

# CANADIANS MAKING A DIFFERENCE

THE EXPERT PANEL ON CANADA'S STRATEGIC ROLE IN GLOBAL HEALTH

Executive Summary



Canadian Academy of Health Sciences  
Académie canadienne des sciences de la santé



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# The Canadian Academy of Health Sciences

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## EXPERT PANEL ON CANADA'S STRATEGIC ROLE IN GLOBAL HEALTH

The Expert Panel on Canada's Strategic Role in Global Health (the Panel) represents a diverse range of expertise and perspectives, exemplifying the reputation of the Canadian Academy of Health Sciences for objectivity, integrity, and

competence. All Panel members volunteered their time and expertise to address this critical issue and were required to declare in writing any potential conflicts of interest.

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In the fall of 2010, CAHS asked the Council of Canadian Academies (the Council; an independent, not-for-profit corporation that supports evidence-based, expert studies to inform public policy development in Canada) to provide assistance in convening an expert

panel to examine Canada's strategic role in global health, and to conduct the assessment according to the Council's established standard policies and procedures. The oversight of this assessment was undertaken by a joint Scientific Advisory Committee of CAHS and the Council:

### Canadian Academy of Health Sciences

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## EXTERNAL REVIEWERS

This report was reviewed in draft form by the individuals below — a group of reviewers selected by the Joint Scientific Advisory Committee. The reviewers assessed the objectivity and quality of the report. Their submissions — which will remain confidential — were considered fully by the Panel, and most of their suggestions have been

incorporated in the report. The reviewers were not asked to endorse the conclusions nor did they see the final draft of the report before its release. Responsibility for the final content of this report rests entirely with the authoring Panel and the Canadian Academy of Health Sciences. The external reviewers were:

|   |  |
|---|--|
| <b>Zulfiqar Ahmed Bhutta</b>              | Founding Chair and Professor, Division of Women and Child Health, Aga Khan University (Karachi, Pakistan)  |
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| <b>Kue Young, C.M., FCAHS</b>             | Professor and TransCanada Pipelines Chair, Dalla Lana School of Public Health, University of Toronto (Toronto, ON)   |

The report review procedures were monitored on behalf of CAHS's Board of Governors and Joint Scientific Advisory Committee by **Dr. John Cairns** and **Prof. Susan McDaniel**. Dr. Cairns is Professor of Medicine, University of British Columbia. Prof. McDaniel is Professor of Sociology and Prentice Research Chair in Global Population & Economy, University of Lethbridge, and Canada Research Chair

(Tier 1) in Global Population & Life Course. The role of the report review monitors is to ensure that the Panel gives full and fair consideration to the submissions of the report reviewers. The Canadian Academy of Health Sciences Board relies on the advice of the monitors in deciding to authorize release of the Expert Panel's report.



# Letter from the President of the Canadian Academy of Health Sciences

**O**n behalf of the Canadian Academy of Health Sciences, I am extremely pleased to present this report on Canada's strategic role in global health, most appropriately titled *Canadians Making a Difference*. As this report makes clear, there is a window of opportunity for Canadians to really harness the individual successes of their current activities and resources in order to realize a greater impact in global health.

I wish to offer my sincere thanks to the Expert Panel, chaired by Peter A. Singer, for its stellar work in bringing to bear a compelling, evidence-based report that will no doubt become a platform for further discussion and mobilization of the necessary leadership in this area. The generous contributions in time and effort from each Panel member are reflected through each page of this report.

I also wish to thank the President of the Council of Canadian Academies, Elizabeth Dowdeswell, who has been a champion for partnership between our two organizations. The Council, under the leadership of

Christina Stachulak, managed the process for this unique assessment, and we are grateful to see its established standards and processes brought to this endeavour. I am grateful to the Joint Scientific Advisory Committee, which oversaw the process, as well as to the group of reviewers that ensured the integrity and rigour of the resulting report. Finally, I'd like to thank the Rockefeller Foundation, sanofi pasteur, and the McLaughlin-Rotman Centre for Global Health for their generous support in making this assessment happen.

