Global Health Diplomacy: A Canadian Case Study
Findings from in-depth interviews

by

Vivien Runnels, Ronald Labonté and Michelle Gagnon

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This document is intended first for those that participated in the study Global Health Diplomacy: A Canadian Case Study and second, for a general audience including students and decision-makers who might find research on global health diplomacy in Canada interesting and helpful. The authors welcome comments and suggestions.

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It should be noted that parts of this document draw from the authors’ publications listed in Appendix C.

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<tr>
<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CIHR</td>
<td>Canadian Institutes of Health Research</td>
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<tr>
<td>COP</td>
<td>Conference of the Parties</td>
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<td>CSIH</td>
<td>Canadian Society international Health</td>
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<td>DFAIT</td>
<td>Department of Foreign Affairs and International Trade</td>
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<td>DNDi</td>
<td>Drugs for Neglected Diseases initiative</td>
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<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
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<tr>
<td>GAVI</td>
<td>GAVI Alliance (Global Alliance for Vaccines and Immunisation)</td>
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<td>G8</td>
<td>Group of Eight</td>
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<td>GHD</td>
<td>Global Health Diplomacy</td>
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<td>GHRI</td>
<td>Global Health Research Initiative</td>
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<td>GKN</td>
<td>Globalization and Health Knowledge Network of the Commission of Social Determinants of Health</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>IDRC</td>
<td>International Development Research Centre</td>
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<tr>
<td>INB</td>
<td>Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products</td>
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<td>NCD</td>
<td>Non-communicable disease</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>PHAC</td>
<td>Public Health Agency of Canada</td>
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<tr>
<td>PMO</td>
<td>Prime Minister’s Office</td>
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<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>USAID</td>
<td>U.S. Agency for International Development</td>
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<td>WHO</td>
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Introduction
Health is more prominent on global policy agendas now than it has been in decades. Global funding for health has increased, and health concerns have gained more prominence in foreign policy discussions. Over a number of years, our studies and readings of globalization and health have led us to understand that diplomatic efforts are a contributing factor to the accession of health onto the global political agenda. At the national government level, inserting health as a topic into foreign policy discussions, as for any topics that are important to governments, depends upon the strength of comprehension of a topic’s importance, skills and timing in introducing the topic in discussions and negotiations, and perceptions of timeliness, relevance, and value. Global health diplomacy (GHD), the phrase itself, has recently been coined to summarize the processes by which actors attempt to position health in foreign policy negotiations and create new forms of global governance for health. Much global health diplomacy, however, is carried out not only by designated diplomats who are government representatives but by other actors who have, or can gain, access to global arenas where health or consideration of health-impacting policies may be important, by virtue of their expertise. These include members of civil society organizations and academics, whose knowledge of health issues and their impacts may be considerable, although their political standing or relationships with governments is typically non-representative, meaning they do not speak for governments. In brief, traditional understandings of diplomacy and diplomatic actors have expanded somewhat.

Over a number of years, Canada has been regarded and celebrated as a model global citizen. In the post-World War II period, it was noted for its advancement of peaceful and conciliatory approaches on the world stage. It has continued to take a cooperative approach to economic and diplomatic affairs, and been seen to work with multiple countries over a number of issues, referred to as multilateralism (Ruggie, 1992). Although incumbent governments have represented the views and approaches of different political parties, multilateralism has been a consistent hallmark of Canadian foreign policy. In matters of health specifically, Canada has played important leadership and enabling roles in several international health treaties and conventions (land mines and tobacco are two examples), and has made a number of contributions to global health. Concerns are now being expressed both privately and publicly that Canada’s specific interests in domestic health, and the inclusion of health as a goal of its foreign policy, may be decreasing.

1 Global governance is defined as the ‘complex of formal and informal institutions, mechanisms, relationships, and processes between and among states, markets, citizens and organizations, both inter- and non-governmental, through which collective interests on the global plane are articulated, rights and obligations are established, and differences are mediated’ (Globalization and Health Knowledge Network 2008).
2 Since 1945, there have been 13 Prime Ministers of Canada, eight of which were Liberals (ruling for roughly 46 years), and five of which were Conservatives (ruling for approximately 25 years).
In order to understand and assess the current situation with reference to Canadian involvement and the insertion of health into Canadian foreign policy, we applied for and conducted a case study of global health diplomacy in the Canadian context, which was funded by the Institute of Public and Population Health of the Canadian Institutes of Health Research.

Global health is defined as “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” (Koplan et al., 2011). Global health also “recognizes that health is determined by problems, issues and concerns that transcend national boundaries” (H.M. Government 2008. p.5). Using these definitions, global health and the achievement of health equity are viewed as something that is good and desirable, and which affects all.

Global health diplomacy focuses on health as a topic for diplomacy. It is where health and foreign policy intersect, and is defined as “the art and practice of conducting international relations” (Kickbusch et al., 2007). Because reasons for countries’ engagements in global health vary, the definition goes on to say “(global health diplomacy) provides one instrument that international actors use to implement their foreign policy” (White in Feldbaum & Michaud, 2010). This definition of global health diplomacy also reflects that reasons for engagement in global health diplomacy are not politically neutral: countries do not view global health solely as a desirable stand-alone good, but engage in global health diplomacy with other agendas in mind, including their own self-interest. This view prompted Feldbaum and Michaud (2010) to write “diverse definitions of health diplomacy represent divergent perspectives on the use and political neutrality of health interventions” (p.1).

Study methods
Our methods included a literature and document review, and interviews. For the document review, we analyzed the content of Canadian federal government policy statements on global or international health since 2000, and included other policies and statements issued by federal Ministries or departments whose activities have implications for health. References to the document reviews are available in Appendix C.

