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Addressing Health and Emerging Global Issues in Canada

John N. Lavis
McMaster Health Forum, mhf@mcmaster.ca

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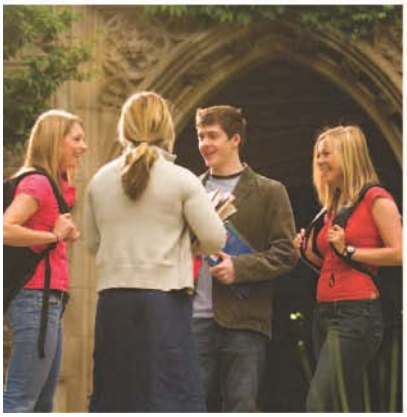
McMaster HEALTH FORUM

DIALOGUE SUMMARY

ADDRESSING HEALTH AND EMERGING GLOBAL ISSUES IN CANADA



12 MAY 2011

EVIDENCE >> INSIGHT >> ACTION

Dialogue Summary:
Addressing Health and Emerging Global Issues in Canada

12 May 2011

McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at the regional/provincial level and at national levels, the Forum harnesses information, convenes stakeholders, and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively.

Authors

John N. Lavis, MD PhD, Director, McMaster Health Forum, and
Professor and Canada Research Chair in Knowledge Transfer and Exchange, McMaster University

Steven J. Hoffman, MA, JD, Adjunct Faculty, McMaster Health Forum,
Assistant Professor, Department of Clinical Epidemiology & Biostatistics, McMaster University, and
Research Fellow, Munk School of Global Affairs, University of Toronto

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The authors declare that they have no professional or commercial interests relevant to the dialogue summary. Members of the dialogue steering committee reviewed a draft dialogue summary, but the authors had final decision-making authority about what appeared in the dialogue summary.

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Dialogue

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SUMMARY OF THE DIALOGUE

Many dialogue participants agreed with the overall statement of the problem, namely that globalization has eroded the protective effect that national borders once offered to the health of Canadians, and that responses to these erosions have not always been commensurate with current and possible future challenges. However, several dialogue participants noted questions that this statement raised for them, such as what is the definition of health and who counts as Canadians. Many dialogue participants also agreed with the six emerging global issues that can affect the health of Canadians, which were highlighted as one of two key dimensions of the overall problem. However, several dialogue participants noted that any assessment of emerging global issues needs to capture the interdependence among issues and focus on opportunities as well as risks. A number of dialogue participants also agreed that the lack of collaboration across traditional divides complicates efforts to identify and address these issues, which was highlighted as the second of two key dimensions of the overall problem, although a few dialogue participants noted that 'business as usual' does work in many situations, even if it may not be ideal.

Most dialogue participants saw value in elements of each of the options: 1) supporting mutual learning across sectors (e.g., through a process that facilitates both periodic and dynamic identifications of new issues and that is both inward-looking and outward-looking) and mutual learning across governments (e.g., signing on to the Oslo ministerial declaration about global health and participating in ongoing discussions with the other signatories); 2) providing a framework for government and stakeholder action; and 3) undertaking new initiatives that provide value for money, particularly the production of global public goods.

A number of success factors for the implementation of the key elements in the three options were identified by dialogue participants: 1) inspirational champions are in place in each cohort and sector; 2) 'passionate and curious' stakeholders are on board and excited by the goal; 3) strong networks are harnessed and get their respective shares in any credit that is due; 4) solid research evidence is accessed and used in working through what needs to be done and how; 5) compelling stories are prepared about tangible improvements that would benefit Canadians and the world; 6) space is created for risk-taking and innovation; 7) excellent communication keeps everyone 'on the same page'; and 8) healthy debate is encouraged, but unhealthy turf protection is called out as such.

Deliberations about next steps largely focused on the value of a forum to engage stakeholders (and, for some, policymakers as well) in setting agendas for addressing emerging global issues and taking well-considered actions. Some dialogue participants argued that leadership had to come from government so that there was an identifiable 'place to go,' a locus for leadership on the issue, the necessary convening power, and the resources to support stakeholder dialogue. Two dialogue participants argued that a key next step would be to reconceptualize health for Canadians.

SUMMARIES OF THE FOUR DELIBERATIONS

DELIBERATION ABOUT THE PROBLEM

Dialogue participants tended to agree with the overall statement of the problem, namely that globalization has eroded the protective effect that national borders once offered to the health of Canadians and that responses to these erosions have not always been commensurate with current and possible future challenges. Dialogue participants also tended to agree with the two key dimensions of the problem – the emerging global issues themselves and the lack of collaboration across traditional divides that complicates efforts to identify and address them – as they were highlighted in the issue brief that informed the dialogue. However, several dialogue participants noted questions and offered compelling alternate views for both the overall problem statement and its two dimensions.