The leadership of the Canadian Academy of Health Sciences looks forward to many fruitful discussions with stakeholders to advance the findings of this report.



**Catharine I. Whiteside**, MD, PhD, FRCPC, FCAHS  
President (2009–2011), Canadian Academy  
of Health Sciences

# Letter from the Panel Chair

Over the past year, the Expert Panel has been inspired by the range and scope of what individual Canadians and Canadian organizations and institutions are doing and have accomplished in global health. It is clear that Canadian scientists, policy-makers, volunteers, entrepreneurs, and many others are making a real difference in the health outcomes of individuals and communities, both here in Canada and in some of the poorest and remotest regions of the world.

During our lifetimes, Canada is and has been a leader in global health. But, as this report observes, we could accomplish even more as a country if we had a coherent national global health strategy that brought together, connected, and coordinated the efforts and energies of individuals and organizations, and helped to catalyze their success.

Along with all Canadians interested in global health, we are very grateful to the distinguished Panel members; the Presidents of the Canadian Academy of Health Sciences and Council of Canadian Academies (Catharine Whiteside and Elizabeth Dowdeswell); the Co-Chairs of the Joint Scientific Advisory Committee (John Cairns, who shepherded this assessment from the very beginning, and Tom Brzustowski); and the Sponsors (Rockefeller Foundation, sanofi pasteur, and the McLaughlin-Rotman Centre for Global Health). We also owe a big debt of gratitude to the staff at the Council of Canadian Academies who managed the process for this assessment, and the outstanding team that put together this report including Christina Stachulak who managed the Panel with such thoughtfulness and grace, David Brook who turned the Panel's discussions into a cogent document, Emmanuel Mongin, Kristen Cucan, and consultants Clare Walker and Philip Hadridge.

On a personal note, I would like to extend my thanks to Joseph L. Rotman who has been a great mentor over the years and is a firm believer that Canada has a critical role to play in global health. I also extend my thanks to my family. My wife Heather's experiences volunteering in the developing world to provide health care to those in need have underscored for me that we must act. In 20 years of practice in North America, Heather did not witness the death of a single woman or infant. Within two weeks in Africa, she had witnessed both. Why is it right that an African woman is over 100 times more likely to die in childbirth than her Canadian counterparts? This disparity in health outcomes and mortality rates is one of the greatest ethical challenges of our time.

This assessment is not the end of the conversation on Canada's strategic role in global health. Instead, we hope that it will be the beginning of a broader national conversation that will ultimately lead to the implementation of a bold new global health strategy for our great country.



**Peter A. Singer**, O.C., MD, MPH, FRSC, FCAHS  
Chair, The Expert Panel on Canada's Strategic Role  
in Global Health  
Foreign Secretary, Canadian Academy of Health Sciences



# Executive Summary

Canadians and Canadian institutions and organizations are making a real difference in identifying and addressing critical global health challenges. Unlike other high-income countries (HICs), however, Canada does not have a national multi-sectoral strategy to address the increasingly complex issue of global health. In September 2010, the Canadian Academy of Health Sciences (CAHS) convened the Expert Panel on Canada's Strategic Role in Global Health (the Panel) to assess whether Canada should play a more strategic role in global health. The Panel's charge was very clear: to assess the available evidence and identify potential strategic roles for Canada in global health.

## THE CURRENT STATE OF GLOBAL HEALTH

After reviewing a range of definitions of global health from recent publications and academic journals, the Panel agreed to use the following definition of global health, as articulated in a widely cited 2009 article in *The Lancet*,<sup>1</sup> to frame its work:

Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.

The Panel's first task was to determine whether there was a rationale for Canada to play a more strategic role in global health. To do so, the Panel explored two fundamental questions, the first of which was as follows: If Canada does *not* play a more strategic role in global health, will there be significant consequences?

