mechanisms—including inter-ministerial meetings at the Assistant Secretary level—have been established to implement the global health strategy (Sridhar, 2009).

This special issue highlights how Canada's approach to global health issues lags behind. Canada has no strategic vision, no established institutional mechanisms to implement that vision, and no evaluation of the adequacy of resources allocated for global health. The government has not clearly articulated Canada's global health policy objectives, has not outlined how the various components of the government should work together to achieve those objectives, and has not identified how funds from the International Assistance Envelope are being and could be utilized to achieve these objectives.

Instead, the Canadian governmental response to global health issues remains fragmented and reactive, addressing global health challenges on a case-by-case basis. Our experience with SARS—its impact on the health of Canadians and well as the economy—forced Canada to take global health issues seriously. In the wake of SARS, Canada created the Public Health Agency of Canada, and a health unit in the Department of Foreign Affairs and International Trade.

Yet despite these promising first steps, progress has faltered. The international work of the Public Health Agency remains constrained by their explicitly domestic mandate, and the Department of Foreign Affairs closed down the health unit in 2007. Instead, global health problems are prioritized according to their urgency as a public policy issue that impacts on Canadians, (H1N1), to the priority given to them through the international policy making process (health and human rights), or as a result of advocates' efforts to reframe foreign policy issues—using a global health lens to examine foreign policy issues (intellectual property rights and access to essential medicines).

All foreign policy decision making has a "muddling through" element. Governments cannot always predict foreign policy crises, diplomatic incidents, or the ebb and flow of our diplomatic relationships with other countries. Foreign policy decision-makers must have the capacity and the nimbleness to react to the events of the day. However, the ability of governments to achieve the best possible policy outcomes increases when the broad objectives are articulated in advance, the mandates and roles of the various governmental actors are clear, established mechanisms for collaboration and coordination exist, and adequate resources support the response.

The recognition of global health as an important component of Canadian foreign policy has assumed greater urgency. In May 2009, the Canadian International Development Agency (CIDA) announced that it has three priority themes to guide its work: food security, stimulating economic growth and securing the future of children and youth (Oda, 2009). Notably absent is global health. While health is linked to food security, economic growth, and children and youth, it remains unclear what CIDA's new agenda means for efforts to build comprehensive health systems, support efforts to advance sexual and reproductive health, and work on HIV preventions efforts with groups such as men who have sex with men and women engaged in the sex trade. CIDA is currently the only department with a sizable spending portfolio on global health issues, spending $783 billion dollars in fiscal year 2008-2009 (CIDA, 2009: 43). It remains unclear how the absence of health from its priority areas of focus will impact on its global health spending.

Meanwhile, the focus of Health Canada and the Public Health Agency of Canada remains domestic, so engagement on global health issues has to be justified with a reference to how these issues related to the health of Canadians. Moreover, neither agency has resources from Canada's International Assistance Envelope. The ability of these departments to undertake global health projects is therefore limited.

2010 is an important year for Canada on the world stage, and its engagement on global health issues is no exception. Canada assumes the Presidency of the G8, vies for a seat on the Security Council, and participates on the Executive Board of WHO. This provides Canada with an excellent opportunity to create a global health strategy, to develop institutional mechanisms, and to mobilize the resources to move this strategy forward. While Canada will undoubtedly include health commitments on its G8 agenda and continue to respond to ongoing global health challenges, a muddle through approach is not good enough. With a few simple measures Canada can exercise leadership in global health.

First, Canada needs to establish a government-wide strategy—supported by the highest levels of government—that articulates a vision for Canada's engagement in global health issues. What do we want to achieve in global health? Do we want to follow a narrow self-interested approach like Switzerland, or are our goals closer to the lofty objectives articulated by the British and Americans. What global health issues will be Canada's focus?