With respect to the overall problem statement, several dialogue participants noted the following questions:

- what is the definition of health, which has implications for whether the focus is public health protection, disease prevention, clinical management, health promotion, improved population health or a combination thereof, and should the focus be on a broader concept of wellness (as an expression of aspiration or hope and what counts at the end of the day for Canadians);
- who counts as Canadians (perhaps only the 34 million people living in Canada, or also the roughly 2.7 million Canadians living abroad and/or the individuals living abroad who will one day become Canadian?), which was an issue that came to the fore when many individuals holding Canadian passports but living in Lebanon had to be rescued during a war in 2006; and
- do Canada's unique attributes, such as its geography (e.g., having only one large, affluent neighbouring country) and population (e.g., many immigrants), make this statement less true in Canada than it is in many other countries.

One participant argued that it would be a productive exercise to work through the ways in which the problem would be discussed on similar or different terms if the issue brief had been prepared for France or Japan, and if the dialogue were taking place in Paris or Tokyo.

Box 1: Background to the stakeholder dialogue

The stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

1) it addressed an issue currently being faced in Canada;
2) it focused on different features of the problem, including (where possible) how it affects particular groups;
3) it focused on three options (among many) for addressing the policy issue;
4) it was informed by a pre-circulated issue brief that mobilized both global and local research evidence about the problem, three options for addressing the problem, and key implementation considerations;
5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible options for addressing it;
6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
7) it ensured fair representation among policymakers, stakeholders and researchers;
8) it engaged a facilitator to assist with the deliberations;
9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
10) it did not aim for consensus.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue and by those who review the dialogue summary and the video interviews with dialogue participants.

With respect to the first of two key dimensions of the overall problem, many dialogue participants agreed with the six emerging global issues that can affect the health of Canadians. The six issues included:

1. people are increasingly mobile and travel over longer distances than ever before;
2. cross-border trade of goods, services and investments has reached unprecedented levels;
3. agriculture is increasingly a single worldwide integrated market with food sourced globally;
4. damage to the environment and depletion of its resources is occurring at increasing speeds;
5. information and communication technology lets people connect across vast distances; and
6. issues are increasingly addressed through international law, regulations and standards.

However, several dialogue participants noted a number of ways in which the six issues do not fully capture emerging global issues:

- issues are not framed in a way that is abstract or complex enough, in the sense that they do not capture the interdependence among issues that can prove so difficult to address by government departments that default to a 'command and control' approach;
- issues are not operationalized in a way that is concrete enough, in the sense that they are not illustrated with 'worked' examples or 'tracers' (such as the health workforce, who are implicated in at least issues 1, 2, 5 and 6);
- issues will be missed in any list (arguably conflicts, migration or water in this list) and the dimensions of any issue will be missed in any description (such as the 'damage' that Canada does to immigrants who might leave behind a higher risk of acquiring infectious diseases in their home country, but who tend to acquire a higher risk of acquiring non-communicable diseases such as diabetes and heart disease once they move to Canada); and
- issues in this list are not so much emerging as already here, and any list will be contested given a missing issue such as can always be identified, so what is needed is a process that facilitates both periodic and dynamic identifications of new issues and that is both inward-looking and outward-looking.

A few dialogue participants also expressed concern that the descriptions of each issue were too focused on risks (e.g., to Canadians' security) and not enough on opportunities (e.g., for Canadian businesses who can hire healthy employees to increase their productivity or who can work with employees who have immigrated from different countries to expand their business operations in these countries).

With respect to the second of two key dimensions of the overall problem, a number of dialogue participants also agreed that the lack of collaboration across traditional divides complicates efforts to identify and address these issues. However, a few dialogue participants noted that 'business as usual' does work in many situations, even if it may not be ideal. One dialogue participant noted three ways that a lack of collaboration is worked around:

- ignore the interconnectedness of the issue and allow each affected government department to 'default' to its usual processes;
- 'paper' over the complexity of an in issue and name a lead within one government department who, for a time-limited period, tries to support collaboration; and
- institute real collaboration when the stakes are very high and an issue is identified as a cross-government priority (proactively or more often in response to public reactions), which has been done in very select situations (such as the response to the terrorist attacks in September 2001, which culminated in the development of Canada's national security policy, or the response to the SARS epidemic, which resulted in the creation of the Public Health Agency of Canada).

