

# McMaster Health Forum: Towards a Canadian Response to Emerging Global Health Issues

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Health is now truly global. Health crises in one part of the world can affect the health of people everywhere. Governments around the world are increasingly recognizing the importance of acting upon global health issues as a means of protecting national health security. They have begun to invest in the necessary governmental infrastructure and domestic partnerships needed to coordinate a national response to address global health issues. Norway, Switzerland and the United Kingdom, among others, have now developed national global health strategies that articulate national global health objectives and the means by which government agencies and departments can cooperate towards achieving them. Canada has not yet developed anything similar; its efforts to address global health issues remain largely uncoordinated and reactive. Ahmad AlKhatib and Theresa Tang, McMaster Health Forum Fellows (2010-11), discuss the Forum's planned stakeholder dialogue on "health and emerging global issues" – a key first step in the development of an evidence-informed Canadian response to emerging global health issues.

**D**uring the writing of the World Health Organization's (WHO) constitution in 1947, Canadian delegate Brock Chisholm argued for broad and inclusive membership in the organization, stating:

We cannot afford to have gaps in the fence against disease; and any country, no matter what its political attitudes or affiliations are, can be a serious detriment to the effectiveness of the World Health Organization if it is left outside. It is important that health should be regarded as a world-wide question, quite independent of political attitudes in any country in the world.<sup>[1]</sup>

Chisholm's view of health as a "world-wide" issue underpins global health, the field of study and practise that works toward the establishment of health equity among all nations.<sup>[2]</sup> As Chisholm suggests, such an objective requires global cooperation. Cooperation is needed because, as Chisholm exemplifies through the example of infectious diseases, numerous determinants of health are transnational – by virtue of their nature, they do not respect national borders.<sup>[2]</sup> Within this context, health becomes a global problem. Its absence in one part of the world – "gaps in the fence" – affects the health of people everywhere.<sup>[3]</sup> As such, the status of public health in any one nation becomes intertwined with the status of "global health".<sup>[3]</sup>

## TRANSNATIONAL DETERMINANTS OF HEALTH

Many determinants of public health (see "health issues" in Table 1) have transnational features that influence their capacity to impact global health. Infectious diseases, as illustrated by the recent cases of SARS and H1N1 influenza pandemic, are clearly global by virtue of their communicable nature.<sup>[4,5]</sup> However, chronic illnesses, such as cancer, diabetes and heart disease, also have transnational features.<sup>[2,4]</sup> The export of a "western lifestyle" – associated with

unhealthy diets, tobacco products and sedentary work – has led to a rise in chronic diseases in many poor countries (For more on the global rise in cardiovascular diseases, read The Meducator's interview with Dr. Salim Yusuf, p. 19).<sup>[2,4]</sup> The global rise in both infectious and chronic illnesses has had a disruptive impact on state capacity in underdeveloped countries.<sup>[2]</sup> This has weakened healthcare services, disrupting these nations' already weak capacity to respond to internal health threats, as well as those that are transnational in nature.<sup>[4]</sup> A decline in state capacity can also progress to state failure, which can spark national and regional conflicts, which in turn pose an obvious threat to global health.<sup>[4]</sup>

As Table 1 shows, global health is also affected by determinants outside of the traditional health realm.<sup>[2]</sup> The increasing level of international travel has the capacity to perpetuate the spread of infectious disease and elements of the "western lifestyle" associated with chronic illnesses.<sup>[4]</sup> Drastic changes in the environment due to climate change may have consequences for the living conditions of people everywhere.<sup>[4]</sup> The migration of health workers from developing to developed countries weakens health systems in origin countries. Bioterrorism has the capacity to inflict harm on a large number of people around the world.<sup>[4]</sup> The international trade of foodstuffs and other goods carries safety risks.<sup>[4]</sup> Finally, the international laws and policies pursued by national governments, international governing bodies, civil society groups, professional associations, global action networks, and public-private partnerships – actors in the realm of global governance – will have an impact on global health.<sup>[4]</sup>

The process of globalization has increased the interdependence between nations and thus has augmented the impact of transnational determinants of health.<sup>[6]</sup> As a result of rapid increases in the speed of travel and communication, economic interdependence through trade, and international institutions, nations are far more connected and interdependent than ever before.<sup>[2,7]</sup> This has facilitated the world-wide spread of infectious and chronic diseases