Second, the government should establish the institutional mechanisms to implement that strategy that outlines the clear roles and responsibilities of the various government agencies. A global health taskforce—an interdepartmental coordinating structure, housed within one department—would be an appropriate mechanism to handle the complex departmental relationships that characterize global health. For example, the Stabilization and Reconstruction Task Force undertakes a similar function in the Department of Foreign Affairs and International Trade.

Once it has articulated its global health objectives, and inter-departmental mandates and relationships are clear, the government should evaluate the resources that it spends on global health, and assess if it has the resources necessary to achieve its objectives. CIDA is the only department with the financial capacity to undertake significant projects on global health, and its projects are focused on development objectives, which may or may not coincide with global health objectives. The Government of Canada could allocate a small global health

fund from the International Assistance Envelope to ensure that its global health strategy has sufficient resources for its full implementation.

Canada is a natural leader in the area of global health. We hope that this government sets aside its reactive, muddling through approach, and acts to realize this leadership potential with a bold vision that will protect and improve the health of Canadians, and of people around the world.

Overview of the special issue

The collection of articles in this special issue focuses on various aspects and approaches to a global health strategy for Canada. David Fidler begins with an overview of how health is integrated into foreign policy decisions. He argues that the post-Cold War period witnessed dramatic changes in foreign policy perceptions about health problems. This shift reflects the fact that health threats, particularly from emerging and re-emerging communicable diseases, increasingly touch upon the core functions of foreign policy, i.e., the protection of national security and the preservation and increase of economic power and well-being. As we suggest for Canada, he stresses the importance of investing in interagency coordinating mechanisms in order for national governments to operate more effectively in the development and implementation of their health and foreign policy strategy.

The article from Kyla Elizabeth Sentes highlights one of the challenges ahead in developing a global health strategy for Canada. In view of some of the divergent policy objectives national and provincial governments may pursue in their foreign and trade policy, policy coherence may be very difficult to achieve. She critically examines the Canadian support to the asbestos industry on the global stage, despite the clear and strong evidence of the health risks posed by asbestos.

Jillian Klare Köhler discusses how Canadian Patent policy can affect access to pharmaceutical drugs in developing countries.

Jerry Spiegel and Robert Huish examine Canadian foreign assistance for health, arguing that Canada has missed an opportunity to fully implement the human security agenda. They do not identify a clear government-wide, or CIDA-wide strategy to approach global health. They note that while health issues have always been part of CIDA's mandate, their pursuit has been largely ad hoc. For instance, CIDA adopted a strategy in 1996 focusing on health as a human right, but this document did not specify a particular approach in order to achieve it.

In their paper on Canada's record on health commitments since the G8 first took up this subject in 1979, John Kirton and Jenilee Guebert also make recommendations on how Canada could play a leadership role on global health at the G8. They suggest that in addition to the focus on maternal and child's heath, Canada should include health at their summit in an innovative way that connects health with all of its 2010 priorities of the global economy, climate change, development, and democratic governance. For instance, Canada could lead by encouraging a dialogue on the connection between the global economy and health by championing the promotion of global health not only for social outcomes, but as a key part of producing a healthy economy. For global health is not only a consequence of a sound economy but also a cause.

This special issue concludes with a policy comment from Katia Mohindra and Valéry Ridde about the Canadian research agenda in global health. They argue that this research agenda should focus on the countries and regions with the largest health needs and social groups who are particularly vulnerable to ill health (e.g., indigenous populations) and align itself to the research priorities driven by the Global South, with meaningful partnerships between the South and the North.

Our hope is that this special issue contributes to the discussions on a global health strategy ongoing in many quarters of the Canadian government. With the same goal of bridging academic research and the policy community, we invite the readers to consult the Health and Foreign Policy Bulletin, a monthly digest of recent research publications published at the Norman Paterson School of International Affairs, and available at http://research.policy-net.org/healthandf. In 2010, NPSIA will launch a sister publication, the Health Diplomacy Monitor, a reporting services on international health negotiations, aimed at improving transparency and broader engagement in global health.

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