Two additional points were raised in relation to the lack of collaboration:

- on the downside, the lack of collaboration diminishes the production of the global public goods that can be created when Canadians and our governments work in partnership with our partners in other countries; and

- on the upside, there is a great deal of existing collaboration among globally networked actors acting in the public interest (i.e., epistemic communities working on pressing health challenges) and businesses advancing private interests (e.g., globally networked companies bringing to market new pharmaceuticals).

One dialogue participant noted that the Canadian government is increasingly seen internationally to focus on impacts among Canadians (to the exclusion of others), with little reflection on how risks are shared and how the country's actions to address risks can even increase risks for others. This dialogue participant noted that other governments, such as Norway, are recognizing their countries' interdependence in today's world (i.e., Canada's security is dependent on the security of others), which means shared risks and vulnerabilities, and crafting government statements to reflect this 'sense of being in the world,' the values that they share with others within and beyond their borders, and the ethical and moral standards that they demand of themselves and others. Another dialogue participant noted that this sense of health 'protectionism' conflicted with the government's position as being against trade protectionism, while a third participant noted that taking a health lens to the development and execution of trade agreements could help them to work better.

Other dialogue participants noted that the issue brief had adopted this self-interested perspective and ignored any deeper conception of 'relationality' and global citizenship. One of these dialogue participants noted that Canada suffered from the lack of visible champions for Canadians taking seriously their responsibilities as global citizens, which would ideally be based on speaking in practical terms to Canadians about how global issues can affect them. This individual gave the example of the food security problems of today translating into developmental consequences among children who will become immigrants, collaborators and trading partners in the future, as well as the potential for economic instability of today translating into regional conflicts (including in the Americas) that can easily have repercussions in Canada. Another individual gave the example of how Canadians have learned from the positive and negative examples of how other countries and the World Health Organization have handled recent infectious disease outbreaks, and noted that we have a vested interest in working collaboratively with other countries and ensuring that multilateral organizations function effectively.

DELIBERATION ABOUT POLICY AND PROGRAMMATIC OPTIONS

Dialogue participants discussed three options that had been 'worked up' in the issue brief as concrete examples of what could be done differently. Most dialogue participants found elements of all of the options attractive, and most agreed that each could have a role to play in helping the Canadian government move from a reactive approach to a more proactive approach to addressing health and emerging global issues in Canada. However, a number of dialogue participants agreed with how the issue brief had positioned these options as neither mutually exclusive nor sequential.

Option 1 – Support mutual learning across sectors

Dialogue participants generally embraced the idea of supporting mutual learning across sectors, but noted that mutual learning:

- is a process that takes place over years and, properly done, can set the stage for pursuing the other options;
- needs to take place in response to shared problems;
- has to be championed at the senior levels of the civil service (e.g., by profiling examples of one department reaching out to others and establishing a process that culminated in good outcomes for all departments and an excellent outcome for the government as a whole);

- must be encouraged by incentives for civil servants, at least when the opportunities for a shared 'win' are not obvious (e.g., by having the successful leadership of a cross-government project be a staff performance objective);
- must be enabled by a dynamic support mechanism, particularly when the slack in the system is low, the issues are extremely complex, or both, which could be something that existing mechanisms for interdepartmental collaboration, such as the Global Health Research Initiative, could take on or that is established through memoranda of understanding with a range of centres of research excellence within and outside the country;
- could be most easily tested with examples where health is a natural galvanizing force (e.g., upcoming United Nations High-Level Meeting on Non-Communicable Diseases);
- can helpfully be complemented by periodic reflection, informed by actual cases (e.g., isotope crisis as an issue, National Roundtable on the Environment and the Economy as a process) about what processes have made the whole truly greater than the sum of the parts as compared to when people are coming together simply because they perceive they must; and
- would ideally be complemented by supporting mutual learning across governments (e.g., by joining the group of countries – Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand – whose ministers of foreign affairs signed the Oslo ministerial declaration about global health as a pressing foreign policy issue).

Option 2 – Coordinate government action and provide a framework for stakeholder action

Dialogue participants strongly embraced the idea of providing a framework for government and stakeholder action and coordinating government action. They noted that a framework must:

- articulate the security, economic, moral and other principles or imperatives that drive a commitment to global issues (each of which speak in different ways to different communities) and adopt a health lens to examine these issues;
- describe a process that facilitates both periodic and dynamic identifications of new issues and that is both inward-looking, where there might be lessons to learn from the global burden-of-disease project, among others, and outward-looking, to ensure that potential alliances are identified and pursued where approached (and not just point to the current issues of the day);
- indicate the outcomes that matter and the indicators that will be used to measure them; and
- ensure flexibility and create a space for innovation even as it establishes accountability for an agreed framework for approaching most issues.