After receiving approval from the University of Ottawa we conducted thirteen in-depth semi-structured interviews with key informants who have knowledge, expertise and experience of participation in global health diplomacy from a Canadian perspective. The informants had varied experiences, some working in a variety of positions and locations, and wearing different hats in different time frames. Some worked as official representatives for the Government of Canada,
holding positions inside and outside health portfolios. Others were members of non-governmental organizations. Respondents also included academics. We did not talk with any diplomats in foreign (overseas) service positions, so the role of these particular diplomats in bringing health issues of concern to Canadian governments to the attention of foreign governments, and liaison in these matters, were not covered in this research.

By in-depth semi-structured interviews, we mean interviews conducted using a guiding framework of questions to acquire detailed knowledge of a topic (Wengraf, 2001). For analysis of the interviews, we first organized the data based on the questions asked (deductive analysis). Further refinement of the categories took place subsequently (inductive analysis). We used qualitative data analysis software (NVivo) to help organize the data.

**Outline of the report**

In order to capture a sense of the rich data for readers, we have organized the findings as topics in response to the questions. We have synthesized the responses of the respondents, which reflect their diverse views, experiences, and expertise. In this respect, the collected responses act as an important resource for explaining certain components of global health diplomacy, from the perspective of the respondents. Although the sample of those interviewed was small, we found few major differences in opinion or competing perspectives. In this report, we have added a little commentary and analysis to aid the flow, but for the most part, we let respondents speak for themselves. We have made minor edits to the text to remove identifiers and to improve the flow of reading.

**What does ‘global health diplomacy’ mean to you?**

Global health diplomacy was clearly tied to processes of foreign policy explained as, “health in foreign policy or health as a foreign policy or health as part of foreign policy.” As part of foreign policy, health becomes a component of diplomatic and foreign policy efforts:

“… negotiations on environment, on human rights, development work across the board and on trade as well … more and more are starting to have very strong health components in them … some are being injected as governments become more aware of the need to thoroughly look at these issues.”

As well as the natural relation of GHD to foreign policy, respondents’ reflections of the meaning of ‘global health diplomacy’ also captured components of definitions of GHD in the literature. Some participants primarily viewed ‘diplomacy’ in traditionally understood ways, but have come to recognize that those who carry out diplomatic roles are no longer limited to diplomats, and that there are other actors.
“People that are professionals at this, they’ve been trained to be diplomats and work in the Foreign Service. That’s probably the... first image that came to mind. ... But other people can be diplomats, can practice diplomacy... Academics maybe could, civil society organizations perhaps could.”

Outside of the practice of diplomacy itself, views of global health diplomacy suggested the importance of knowledge of health:

“Well it's really about... bringing health issues to the diplomatic process... framed not simply in terms of interest, but framed in terms of something... about common perspectives and also health interests framed in terms of science. To be effective and comprehensive and coherent in diplomacy around global health issues, you have to actually know something about the science.”

GHD itself was not necessarily seen as something new, but was recognized as a new field for study.

“...it’s odd that this global health diplomacy as a field of study... there’s been quite a bit of work, in inter-governmental bodies, particularly the World Health Assembly... for 40-50 years now. Governments have been interacting with each other on health issues... for many, many years now…”

But for study purposes, what is undertaken in GHD is somewhat buried making it difficult to uncover the information:

“... how does global health figure into foreign policies? ... it is actually much more difficult to peel back some of the information. ... the way that you would... see evidence of that is by going back and looking at major international agreements, declarations, summit statements, etc. And then you’d have to see how it is that global health is addressed within those constructs.”

**Initiatives in Canada focused on integrating global health into foreign policies**

In general:

“... most of the playing field for the Government of Canada on integrating global health issues within foreign policies are done at the times of preparations for participation at the World Health Assembly, the Pan American Health Organization, Directing Council, specific summits that take place like the Summit of the Americas. Or for example even now discussions on the Arctic Council.”
In addition to these meetings, some of the initiatives that have led to some Canadian attention on global health and its implications for foreign policy which were listed or named by respondents included:

a) Framework Convention on Tobacco Control (FCTC), described by one respondent as "... a very important and pivotal point in Canada’s use of global health within a foreign policy construct." ("under-documented", “the money for the process and the sort of the impetus for the process at the beginning came mostly from Canada". (Entered into force in Canada on Feb 27 2005)

b) Access to medicines (also referred to as Canada’s Access to Medicines Regime http://www.camr-rcam.gc.ca/index-eng.php), (Gained force of law in 2004 though not used until 2008)

c) Climate change (ratified in 2002, Canada left in December 2011 to avoid penalties for failing to meet targets (CBC News, 2011))

d) DNDi (Drugs for Neglected Diseases Initiative http://www.dndi.org/), (established in 2003)

e) Global Health Research Initiative, (founded in 2000)

f) HIV/AIDS

g) Tuberculosis

h) Canada’s work on international health regulations\(^3\), (most recently updated at the WHA in 2007)

i) Non-communicable diseases

j) Longer term initiative around the Cairo conference on population and sexual and reproductive rights (a 20-year plan was set in 1994)

k) Maternal and child health (also blended with sexual and reproductive rights, most recently announced through the 2010 Muskoka Initiative)

l) Landmines

\(^3\) See for example, Wilson, K. 2008 and 2010 listed in the references at the end of this document. The revised International Health Regulations have been criticized for subordinating health concerns to security and economic concerns (Calain, 2007). They have also been described as overemphasizing surveillance, not placing enough emphasis on assistance for developing countries and lacking a legal mechanism to ensure compliance. (Sturtevant et al., 2007).
Respondents also alluded to (and sometimes discussed) more recent, specific, Canadian-led initiatives associated with high level meetings that have given rise to opportunities to focus global health in foreign policy work. These initiatives included: Canada’s G8 initiatives in maternal and child health, “the Muskoka Initiative”, and highly associated with this, though somewhat as an afterthought, sexual and reproductive health. For more information on issues, see Appendix A.

**Arguments for why global health should be an explicit goal of national foreign policy**

Respondents proposed a number of arguments (or reasons) as to why global health was justified as a goal in national foreign policy.