To answer this question, the Panel reviewed the current state of global health and the possible impacts of its current challenges on Canada and on low- and middle-income countries (LMICs). The Panel found that the global burden of disease is disproportionately higher in LMICs than in HICs. But the same distributional inequalities are also seen within HICs, where specific at-risk populations have significantly worse health outcomes than the population at large. By far the greatest burden of death from infectious and parasitic diseases falls on LMICs. At the same time, the prevalence and impact of non-communicable diseases, including mental health, are also rapidly increasing in these countries. Without significant attention, it is likely that the level of health inequity will continue to grow both globally and within Canada.

Three major findings emerged from the Panel's analysis:

- Complex global health issues will continue to increase in scope and complexity.
- Increasing inequity in global health is occurring in the context of ongoing international financial and economic instability, which is resulting in significant resource constraints on current and future investments in global health.

<sup>1</sup> Koplan, J. P., et al. (2009). Towards a common definition of global health. *The Lancet*.

- There is an exciting opportunity for global health partnerships between Canada and LMICs that encourage bilateral South-North learning across all sectors through meaningful and mutual engagement.

On this basis, the Panel’s answer to the first question was that there would indeed be significant direct and indirect consequences if Canada were *not* to play a more strategic role in global health.

## PRINCIPLES FOR CANADA’S ROLE IN GLOBAL HEALTH

The Panel articulated a set of three core principles that should inform the development and implementation of Canada’s current and future strategic roles, programs, and activities in global health:

1. **Equity** – Inequities in terms of access to appropriate health care and of health outcomes need to be explicitly addressed.
2. **Effectiveness** – In a world of limitless challenges and finite resources, the investment of resources must lead to the greatest beneficial impact.
3. **Engagement** – The common problems found in many national contexts present an opportunity for shared or mutual learning and the development of common solutions.

## CANADA’S CURRENT ROLE IN GLOBAL HEALTH

The second fundamental question that the Panel explored was as follows: If Canada plays a more strategic role in global health, will it have the resources and/or capacity to make a difference? In its review of Canada’s current roles in global health, the Panel found that many sectors of Canada’s economy and society make substantial contributions to global health. The federal government, for example, invests more than \$559 million per year in global health through five primary roles:

- development assistance;
- funding research and innovation;
- supporting multilateral organizations and initiatives;

- providing disaster relief; and
- ensuring health security.

Canadian academia is active in health-related education, research, network building, and capacity building in LMICs. There is also a high level of interest and engagement in global health among students in institutions of higher learning.

Canadian civil society (e.g., non-governmental organizations (NGOs), philanthropic foundations/charities, professional health organizations) is involved in capacity building and technical assistance in LMICs, advocacy, emergency relief, and research and policy development.

Finally, the private sector plays a critical role in global health. The finance, telecommunications, and health products and services sectors all have direct and indirect impacts on global health. More broadly, a wide range of companies have an impact on global health issues through their production and sourcing processes and corporate social responsibility (CSR) programs. There is also an increasing role for the Canadian private sector to partner and enable mutual learning with small- and medium-sized enterprises (SMEs) in LMICs.

Individual Canadians and Canadian organizations and institutions are carrying out a wide range of activities and making contributions in global health. The collective impact of these success stories, however, is often less than it could be as a result of the lack of a national global health framework or strategy.

## STRENGTHS, BARRIERS, AND OPPORTUNITIES

Given its comparatively small size and limited resources, it is important for Canada to focus its global health activities on existing areas of strength and comparative advantage. The Panel identified the following strengths:

1. Strong value placed on universal access to health care
2. Opportunity for individuals to show leadership in global health
3. Effective regulatory standards

4. Strong health and foreign policy
5. Track record of successful programs in global health security
6. History of vaccine innovation from discovery to delivery
7. Recognized leaders in health innovation and research
8. World-class educational system
9. Global leaders in indigenous health research
10. Global leaders in social determinants of health research
11. Vibrant philanthropic sector
12. Strong commitment to maternal, newborn, and child health

The Panel also identified seven significant barriers limiting the impact of Canada's investments in global health:

1. There is no unifying vision for global health in Canada.
2. There is often poor coordination among Canadian global health actors.
3. Career paths in global health at institutions of higher learning are often unclear.
4. Social and economic policy decisions are often taken without sufficient attention to their potential health impacts.
5. There is often limited application of our understanding of social determinants of health to policies and actions.
6. There are significant resource constraints within government, private, and civil society sectors.
7. There are limited avenues to mobilize interest in global health.