Issues traditionally addressed by health decision-makers ("health issues")	Issues not traditionally addressed by health decision-makers ("non-health issues")
<b>Anti-microbial and anti-viral resistance:</b> The risk of being infected with drug-resistant strains of bacteria or viruses has increased with the global rise in anti-microbial and anti-viral resistance.	<b>International travel and health:</b> Canadians made 7.4 million overnight trips overseas in 2007. This high level of international travel carries the risk of increasing the spread of infectious diseases.
<b>Cross-border transmission of infectious disease:</b> The risk of a global pandemic is a direct threat to the health of Canadians, as well as an indirect threat through the potential for large-scale economic impacts.	<b>Climate change:</b> The impact of climate change on human health will vary based on the nature of a region's geography.
<b>Obesity, diets, and chronic diseases:</b> The export of the Western lifestyle, associated with unhealthy diets, tobacco products and sedentary work, has led to a rise in obesity and chronic diseases amid many developing countries.	<b>Migration:</b> The migration of health workers from developing countries to Canada can have negative impacts on the health systems of the developing countries, leading to a weakening in global health. However, if health workers return to their origin countries to contribute their learned skills and knowledge, migration can also have positive impacts.
<b>HIV/AIDS, health systems in developing countries &amp; national security:</b> The spread of HIV/AIDS through a country will weaken states, leading to instability in regions, which can have consequences for Canadian national security, through impacts on the global economy or global health.	<b>Chemical, biological, nuclear and terrorist threats:</b> Bioterrorism has the capacity to inflict harm on a large number of people around the world.
	<b>Trade:</b> Trade can have an impact on public health through various routes: - safety risks associated with the cross-border movement of food & other goods - impact of greater economic integration on social determinants of health - impact of trade agreement on health systems, and - impact of trade agreements on intellectual property rights and access to medicines
	<b>Global Governance:</b> There has been a recent proliferation of international actors operating in the global health sphere, both state and non-state (civil society organizations, professional associations, global action networks and public-private partnerships). The international laws and policies that these actors influence/adopt to address challenges will have both direct and indirect impacts on global health.

TABLE1: Emerging global health issues (adapted from Blouin (2009))<sup>[4]</sup>

and increased the rate of health-worker migration.<sup>[5,7]</sup> Globalization has effectively deepened the extent of health interdependence between nations.<sup>[5,7]</sup> As such, globalization has arisen as a leading determinant of health.<sup>[5]</sup>

## NATIONAL GLOBAL HEALTH STRATEGIES

In a globalized and interdependent world, where threats are transnational in nature, the state of global health has a direct influence on the state of public health in any one nation.<sup>[6]</sup> Within this context, national governments are obliged to address global health challenges in order to protect their public health security.<sup>[6]</sup> This can be difficult – as outlined in the above discussion, global health issues touch upon a wide breadth of issues.<sup>[5]</sup> As such, the policies of numerous government departments and agencies can have a bearing on global health, including departments of health, departments of food safety and consumer protection, development agencies, research institutes, and the foreign service.<sup>[5,8]</sup> The list of stakeholders in Table 2 shows the wide breadth of actors within the Canadian government whose actions affect global health and the health of Canadians. This multiplicity of stakeholders poses a challenge for establishing a coordinated national strategy for responding to global health concerns.<sup>[8]</sup>

In recognition of this challenge faced by countries around the world, various governments – including Norway, Switzerland and the United Kingdom – have started to respond by developing national global health strategies.<sup>[8]</sup> These plans outline the government's overarching objectives in global health, as well as specifying each department and agency's role in achieving these goals.<sup>[5,8]</sup> The strategies also articulate the inter-departmental infrastructure needed to facilitate coordination, cooperation and collaboration between the numerous government units involved in addressing global health challenges.<sup>[5]</sup> For example, the United Kingdom has developed an extensive global health strategy, in which it articulates five priority areas for government action: 1) better global health security; 2) stronger, fairer and safer systems to deliver health; 3) more effective international health organizations; 4) stronger, freer and fairer trade for better health; and 5) the use of evidence to improve policy and practice.<sup>[5]</sup>

Canada currently lacks a coordinated response to global health issues. The Canadian response to global health challenges is fragmented and uncoordinated; each governmental department and agency (see “policymakers” in Table 2) addresses global health issues without an overarching cross-government objective.<sup>[5]</sup> Responding to this challenge, the McMaster Health Forum is planning a stakeholder dialogue on “health and emerging global issues.”