**a) Health is a development issue**

Interestingly, respondents thought that, often for Canada, “health (in the foreign policy context) is only seen as a development issue.” Historical reasons for support of health as a development issue included the Brundtland Report which argued that “health is the very foundation of sustainable development”, and the World Health Organization (WHO), which sees the unconditional involvement and centrality of health in development (United Nations, 1987). “Health, WHO would say, is central to development; you can’t think development without health.”

**b) Health makes Canada ‘look good’ to foreign governments and domestically**

According to some respondents, focusing on health has several advantages for the way that Canada is viewed through foreign governments’ eyes. “I mean most economic arguments would most likely be successful, economic arguments and diplomatic brownie points arguments.”

How a government is viewed by its own supporters is also important. Some respondents articulated this by saying “it’s not going to cost Canada a whole bunch and makes us look good, that’s generally pretty good …” or “Governments also want to be seen as leaders in certain areas … (leadership) looks good on the government back home … On some level they do sincerely care about it (the issue), at least that’s the impression. “

Furthermore,

“Not only would we look good but we would actually make a difference to an important problem, which in this case was landmines. I mean that surely was part of the driver, we weren’t doing this just for appearances; we were doing it because there was a problem that could be solved. … in fact it’s probably the bigger driver …”

Diplomatic engagement with other countries is important in itself. As one person pointed out
“... making friends because you don’t know when you’ll need them is probably the highest on that list.”

“Canada is seen as an influential middle power, part of that group of middle power countries.”

**Health as a security issue**

Since 9/11, interest and action to promote state domestic security has grown exponentially worldwide. In the context of health, international health or global health, concerns are related to the notion of national security, and preventing the entry of persons with certain diseases into the country. One respondent noted that the health as security argument is essentially “a state security perspective - it’s really rooted in protection of self, and of one’s interests. ... (the state security perspective is) not rooted in a conception ... that the health of one (state) depends on the health of the other(s).”

There is a two way component to the concept of securing the health of Canadians.

“Canadians themselves need protection both at home and abroad. So some of the work that we’re actually doing outside of Canada and some of the changes that we can help influence through foreign policy changes should be able to benefit Canadians when they travel abroad. That’s especially true for things such as infectious diseases but I think it’s also true for some of the other areas and ways in which Canadians can become exposed to risks which include security risks, war time, traffic, traffic accidents, etc. ...

c) **Global health, trade and healthy economies**

The ‘health and economics’ arguments fall into several categories of health and foreign policy. One important argument, summarized, is that global health is important for trade and economies, and poor health may undermine productivity, trading and the development of strong economies. The prevention and treatment of disease thus presents a strong economic argument for supporting global health and economic productivity. For example, one respondent said:

“I always say a healthy nation gets up in the morning and goes to work ... the economic argument about productivity is something that can’t be refuted. People are sick, they don’t have energy because they’ve got malaria, diarrhea, they don’t show up for work, they’re not productive; it affects the productivity of a country ... And it stuns people that it’s also the truth, ... But from an economic point of view I think that’s a critical piece. And then when you’re

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4 Health is envisaged jointly as a security and a development issue. See for example, (USAID, 2012). In May 2010, President Barack Obama issued a National Security Strategy that recognized development as a central pillar of national security capacity.
looking at prevention it’s what’s lost if we don’t prevent - in terms of our lost economic output let’s say for preventable diseases where people die very young. So I think that’s a huge issue that is not understood amongst foreign policy people.”

But in some cases health is often viewed as a competitor to trade issues.

“The trade trumps health or health trumps trade argument that went on for I think three INBs (Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products (INBs)), in which the Canadians largely stayed silent … The convention about it … ends up being largely silent on that except sort of a preamble or mention of the importance of protecting Public Health … the decision on whether there’s a public health basis for a tobacco control measure is several steps down the road.”

One other argument that has apparently rarely been proposed or utilized is that health and global health “can actually facilitate better trade; smarter trade and more trade.” Referring to the sale of Canadian products, “If you can start to demonstrate that Canadian products actually have achieved a certain level of either efficacy or safety or benefit from a health perspective, you can use that to help facilitate trade. So I don’t think that has been really explored very fully yet.”

However, Canada is not alone in thinking that health and trade have to be traded off or compete with each other. According to one respondent’s view, health is an “extremely important component to the foreign policy objective at large and to Canada, both domestically and for foreign policy.”

**Global health issues are of importance in themselves**

Unconnected to other policy areas, arguments for foreign policy engagement with global health issues including health inequalities are of importance in themselves. Canada is seen as being in a good position to help address them.

Governments that have little interest in health issues will find that avoidance of health is all but impossible. As one respondent said, referring to the Canadian government, “The government is forced to engage on health, in negotiations on health, regardless of whether it wants to or not, right, simply because these topics emerge within discussions at international venues.” Others said:

“Diseases themselves have no boundaries … diseases are trans-boundary, both infectious diseases and chronic diseases. ...the concept is if we can actually help influence through foreign policy, changes in other countries that yield both communicable and non-communicable diseases, then we are also helping
ourselves by helping them because we will be the recipients of either some of the products or some of the individuals who will benefit as a result of that. So it’s a concept of sort of enlightened self-interest and the concept that diseases don’t really have boundaries.”

