A delicate compromise: a policy study of the Canadian response to Ebola.

Lauranne Bé Larose
Research Summary

Abstract
The Canadian response to Ebola has been controversial, yet largely a non-event as no cases of Ebola were declared in the Country. This policy study combined a 3-I framework to qualitative directed content analysis to deconstruct the measures taken to prevent the introduction and spread of the virus into the Country, and understand how the policy formulation and decision making processes have been influenced by institutions, actors' interests and ideas. Three main themes, cross-cut by those variables, emerged from the study: public health federalism, legacy of previous emergencies, and the extraordinary nature of the West African Ebola outbreak. Torn between their capacities, their mandate and their obligation for accountability, Canadian institutions enacted a compromised response plan. This paper elaborates on the multiple consequences of the measures taken and argues that a discussion is needed on the values that shall guide public health emergency preparedness and response.

Introduction
The 2013-2016 West Africa Ebola outbreak was without any doubt unparalleled by its devastating impact, its first time transmission outside of the African continent and the global reaction it triggered.[1,2] By the fall of 2014, the virus had reached the Canadian agenda and a massive response plan was crafted. The Canadian response to Ebola does not present itself in a single bill, statement or guideline, but is rather an assemblage of actions that were taken by Canadian institutions to prevent the introduction and spread of Ebola in the Country and to ensure a proper management if a case was to be identified.[3] Highly criticized by domestic and international actors yet labelled as a success as there have been no cases of Ebola in the Country, the Canadian response has nevertheless been little studied.[1,4] This policy study aims at answering the following question, what is the role of institutions, actors, and ideas in the formulation and decision making processes of the Canadian response to Ebola?

Methods
A 3-I framework was combined to a qualitative directed content analysis approach to study primary sources (policy documents, interviews and communications with policy makers).[5,6] Secondary sources (investigation reports, newspaper articles, scholarly articles and books) were simultaneously used to complete the analysis process. The Canadian response to Ebola and its policy content were first mapped and then with a mix of induction and deduction enabled by the research approach, analyzed. Looking at the influence of institutions, actors' interest and ideas on the policy making process, three key themes emerged from the analysis. Purposeful sampling was performed in order to best access the "black box" of policy formulation and decision-making stages. A total of four semi-structured interviews with key policy makers were analyzed and communications were established with three key actors/groups of actors. Strategies (data triangulation, member checking, peer debriefing) were performed to enhance the rigor of the research process.

Results
Cross-cutting institutions, actors' interests and ideas, three themes emerged from the analysis: public health federalism, legacy of previous emergencies and the extraordinary nature of the West African Ebola outbreak. First, the Canadian division of public health power and responsibilities have influenced the Canadian response to Ebola. This federalism was cooperative, horizontal, and included a vast array of actors and groups of actors. This public health federalism not only appears to be an enduring institution, but also a growing idea. There seems to be a shared belief among policy makers that this type of intergovernmental collaboration is the most efficient way to prevent and manage public health emergencies.

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Furthermore, respect for this consolidating federal division of power and responsibility in public health may be a growing value of Canadian policy makers. Second, recent (public health) emergencies and lessons learned in the aftermaths have brought massive changes in the Canadian public health management. Mistakes were made, reports were written, and many lessons have been learned. As a result, new institutions were created, more actors were allowed to be involved in the policy making process and policy instruments were diversified. This process directly contributed to the strengthening of the collaborative public health federalism. It was also paralleled by a growing valorization of emergency preparedness and response and a growing risk aversion. The Canadian response to Ebola reflects this historical build-up of public health institutions, actors, and values. Finally, the global sense of crisis emerging from the extraordinary nature of the West African Ebola outbreak also brought comprehensible fear among the Canadian public and policy makers. Fear became, to a certain extent, the new rule of the game, justifying an authoritative and incredibly prudent federal public health leadership.

This study reveals clashes between Canadian and international institutions, repression of certain actors' interests (namely the returning travelers and the West African applicants to Canadian visas) in the name of public health safety, and the influence of values in the choice of policy instruments and the means of implementation of those instruments such as the use of precautionary approach or the will the protect Canadian public health to the potential detriment of West Africa Ebola affected countries. The Canadian response to Ebola may seem paradoxical and controversial to many as it is the result of a delicate compromise made by Canadian institutions and actors torn between their great capacities, their crucial mandate to protect public health, and their obligations of accountability toward the Canadian population.

Discussion

Canada should not cry victory too early over the fact that it did not have any cases of Ebola. The tough management of returning travelers was probably unnecessary firstly considering the evidences on the virus transmission build up from four decades of public health management of Ebola and secondly, taking into account the strength of the Canadian health system. Measures imposed on returning travelers had important economical, psycho-social and ethical consequences that cannot be ignored. The travel advisories and the ban of visas have clearly been going against the *International Health Regulations* (2005) and the WHO's leadership, shaming and isolating Canada from the international community. By closing the borders to some travelers while maintaining them open for Canadian nationals and permanent residents, Canada inevitably produced a judgment of value that some travelers were not worthy of public health trust while others were responsible and could therefore represent an acceptable level of risk.

As the Canadian Ebola response was largely a non-event, many have already turned the page and do not see the need for lesson learning. This is a big mistake. It is crucial to deconstruct the Canadian response to Ebola and to understand the variables that contributed to what it was, and to reflect upon the consequences of measures taken. Do we want a Canada that moves away from the WHO's global leadership in context of global infectious disease outbreaks? Is it acceptable to implement public health measures on the precautionary principle? Shall we put aside rights and freedoms for the sake of maximum security? Can we really create a fully secured Canada anyways?

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