One individual argued that any framework should seek to reduce the 'transaction costs' for both governments and stakeholders (e.g., by getting people 'on the same page' so that issues such as sodium reduction and trans fat elimination in foods do not need to be worked through jurisdiction by jurisdiction). Another dialogue participant noted that governments cannot get credit for frameworks, so there have to be one or two initiatives that they can take credit for that are linked to the framework (which is the focus of option 3).

One dialogue participant reminded the group that it can take years to launch a cabinet-approved document, but that a framework could be developed, pilot tested and adapted much more quickly if it is produced outside government, as will be the case for the document being prepared by the Canadian Academy of Health Sciences. The challenge with such documents, however, is that their legitimacy is less clear and they are not backed up by any resources for implementation and follow-up efforts.

Another dialogue participant expressed several concerns about how stakeholders were being depicted in the dialogue, noting that they are:

- a very heterogeneous group (so care must be taken about which stakeholder groups are engaged in which types of work);

- not instruments of implementation for government priorities (so care must be taken about how the framework is developed and its implementation supported); and
- not all convinced that coordination is good (and many would argue strongly that coordination should not be a goal in itself, but can in some circumstances be a means to an end of saving lives and alleviating suffering).

Several dialogue participants noted that coordinating government action:

- needs to involve more of the real collaboration that has in the past been instituted only when the stakes have been very high, and less of the ignoring of the interconnectedness of issues and 'papering' over the complexity with named leads but not other supports;
- needs to be supported by dynamic cross-institutional processes (or structures) that could engage with the needed 'pieces' of government; and
- must be encouraged by incentives and enabled by a dynamic support mechanism (as was described in the previous sub-section).

One dialogue participant noted that the United Kingdom's global health strategy has largely weathered the transition in government because parts of it resonated with the new government, and because key stakeholders continue to use it in their interactions with government and in their own work. However, this participant noted that with the change in government there would need to be a greater commitment on the part of stakeholders to find and disseminate the research evidence on key issues, than there would have been had there not been a change of government. The fact that some of the funding to support the implementation of the strategy had been earmarked for building the global health stakeholder community (e.g., through forums that helped to identify shared interests and build networks based on these shared interests) has proved critical to stakeholders' interest in and ability to engage in this work.

Another dialogue participant noted that Norway, as a signatory to the Oslo ministerial declaration about global health, has initiated an incremental approach to trying to address emerging global issues using a health lens, albeit one where there is sometimes disagreement about what this means and where time and again a lack of research evidence has complicated the work. The incremental approach has been complemented by the launch of new initiatives (which more closely resemble option 3) in domains such as immunizations and maternal health. This individual noted that important lessons could also be learned from countries like Brazil and Thailand that have adopted a more strategic approach. Another individual noted that it is perhaps not surprising that Brazil and Thailand are also countries with very high levels of civil society engagement, which perhaps provides a more compelling starting point for coordinated action than topics like security, trade and intellectual property rights.

Option 3 – Undertake new initiatives that provide value for money

Many dialogue participants noted that the national economic situation and federal government budgetary position are such that new initiatives would be very unlikely at this time, unless they are cost saving or clearly increase value for money. However, several dialogue participants noted that it will be important to be opportunistic, which means watching for and taking advantage of opportunities presented by:

- existing commitments, such as the Muskoka Initiative on Maternal, Newborn and Child Health, where there may still be room for discretionary investments;
- speeches from the throne, which are where the government articulates its priorities for the forthcoming period and where an 'opening' might be signalled;
- period of stock taking after the election commitments have been executed or before the next election;
- planned meetings, such as the United Nations High-Level Meeting on Non-Communicable Diseases;

- changes among the top leadership (e.g., at the moment the deputy minister of foreign affairs and international trade came from the department of health and could see health as the next big foreign policy idea); and
- full array of policy instruments, which can mean tax expenditures (e.g., oil subsidies) and not just direct financial expenditures.

Several dialogue participants noted the importance of focusing on the production of global public goods, such as:

- a process that facilitates both periodic and dynamic identifications of new issues;
- a forum that engages stakeholders (and, for some, policymakers as well) in setting agendas and taking well-considered actions; and
- deliverables that benefit all citizens.