“When SARS happened, you could bring global health, be able to talk about global health in a foreign policy context because it was clearly of interest not just to Canada but to the rest of the world …”

“emphasizing the magnitude of certain global health problems and basically stories of what people endure in terms of poor health outcomes or epidemics … do gain a lot of attention and do get governments to see what they can do within the international context in the foreign policy, the global diplomacy context to actually come up with agreements so that they can actually do something about the issue.”

d) Health and Human rights
At the 2010 G8 meetings in Huntsville, Ontario, the Government of Canada brought international attention to maternal and child health. However this topic raises a number of controversial issues necessarily focused on human rights. One respondent raised some key points as to the problems that arise for governments when human rights is introduced as an argument or rationale for promoting health in foreign policy, in some cases shifting the emphasis from human rights to the failure of development assistance can help governments save face:

“Moving into the human rights box really puts the focus on the women who experience death due to pregnancy or childbirth … and you’re also focusing it on government obligations. … Some governments who have high maternal mortality rates want to term it a health and development issue … they don’t want to necessarily acknowledge that they have human rights obligations with respect to this … (and that) they actually need to be doing more. These deaths actually represent a failure on their part to fulfill their obligations under the right to health and other human rights … (but for them) maternal mortality represents a failure of development assistance.”

With human rights matters, generally there was an impression that there was little discussion within the Canadian government itself on human rights obligations, or on any new international policy in the area of human rights. This respondent felt that this was not confined to the present Canadian government, “I don’t think you see a lot of discussion regardless of the actual government.”
e) Humanitarian arguments – duties and obligations

Humanitarian obligations along with human rights, which are defensible on the basis of international law, are put forward to argue health in foreign policy, but they are also arguments that are generally found lower on the list. As one respondent said,

“... we have a duty, and this isn’t mentioned very often ... about Canada’s humanitarian obligations. It’s often relegated if (it is present) at all to a fairly minor role as a justification for engagement on the global stage. But I’d put it forward as there is an obligation on us to provide assistance and to help build capacity and to help improve the issue of equity in access.”

The emphasis on trade and the Conservative Government’s economic prosperity agenda

“have suppressed and supplanted some of the other reasons why we do things internationally ... it’s primarily about trade and the social and the cultural and the health issues tend to play second or third or fourth fiddle when foreign policies are being discussed in treaty language or declarations, etc.”

One respondent thought that helping other countries is conceived more by governments as acts of charity rather than acts of obligation.

“We just have to help these poor people in these poor countries and from a humanitarian perspective we will try to do good things in the world and hope good things emerge ... we have to free resources to give charitably to another nation’s state or to another – Nation-State. ... it’s an act of charity, it’s not an act of obligation ... It's just simply conceived as an act of charity. That is an act of privilege ... to give, right?”

f) Health as a stimulus for peace building

One respondent thought that:

“Health can, and has, at least on one or two occasions that I’ve been told, can act as a stimulus for peace building ... I think if we can focus on health we might be able to use it as a stimulus for peace building. It’s a win/win situation. Many countries actually see the net benefit of using health as a vehicle to either stop or to perhaps use it as a wedge to try to get consensus in conflict situations.”

Reasons why health may not be a priority for insertion into foreign policy

Governments act in the interests of citizens which is why “it's always easier to gain political support for a genuine domestic problem, however marginalized the population that's affected by
that problem is” as one respondent noted. Issues of global health may be of lower priority. As one respondent asked, “… So why is the Canadian government not interested in this? Well there’s no Canadians who get leishmaniasis or African sleeping sickness,” making the point that these serious diseases are an offshore problem to be solved offshore. At the same time, the observed lack of involvement in global health issues by the current Conservative Canadian Government was explained not solely as ideological, but also as a lack of understanding about the implications of (ill) health on a global basis:

“(this Government’s reluctance to change their framing of health in foreign policy) in some instances it’s ideological and in others … there isn’t really a recognition of this concept of (health as) global commons and global solutions. (there is) a need for a new way of first of all seeing the problem and secondly responding to it.”

Which arguments seem to have the most weight when it comes to positioning global health in foreign policy?
Although a variety of arguments were presented, at first appearance those that had the most weight, seemed to depend on the issue. But even then not all respondents were sure about the weighting. On occasion, they felt that they had used the wrong argument to persuade politicians, or they did not feel that there was any interest at all in positioning global health in foreign policy.

Our questions were somewhat based on the presumption that global health was of some interest to Canada’s foreign public policy but this presumption was challenged, “for the last at least eight years I can’t remember a document that would clearly say that health is a global foreign affairs goal of Canada. … all of that has been thrown away after the new government.” It is almost as if these earlier policy statements, although they can still be found on the Internet, are missing now or are absent from the policy scene.

Other respondents presented a variety of responses to the question ‘Which arguments seem to have the most weight when it comes to positioning global health in foreign policy?’ This question probed for the reasons why or how health is or should be presented as important for foreign policy, and included responses such as possessing and (presenting) compelling evidence (“And often when we had successes like land mines or framework convention, tobacco, some of these covenants and treaty bodies that have some environment issues, it was because the Canada Public Health Agency people were able to make the evidence so compelling”), economic arguments, (“most economic arguments would most likely to be successful, economic arguments and diplomatic brownie points arguments”), diplomatic brownie points, keeping costs low (“the argument it’s not going to cost Canada a whole bunch and makes us look good, that’s generally
pretty good”), making Canada look good, and the need for security (for example, HIV will cause wars and failed states).

“There’s the argument about HIV and how it rose on the global health agendas partly because of this whole attribution of the security component of HIV. This idea that HIV was going to cause wars and failed states, etc. And there’s an argument that that was really key to HIV being mobilized on a global agenda.”

However, this same respondent thought “... that’s taking it too far, I think, that that was maybe one component ...”

“So I think this idea that you have to frame it in terms of power and security and national interest, maybe for this government that might be the only thing that would work but I think in terms of a global health agenda, not so much. I think that there are other factors that are important.”

What has enabled the Government of Canada to pursue global health in its foreign policy?
The ‘everybody’s doing it argument’:

“when the Ministry contests what you’re doing you could turn around and quote/unquote, “Hey everyone else is doing it so why shouldn’t we?” That basic argument, which, in an area like tobacco control or in any other area where you decide to adopt framework conventions on health, it’s actually quite powerful with courts. And is something where global health diplomacy can be, certainly in the case of the Tobacco Act, was quite helpful ... It was very difficult for the tobacco industry to portray the government legislation as being radical when you had dozens of countries around the world with basically a carbon copy of that tobacco legislation. And that’s going to come up in a whole bunch of other things.”