Despite these barriers, the Panel concluded, in answer to the second fundamental question, that Canada *does* have sufficient resources and capacity to make an important contribution to global health. The Panel

then compared Canada's global health strengths and priorities to those of four international comparators (the European Union, the United States, Switzerland and the United Kingdom), and identified five areas where Canada has an opportunity to be a global leader:

- indigenous and circumpolar health research;
- population and public health;
- community-oriented primary health care;
- smart partnerships in health education and research; and
- global health innovation.

### STRATEGIC OPPORTUNITIES FOR CANADA IN GLOBAL HEALTH

Building on the opportunities identified above, the Panel articulated five roles that Canada could play as part of a multi-sectoral global health strategy. The five roles are not listed in order of priority.

#### Indigenous and Circumpolar Health Research

Indigenous communities in Canada face a range of unique health challenges including an increased prevalence of diseases such as diabetes and other disabilities. In light of these issues, Canada has developed significant strengths in indigenous and circumpolar health research. There is a significant potential role for Canada to play in global health that focuses on improving indigenous and circumpolar health. Such a role would help facilitate the delivery of health services in communities through integrated health centres. Delivery of care could be complemented by health education and promotion programs based on evidence and research within communities. Students and researchers, in collaboration with local communities and the public and private sectors, would be a driving force in pioneering innovative technological, social, and organizational solutions to meet the health challenges faced by global indigenous communities.

## Population and Public Health

Canadians have a strong track record in public health programs and in research on social determinants of health. Building on these strengths, Canada could markedly improve its contributions to global health by increasing its efforts to address social determinants of health collaboratively with other countries while, at the same time, continuing its strong work in public health. Canada would ensure that international health programs and initiatives include social determinants of health in their scope of funding and integrate evidence from social determinants of health research into their development processes. The federal government would build from the current knowledge base to assess the health impacts of all new major social and economic policies. Canada would also work with other countries to develop a more transparent system for assessing progress on these already agreed to social foundations for population health.

To date, the federal government has made significant investments in understanding the impact of key public health policies through the six National Collaborating Centres for Public Health. There would be an opportunity to build on this foundation to ensure the ongoing strength of Canada's global work in prevention, detection, and response to pandemics and health promotion to lower the burden of non-communicable diseases.

## Community-Oriented Primary Health Care

An important Canadian global health strength is leadership by Canadians and Canadian donor agencies in community-oriented primary health care. Canada's strong capacity in health worker training could, in the spirit of mutual learning, help develop initial and refresher training programs for LMIC health workers at all levels, which could strengthen primary health systems. Professional organizations, university projects, and individuals also have had long-term relationships with partners around the globe, contributing to stronger local cadres of practitioners in countries with limited training resources and senior personnel as well as in countries and communities recovering from humanitarian disasters.

Through reflecting on the lessons learned from our own primary health-care experiences and building on the expertise of others, especially local partners, Canada would be well positioned to partner with LMIC communities, institutions, and governments to support planning, implementation, and evaluation of sustainable, community-based, primary health-care systems. There is also a growing need for comprehensive, accurate, and implementable frameworks for the evaluation of primary health care. Canadian NGOs, universities, colleges, and professional organizations could participate in the co-development and implementation of primary health-care evaluation tools for use at local, district, and national levels.

## Smart Partnerships in Education and Research

Canada could build on our existing partnerships and develop new equitable and mutually beneficial partnerships with LMIC institutions to promote health education and research. The objective would be to strengthen the human resources and infrastructure in both Canada and LMICs, while, at the same time, complementing Canadian activities and strengths in population and public health, and community-oriented primary health care. Canada would build on the increasing interest in global health among university students and faculty to establish frameworks for attractive multidisciplinary career tracks in global health that would be accepted by all Canadian universities. This interest could be further reinforced by supporting committed, trained Canadians to partner with LMIC institutions in a cross-disciplinary network of centres of excellence between Canadian and LMIC institutions.