Category of Stakeholder	"Health-related" stakeholder groups	"Non-health related" stakeholder groups
	<b>Policymakers</b> <ul style="list-style-type: none"> <li>- Canadian Institutes for Health Research</li> <li>- Health Canada     <i>Health Products and Food Branch</i></li> <li>- Health Council of Canada</li> <li>- International Development Research Centre</li> <li>- Public Health Agency of Canada     <i>Disease Prevention Branch</i></li> </ul>	<b>"Non-health related" stakeholder groups</b> <ul style="list-style-type: none"> <li>- Agriculture and Agri-Food Canada</li> <li>- Canadian Food Inspection Agency</li> <li>- Department of National Defence</li> <li>- Environment Canada</li> <li>- Industry Canada</li> <li>- Public Safety Canada</li> <li>- Prime Minister's Office</li> </ul>
	<b>Leader/member of civil society</b> <ul style="list-style-type: none"> <li>- Canadian Cancer Society</li> <li>- Canadian Coalition for Global Health Research</li> <li>- Canadian Public Health Association</li> <li>- Canadian Society for International Health</li> </ul>	<ul style="list-style-type: none"> <li>- Action Canada for Population &amp; Development</li> <li>- Canadian Bureau for International Education</li> <li>- Canadian International Council</li> <li>- CUSO-VSO</li> </ul>
	<b>Staff/member of a health provider association or group</b> <ul style="list-style-type: none"> <li>- Canadian Association for International Nursing</li> <li>- Canadian Medical Association</li> <li>- Canadian Nurse's Association</li> </ul>	N.A.
	<b>Staff of a biotechnology or other private sector company</b> <ul style="list-style-type: none"> <li>- Apotex Inc.</li> <li>- BIOTECanada</li> <li>- Pfizer Canada</li> </ul>	<ul style="list-style-type: none"> <li>- Campbell Company of Canada</li> <li>- Danone Canada</li> <li>- Desjardins Group</li> </ul>
	<b>Researchers in a university in the jurisdiction</b> <ul style="list-style-type: none"> <li>- Universite Laval     <i>Centre de Recherche en Infectiologie</i></li> <li>- University of Toronto     <i>Centre for Global eHealth Innovation</i></li> <li>- WHO Collaborating Centre for Emerging &amp; Zoonotic Diseases Detection, Diagnostics, Reference and Research</li> </ul>	<ul style="list-style-type: none"> <li>- Canadian Agri-Food Policy Institute</li> <li>- Carelton University     <i>Norman Paterson School of International Affairs</i></li> <li>- McGill University     <i>Desautels Faculty of Management</i></li> <li>- University of Toronto     <i>Munk School of Global Affairs</i></li> </ul>

**TABLE 2:** Examples of actors operating in the Canadian global health sphere

## STAKEHOLDER DIALOGUE ON HEALTH & EMERGING GLOBAL ISSUES

A stakeholder dialogue is an innovative process developed by the McMaster Health Forum that marshals research evidence and brings together relevant stakeholders for an off-the-record discussion that will inform future actions and policies.<sup>[9]</sup> A typical dialogue involves representatives from government (policymakers), but also citizens, researchers, and leaders from civil society.<sup>[9]</sup> Stakeholders outside of government are invited for the purpose of bringing together multiple viewpoints on a problem, with the hope that these diverse perspectives can spark unique insights towards uncovering viable solutions to the health challenge.<sup>[9]</sup> Before the dialogue, the invited stakeholders are provided with an issue brief, which summarizes what is known about a problem and options for addressing it, using the best research evidence available.<sup>[9]</sup> Each dialogue is expected to generate insights derived from the creative interplay of the best available research evidence and the tacit knowledge, views and experiences of stakeholders involved in or affected by the health issue.<sup>[9]</sup> Stakeholder dialogues are conducted in the DialogueSpace, the Forum's state-of-the-art dialogue facility (Figure 1).

The purpose of the Forum's dialogue on "health and emerging global issues" is to assist government officials and stakeholders who lead Canada's global health efforts to develop their own policies that are rooted, from the very start, in the best available evidence and greatest possible range of insights from key stakeholders. In

preparation for the dialogue, the Forum will prepare and circulate a concise, plain-language issue brief that draws on the best available research evidence to define the challenges facing Canada and its domestic partners, as well as to identify and characterize possible policy and program options for meeting this challenge. The Forum will then convene a day-long meeting that provides 18-22 government officials, civil society leaders and researchers (representatives from some of the organizations listed in Table 2) with the opportunity to bring their tacit knowledge, views and experiences to bear on the challenge. It is expected that the dialogue will facilitate the integration of evidence and stakeholder experience towards elucidating insights that can inform the development of Canadian global health policies.▪



**FIGURE 1: DialogueSpace.** The McMaster Health Forum's dialogue facility

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