Awareness of international treaties: in many countries in the world journalists are aware of the existence (of the FCTC) and the existence of an international treaty is a significant political argument in political debates.

Authority of the information source: “the WHO is seen as a source of actual authority of information on this, that and the other thing.”
The type of national research organizations Canada has:

“I think enablers would include the sort of national (research) organizations that we have ... CIHR as an example, yeah CIHR is a good example. I think again the presence of IDRC with a special mandate along this line, those would be enablers. A pretty good critical mass of colleagues in academe that know each other reasonably well that are making some very important contributions in centres across the country, those are some examples.”

Framework Convention on Tobacco Control and Canada’s participation – Selected quotes.

“the idea of a framework convention, the idea was going to be that they would really just be a framework, that there would be protocols and various issues and advertising and whatever ... and it came down to ... the general feeling that first, Canada had a lot of experience in tobacco control, secondly that it was something that would be relatively easy to export. And third just generally feeling that international law needed to be something more than trade and needed to have health considerations...it was relatively idealistic in a way. It wasn’t necessarily kind of the calculating, national self-interest sort of thing that the Foreign Policy theorists tend to assume governments engage in.”

“if you look at the history of tobacco control, it’s full of people who are totally focused only on risk factor, who ... have tended historically to pay relatively little attention to overall health system issues and social determinants of health. ... yet the impact has been quite large.”

“And it really was to me a bit of a revelation ... And I expect that that’s the case in any international gatherings, it was not, in fact, that everybody in the room was representing the interest of their country as their governments had formulated through some kind of rational process of integrating positions and various actors. It was that there were individual actors there who were pursuing, not surprisingly, their domestic interests within their own government and using the international process to get there ... And that was kind of an important lesson for us afterwards in terms of thinking about how the advocacy part worked. ... In regulatory gatherings you always have the impression that the environmentalists out there [are] pushing from the outside and the government is resisting the environmentalists. But it’s not quite like that.”
“Despite all the problems with tobacco control, it’s still seen as being a big success story in the sense that you did get international agreement on what the measures are ... It’s extremely cheap ... If you compare tobacco control with HIV control, it’s tiny in terms of the effort required, with a potentially huge payoff.”

**What barriers to pursue global health in Canada’s foreign policy have you encountered?**

We note that there is an impression generally that the current government has little demonstrated interest in prioritizing or pursuing health in foreign policy, but work continues as a matter of course because the world requires it. Therefore, whether there are facilitators (or not) doesn’t really matter so much at the current time, which prompted the interviewer in one instance to say ... I: “what has enabled the government of Canada to pursue global health in its foreign policy? I mean that question may be dated: from what you and others are saying that that is almost a dated question.”

**Naïveté and lack of experience about the way international relations work:**

(I: “So maybe we should say what is preventing the government of Canada from pursuing global health in its foreign policy?”)

“I don’t even think it’s a question of being right wing or left wing, I think it’s just incredible naïveté about the way international relations work. That’s been my experience with that particular government. It’s highly centralized, run by a small number of people ... whose qualification for power is basically the political activity within the Conservative Party, who ... believe in hard power, and that’s just not the way the world actually works. And it’s predictable that at some point there will be a major rethink on that, even if the Conservatives stay in power for a long time. But how long it will take for the system to sort of realize that this is a problem for them, I don’t know ...”

**Lack of experience:**

“And there’s this idea that you can just go to an international meeting and know what to do; it doesn’t work that way. There’s training, there’s a reason why often the best diplomats have these years of experience ...” and “I’m not sure if it’s the way the Canadian government sees itself or whether it’s just a question of lack of knowledge of how international processes work. I get the impression that (with regards to NCDs) some of the things have been driven effectively from the PMO, probably by some 25 year old political advisor type who knows squat about how these things work.”
“The Canadian self-satisfaction thing”:
“It has to be internal, an internal realization... trigger instinct that leads the Canadian government to say, well maybe we actually do need friends in the world. But I just think that there’s this very macho attitude and also ... perhaps ignorance as well about how the world actually (works)—what the world looks like outside of the country ... Basically ... it’s a sort of a self-satisfied impression ... (of) Canadians ... I’m not sure exactly where it comes from but the feeling that ... there’s some international panel that we know nothing about thinks we’re not doing something well, is not really an issue politically. And that long predates the Conservatives that problem (is) a longstanding thing. So I think ... the Canadian self-satisfaction thing ... (is) very annoying and a bit of an obstacle (laughs).”

Elements of surprise:
“Had it (Muskoka Initiative) been addressed as an issue in advance we probably could have used ... used our Embassies in those countries to actually transmit formally a letter to the governments of those countries, providing Canada’s position. We could have engaged the Ambassadors to those countries within Canada and had a discussion with them, or we could have used various working groups. But in this case there wasn’t enough time for it and it came out of left field.”

Funding as barrier:
“There’s been, I think, a fairly marked reduction in the ability to use funds, either within departments or to leverage funds from CIDA as the primary funding agency to actually place that link between health and foreign policy,” and “there is great acknowledgement of the funding challenges that civil society organizations face and that there is competition for funds that occurs between organizations. So ... that does constitute a barrier to organizations working together and that’s an unfortunate reality of global economic times. And also within Canada, government cut backs to civil society as well.”

Lack of recognition of “opportunities”:
This question was posed rather than answered in any detail by the respondent.

(I: “it sounds like it needs somebody at the Department of Foreign Affairs to recognize that there is a need, first of all that there is a need to involve somebody on the health side as far as content is concerned. But also it occurs
to me, is there recognition of opportunities to bring health into an issue that’s being discussed?”) “Not as much.”