Strong incentives would be created to fund Canadian and LMIC researchers to collaborate on global health questions and to develop local research and training infrastructure in LMICs needed to mobilize research in the LMIC partner institutions. As part of these capacity-building efforts, centres of excellence with dedicated funding for education, training, and research could be established according to criteria agreed upon with partner countries. Finally, building on the theme of the importance of metrics and evaluation, Canada would help to implement multilateral networks for generating evidence to support policy improvements in Canada and in LMICs.

## Global Health Innovation

Canada has an important constellation of strengths in global health relating to innovation and research, including women's and children's health, non-communicable diseases including mental health, and selected infectious diseases. Thus Canada has the opportunity to be an innovator in global health. This role would be built on a commitment to *integrated innovation*: combining scientific and technological innovations with social, cultural, and business innovations to achieve sustainable impact at scale. This role would also build on Canada's existing investment base in global health research through initiatives like the Global Health Research Initiative (GHRI), and the Development Innovation Fund (DIF) delivered by Grand Challenges Canada (GCC). Students and faculty would also be enabled to contribute to global health.

Incentives would also be put in place to encourage greater participation of the private sector as a critical contributor and enabler of innovation. Canada would support the creation of innovative small- and medium-sized enterprises (SMEs) in LMICs, building on a trend begun by Acumen Fund and others. The success of innovation in global health would drive innovative approaches in other areas of development including agriculture, energy, and water. An engaged and empowered private sector makes a difference in global health, not just through its commitment to corporate social responsibility but also through day-to-day activities and investments. Other countries would be inspired by Canada's example to undertake their own innovation-oriented development institutions and initiatives.

## NEXT STEPS

The Panel concluded the assessment by analyzing how best to mobilize the necessary leadership to crystallize the five strategic opportunities into a national multi-sectoral global health strategy going forward. The next steps, broadly speaking, would involve a rethinking of how Canada "does aid" across a range of sectors, and a shift toward a model that would enable its LMIC partners to build economies and health systems of the future.

The Panel concluded that an "all-of-Canada" approach would be the most consistent with the three core principles and would have the greatest chance of realizing the potential of the five strategic opportunities. In this approach all members of the global health community, including governments, academia, civil society, and the private sector, would work together to build a single multi-sectoral global health strategy that would then be implemented by the most appropriate organizations and institutions.

The Panel's mandate was not to provide recommendations, but to set the table for a discussion among decision-makers, including individuals and organizations across sectors such as government, academia, civil society, and the private sector. This requires the engagement of all stakeholders (Canadian policy-makers, entrepreneurs, researchers, not-for-profits, and the Canadian public) in a broad ongoing conversation on global health.

The Panel proposed a five-step process moving forward. The first two steps of this process have already been completed: the engagement of a core group of global health leaders (which CAHS accomplished through its symposium on global health in Fall 2009) followed by the undertaking of this assessment.

The third step in the process — a continued listening phase — could begin in early 2012 with the convening of global health leaders across all health sectors to consider the findings of this assessment. A fourth step might be to strike a global health commission composed of high-level national leaders from inside and outside of global health in a range of sectors including, for example, government, media, religious/spiritual organizations, civil society organizations, and private-sector companies. This commission would develop a national multi-sectoral global health strategy, with specific recommendations, metrics, and measurements of success over time, building upon the insights gained from the earlier listening phase. The final step would be to create a mechanism to monitor the outcomes and impacts of the strategy to enable continuous feedback and improvement.

The Panel's key observation in this assessment was that while individual Canadians, organizations, institutions, agencies, and departments all play significant and substantial roles in global health, the impact of these contributions could be maximized under a coherent global health approach. Canada has the necessary strengths and resources to make an impact in addressing the pressing global health issues that are affecting the health of individuals in Canada and in LMICs.

The Panel concluded that there was a compelling rationale for Canada to play a more strategic role in global health. The likelihood of achieving that goal would be significantly sustained and enhanced through a more coordinated approach involving all members of the global health community in Canada.