Several dialogue participants discussed the financial aspects of this option. One dialogue participant noted that it would be helpful to examine the case for whether and how expenditures in other settings (e.g., treating tuberculosis in Mexico or improving the appropriateness of prescribing) lead to cost savings in Canada (e.g., fewer cases of infection or fewer cases of multi-drug-resistant cases of infection). A second dialogue participant commented that the federal government tends to like domains where it can 'get in, make a difference and get out,' so it is important to focus on clear deliverables and (if appropriate) plans for sustainability. A third dialogue participant noted that the federal government is only one potential funder of new initiatives. Others could include provincial governments as well as organizations such as the Canadian International Council.

One dialogue participant also noted the importance of working collaboratively with other countries to enhance the functioning of multilateral organizations such as the World Health Organization and of existing initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, but also avoiding the impulse to establish new organizations or launch new initiatives that do not spur, connect with or complement existing organizations and initiatives.

Considering the full array of options

Most dialogue participants saw value in elements of each of the options:

- supporting mutual learning across sectors (e.g., through a process that facilitates both periodic and dynamic identifications of new issues and that is both inward-looking and outward-looking) and mutual learning across governments (e.g., signing on to the Oslo ministerial declaration about global health and participating in ongoing discussions with the other signatories);
- providing a framework for government and stakeholder action; and
- undertaking new initiatives that provide value for money, particularly the production of global public goods.

Several dialogue participants offered suggestions about the process of pursuing these options, which included:

- engaging governments and stakeholders in the process;
- being innovative, entrepreneurial and opportunistic; and
- building on past successes (e.g., Muskoka Initiative).

Two dialogue participants described what they would like to see as the outcome of pursuing elements of each of these options:

- Canada's governments have a clearer, stronger voice in and for global health internationally, as well as a more effective and efficient mechanism to assist them in identifying and addressing emerging global issues; and
- Canada's stakeholders are more engaged and stronger participants in identifying and addressing global issues that affect the health of Canadians and other people around the world.

DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

A number of success factors for the implementation of the key elements in the three options were identified by dialogue participants:

- inspirational champions are in place in each cohort and sector, both to speak to policymakers and stakeholders in influential positions and to engage the Canadian public (and, in the words of one dialogue participant, "to activate deep-seated Canadian values," particularly among young people and on a sector-by-sector basis);
- 'passionate and curious' stakeholders (including those in private-sector firms, non-governmental organizations, universities and the media) are on board and excited by the goal, which will allow 'building momentum with the interested';
- strong networks are harnessed and get their respective shares in any credit that is due;
- solid research evidence is accessed and used in working through what needs to be done and how;
- compelling stories are prepared about tangible improvements that would benefit Canadians and the world;
- space is created for risk-taking and innovation;
- excellent communication keeps everyone 'on the same page'; and
- healthy debate is encouraged, but unhealthy turf protection is called out as such.

DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

A number of dialogue participants argued that a forum is urgently needed to engage stakeholders (and, for some, policymakers as well) in setting agendas for addressing emerging global issues and taking well-considered actions. Participants in the forum could work through how best to:

- support mutual learning across sectors and across governments;
- develop, pilot test and adapt a framework for government and stakeholder action; and
- undertake or watch for and take advantage of opportunities for new initiatives that provide value for money, particularly the production of global public goods.

One dialogue participant noted that having a stakeholder forum (or another process) could itself constitute part of the framework and be a global public good. A second dialogue participant indicated that any such forum should avoid being captured by special interests or attending to a special interests focus. A couple of dialogue participants considered the forum idea to be too 'amorphous' and an 'answer looking for a problem.'

Some other dialogue participants argued that the leadership had to come from government so that there was an identifiable 'place to go,' a locus for leadership on the issue, the necessary convening power, and the resources to support implementation and follow-up activities. One dialogue participant suggested that, for either the stakeholder forum or government focal point, the focus should initially be on issues that are already on the table (and ideally that people are passionate about), such as non-communicable diseases, and then can later turn to issues that the group can help to get onto agendas or push higher on agendas (e.g., access to medicines, global governance mechanisms).

Two dialogue participants argued that a key next step would be to reconceptualize health for Canadians so that they understand that health is more than just healthcare, much less than 'everything,' and something that connects them in powerful ways to people in other countries. Another dialogue participant agreed, arguing that as Canadians we need to see health in a more holistic way and in more of a global context.

One dialogue participant argued that a key next step would be to develop or enhance communication mechanisms so that policymakers, stakeholders and the general public can begin to see linkages across issues and sectors. Several dialogue participants noted that young people understand the interdependence in the world today and that we need to engage them on these issues. One dialogue participant emphasized the importance of moving away from talk of problems and focusing on opportunities for Canada to step forward as a leader. Another dialogue participant noted that any communications plan should incorporate an element of celebrating successes in addressing emerging global issues.