But another respondent said:

“You would think that a government that had a broad view of foreign policy including health would see humanitarian assistance and health as being a very critical component (in...name of country deleted). ... Canada is definitely not seeing the value of health and the opportunities presented by health engagement in places, and I think it’s to our detriment.”

**Lack of experience in making the links:**

“There are three main elements playing in foreign affairs. ... There’s the substantive expertise that exists within agencies like PHAC and Health Canada on the global health issue per se, there is the foreign policy element which needs representation on behalf of the Government of Canada and DFAIT people play primarily in those realms. And then there’s the CIDA, there’s the development assistance component as well. And often the people within a sectoral department like Health Canada or PHAC don’t have the experience in foreign affairs or in development assistance to be able to see how the connections are made, and vice versa.”

**Lack of content knowledge:**

“Again you don’t have a group in Foreign Affairs anymore that actually deals with health so there’s probably a lack ... of understanding of the importance (of health).”

This group in Foreign Affairs was described by another respondent:

“There used to be a team. And a really very bright group of people who were not only really good in terms of substantive, but they were very progressive and very good at going to other governments and influencing their positions. And other governments relied on them because they had built up this level of expertise. So there’s this whole thing about the loss of Canada’s leadership position on foreign policy ...”

And another said:

“We didn’t really have a clear position internationally. I think part of that has to do with Foreign Affairs not being strong anymore, having closed down its shop.” (I: “You mean the health shop?”)
“Yeah, because that was one of the strengths of Foreign Affairs. You’re sitting in a department that does multilateral and international engagement all the time so they know what the rules are, they know you go to a meeting, you have instructions, you have a clear statement, you know what your positions are, you anticipate what the issues are going to be. There’s a discipline that exists in terms of international engagement in Foreign Affairs as a result of the processes that are established in the department just to approve delegations etc., that don’t exist in other departments.”

Focus on domestic interests first:
“Departments first and foremost have a responsibility to do things … (in) the national interest, engagement on the global health scene are secondary interests. And often you really have to justify why it is that you’re actually engaged in a health issue outside of your country. Whether it’s for capacity building or regulatory development or education etc., it’s difficult. So it’s something that you’re constantly being challenged on doing and you’re often forced to provide strong rationales for why it is you’re doing it. And what happens is that people start to back off from it and realize that it’s a difficult situation, it may not get approved and people will often not make the effort.”

The complexity of the Canadian federal/provincial context:
“We have a very complicated system in health but when you do those things you definitely will have to cover all the bases, including … some of the other legal mechanisms in hand when it comes to certain things or certain obligations.”

Lack of institutional and policy coherence and sectoral dividedness:
“There’s a real lack of institutional cohesion in global health amongst CIDA, Health Canada and the Public Health Agency. There’s no global health strategy … If you were to give a one-liner on what Canada’s objectives are in global health … you’d probably get 10 different answers from 10 different (provinces) … But there’s no sort of policy coherence.”

“There are sectoral divisions between departments where there are some turfs that need to be protected. CIDA in my estimation does not use effectively the expertise that exists within government departments to provide some of this technical assistance. They prefer instead … to go to the non-government organization sector, sometimes at a much greater cost than they can from
federal government departments ... you could save a great deal of money by using expertise within government departments, far more than I think is currently taking place by CIDA.”

“This kind of schizophrenia that exists across those policy domains and those ministries where there are different perspectives on ... global health. And those perspectives reflect ... (the) personality of the country ... But they're often incoherent, inconsistent, see things in different ways”

**Reluctance to commit:**

“Since the Kyoto Protocol was adopted many years ago I think there’s added emphasis and scrutiny on ensuring that senior officials and government departments and agencies don’t over-commit on things that probably need further discussion, especially involving the provinces, in the Canadian context. So I think since that time, although people may not identify that as being the pivotal point, from my perspective that was a watershed moment in ensuring that government officials seek consensus within departments through Ministers and occasionally also ensure that the provinces and the territories are on board.”

**Lack of mandate and evolving the mindset:**

“... while the folks doing foreign policy get it (health in foreign policy), they understand it, they didn't disagree with any of this, it's not actually in their mandate. ... It's not as a government do we say, "This is an important component of achieving foreign policy objectives." And until you get that, you have really good people who understand it but there's a very charged agenda out there. And until we start bringing these formal links that essentially recognizes that you can't achieve your foreign policies in many areas without also thinking of this, rather than it just being something that you have to give additional thought to show that you're supporting health policies. I think that it'll be hard to move forward in leaps and bounds until we change that mindset. Or evolve the mindset. I wouldn’t say change it because I think that it's headed in the right direction but it just needs a bit more of a push.”
What individuals, groups, networks are involved in focussing global health in foreign policy?

Development community

“Although global health = development context is seen as a key issue, it is not clear whether development actors in the government sector (CIDA) have expert content knowledge. For example ... we haven’t been successful yet in convincing a critical mass of development folks that there is a development aspect to tobacco control that it’s worth them paying attention to it.”

There are suggestions that in the government sector that there is ‘risk aversion’:

“There’s a culture of second guessing and of risk aversion throughout the (development) bureaucracy ... and for (bureaucrats) to protect themselves or to protect the institution ... They don’t have enough courage to say, this is the evidence, you can choose this or you can choose that route but these are the potential implications of choosing that route.”

Diplomats and embassies

(I: “(what) is actually the role of the Embassies and the Ambassadors in getting certain items into foreign policy discussions, including health?”)

“They often act as the conduit. For example Canada and other countries often will provide a diplomatic note, and they’ll sort of make their specific information clear. Often they will come right out and ask in a diplomatic note for Canada’s support for a specific issue, whether it comes up at a resolution etc. That’s one format. The other is to write a white paper and a white paper is parlay language for a policy statement or a policy position. And sometimes it’s also referred to as a, I think as a non-paper, something like that. Anyway it spells out a country’s specific issue in a policy approach. And that often will be circulated by the Embassies and formally presented to the Minister of Health or the Minister of Environment etc. And it’s a way of getting an advanced notification of a specific issue. So those are both important, and then I think there’s also informal dialogues ... Embassies both ours and theirs in Canada do play I think an important role in the transfer of information and make sure that the lines of communication are open. They also are fairly instrumental in
facilitating direct technical capacity expertise to help address specific problems and they will be fairly open in trying to get line departments like Health Canada or PHAC or Environment Canada, Energy Mines and Resources, etc., to send expertise to those countries to start helping to build relationships and exchange information perhaps, facilitate joint ventures. And of course that involves both the public and the private sector.”

(I: “So I was thinking when is it and why is a decision made to involve the Embassies and the Ambassadors? Are they more sensitive issues or?”)

“I think what it does is … it sends a signal about the importance of the issue … There are people within other Ministries of Health in other countries that are equivalents and you’re free to use those to call up your Director or Director General equivalent in another country and start to solicit some ideas or talk. But when the Embassies do it, I mean the Embassies are the eyes and ears for the Department of Foreign Affairs abroad so it does actually give it a certain gravitas.”

(I: “You were talking about the incredible resources there are at Department of Foreign Affairs and how people train for lifetimes to be good diplomats, but how is this all (Conservative government seeing everything through a domestic lens and seeing global health as dollar signs) affecting diplomacy in general?”)

“If you’re a government that doesn’t … see that value then I don’t know whether it’s so problematic for this government. For diplomats, I think it’s problematic in ways that a lot of diplomats probably wouldn’t understand or recognize because a lot of them haven’t worked on health issues. … They’re going to be encountering health issues and not be well-equipped to understand them and to respond and to know who in the bureaucracy, meaning Canadian bureaucracy, to contact.”

Industry and lobbyists
There was not much in the interviews referring to industry and global health diplomacy, although mention was made of the tobacco industry and the FCTC. The company, Philip Morris, was seemingly in favour of more regulation seeing regulation as being a counter to litigation. Also some mention was made of possible relationships with production companies (drugs, vaccinations, etc.).
Lobbyists received mention but only by one person:

“I think Ottawa is run by a lot of what we don’t want to call, although it’s a very American term, lobbying, but it’s called in Canada consultancies or consultant firms, etc., that help a lot of interest groups to promote certain things. Well ask how many actually have anything to do with global health? That would be a very good look … see if you could ask them, have you had any health related foreign policy issue that any interest group or industry or others had asked you to deal with on their behalf, and I don’t know, maybe you’ll find one or two but not too many … I think for you to know where that’s the policy influence is, you need to look at those groups and their focus because they are more effective than the CPHA’s and CSIH’s and all others to who(m) they say that they know how to influence.”

Media
Media was also discussed by some respondents with reference to its ability to draw attention to specific issues.

“… (the media plays a role) in bringing an attention to health and health as a foreign policy or development issue ... (The media is) more influential than, you know, your analyst who is writing that briefing note for whoever else in Department X.”

NGOs
The work of NGOs is interest-based, many of which are single issue, single concerns – e.g. tobacco control) or more cross-cutting (e.g. human rights).

NGOs work is premised on the development of relationships – a type of ‘internal’ diplomacy practice, but with “a different ‘form’ of knowledge and intents behind the transfer”.

NGOs set up or facilitate other relationships that don’t necessarily include themselves but enable the delivery of the NGOs messages.

Views on the roles and impacts of NGOs in the context of global health diplomacy were divided. On one hand, NGOs were seen to have significant roles and influence:

“Without pressure from NGO’s some governments don’t act, to push forward an issue within international venues, so they really need to feel some pressure and they really need to be convinced of why they should be investing their diplomatic time to forward this issue ... and you need to actually get some of them mobilized, and then you need to provide solid background support both
in terms of policy advice, strategic advice, and actual advocacy with other governments. So you need to provide all that for them simply because, I mean how much diplomatic resources are they going to expend on one particular thing when their mission staff are stretched? Are they going to engage their representation in other countries to advocate? Probably there’s a myriad of issues that they’d want their Embassies in other countries to make representations on. So it’s a question of prioritization. So NGO’s really fill that gap that really government should be doing ... NGO’s care about particular issues and so it’s part of their mandate to actually do advocacy with governments around that.”

Although government departments hear from the NGO community, and use information from them, much of this work is behind the scenes (the fact that this is not visible might lead some to conclude that NGOs do not do much work or are ineffective). In some circumstances NGOs will feed briefing materials to Opposition parties on different issues, they can also be called as witnesses to parliamentary committees to talk about the issues and answer questions. For example, in response to this question “how does Canada talk to other countries about maternal and child health in its foreign policy?” the respondent noted:

“... just before this all started (the announcement of the Muskoka Initiative) they axed all the health experts at Foreign Affairs, so the NGO community lost that capacity to talk to those health people ... However, some of the Foreign Policy individuals were accessing information and briefings from other sources, (such as NGOs)”, in addition to a mobilization of the international NGO community and some governments’ ministers of health.

On the other hand, one respondent said:

“I don’t think Canadian NGOs have been terribly effective in influencing foreign policy. I think they’ve tried on some occasions but by and large they’re not listened to, by either Department of Foreign Affairs or for that matter by other government departments ... But by and large, with one or two minor exceptions, they’re often not solicited for their opinion and when they do provide their opinion outside it’s usually perceived as being fairly critical. And I don’t think it’s terribly effective in really making a decision and influencing the policy. There are exceptions ... But I think by and large I haven’t seen a lot of evidence over my years of experience that has indicated that the NGOs have been effective.”
Although this same respondent thought that “it would be great if Foreign Affairs would actually do ... a policy dialogue, a round table solicitation of opinions on major issues, but I can’t really remember the last time that that actually took place.”

Another respondent who was particularly critical of the NGO Sector, its participation and effectiveness in swaying governments, noted that although the number of associations was good

“... in terms of pluralism of different, various ways how you could look at (an issue), (with) ... the idea (being) to provide alternative views on policies, (and) you have a whole wide range you can choose from. When you have one strong voice then you have to listen to it - so we don’t have that ... NGOs and other groups are fragmented in their efforts to provide alternative views on things that would make a Canadian position or Canadian role stronger.”

In response to a general critique of NGOs, this respondent said:

“Civil society is not a monolith, right? It’s such a diverse set of organizations with different priorities, different people, different mandates, different resources, different functions in the world. That diversity accounts for a lot of why civil society might not necessarily work together ... there are a lot of examples despite what I’ve just said where civil society has come together.”

In some situations, it was reckoned that the NGO community is the best informed about particular issues. In reference to the FCTC:

“(when delegates) had a problem with their government they would often discretely talk to their NGO friends and get somebody hopefully to do something with it. It became a very cooperative process where the NGOs were in practice the best informed in the room for the most part ... So it became in practice a surprisingly significant part of the way the information flowed.

(I: “So the NGOs were really a conduit for transfer of opinion or preference to other countries then?”)

“Yes and including putting people together, occasionally trying to broker language and stuff.”

Money and NGOs

NGOs’ ability to acquire and transfer information is impacted by the uncertainty of funding sources (that are ironically mostly governmental). Approaches to acquire money “you have to start by asking for stuff that isn’t too expensive and get the thing off the ground”. “Lobbying’
efforts may be mixed with obtaining money/funding for NGO/national and international plans. Transfer of activities from one level (of government/policy-making) to another, e.g. ensuring funds, may not be appropriate.

“you see a lot of the international disease groups coming in with their experience at the national level of lobbying for money for national plans... thinking that that’s the lobbying task to be done (at the NCD summit)”.  

**Academics**

With the possible exception of the G8 initiative, the involvement of academics in global health diplomacy was seen as negligible. The following quotes suggest that the contributions that academics might make could be somewhat limited, in terms of being able to capture what takes place in meetings, actual involvement in global health discussions, or any involvement is generally somewhat tempered (with the occasional outlier/major critic).

“... I was expecting if an academic comes and sits there for a week and has nothing to do but take notes and talk to people that they would come up with something you hadn’t thought of before ... it was like he missed the points of what was actually happening. Didn’t understand how the decisions were taken, didn’t understand any of the undercurrents ... And I mean from the practical point of view of the meeting dynamics ... obviously you get a very partial view and you’re basing it from your own experience, it depends on who you meet what discussions you had, what works for you personally, etc. But I mean the dynamics at meetings are just I think generally very poorly captured in academic literature because of the bias towards the written document.”

(I: “What about ...the lack of academic activists?”)

“Oh, that’s very interesting, yeah I would agree completely ... There’s a culture (in Ottawa) amongst the academic community that you can criticize a little bit but you don’t really go for the jugular, right ... I think (academics) need to be really respectful in terms of your criticism but you shouldn’t shy away from being critical.”

With respect to research related to the social determinants of health, some optimism for academics championing this cause was expressed by one respondent.

(“I: do you see that (resurgence of interest in or discussion about the social determinants of health) as playing a role around global health in foreign policy in Canada?”)
“I think the academic community could certainly be (a champion), ... 10 years ago I don’t think there were people that did research about how research can influence policy, right; that in itself has become a field of study now. We understand a lot more about that process and about examples now than we did 10 years ago. ... to me that’s quite an encouragement.”

Bureaucracy and the Canadian Government
Members of the bureaucracy (federal civil service) are key players although we cannot report particular anecdotes because they reveal too much, as well as respondents’ identities. In general, different (federal) governments present different types of challenges to the bureaucracy. Some departments themselves present permanent challenges to other departments (e.g. CIDA it seems is particularly challenging and not terribly approachable whatever the government - in the experience of respondents). A change in government, from Liberal to Conservative, posed the greatest challenges it seems.

Canada’s bureaucratic/diplomatic strategies or practices have reportedly changed over the years. In some ways they have changed to better reflect global health concerns, for example, through SARS. As one respondent said, “... there’s an increased understanding that health is not really only domestic. But ... there used to be a group in Foreign Affairs that dealt with health; that group does not exist anymore.” On asking a respondent about the use of health impact assessments or health equity assessments to assess the impact of foreign policy decisions on health, one respondent replied, “Use the combination of those words with anyone from any of those departments and see if they even know what it means,” suggesting that expertise in health content is considerably diminished and not well distributed.

“We had been informed by the (new Conservative) government that we could not assume that any positions on global issues that had been held by the Liberal government ... we needed to ensure that we had clear instructions or clearance from them (the government), approval on our instructions to our negotiator to make sure that they were okay with everything that we were proposing. And it was also something that civil society was watching very closely because ... there had been a tradition of extensive consultations with civil society and any international engagement that Canada made on HIV ... So we wanted to maintain that and manage that relationship while also simultaneously trying to figure out how we could maintain the positions that had been shown, from evidence to be the evidence-based best positions, how to ensure that we could communicate that evidence-based to the political level in ways that would sort of facilitate them signing off on our instructions. So it was a bit of a delicate process ... When you’re working with a government
with strong ideological positions, I think that trying to take a very neutral, science-based approach can help. It can't necessarily overcome all obstacles for sure.”

“In terms of the bureaucracy in Health Canada and in CIDA, I think one of the reasons why it was so slow is because the government really distrusted the bureaucracy and so they were going through things very, very carefully and it just slowed everything down... you can take the process from a bureaucratic level and then ... you need political agreement for announcements of assistance, and that was very, very challenging to get ... After ... the wind was out of the sails of anybody working on global health in the government because it was clear that it was just going to be so hard to have any sort of policy initiative.”

“This was a government... that believes in minimalistic sort of involvement, and so it was really hard to get any movement.”

The maternal and child health initiative, according to one respondent,

“Was an ill thought through initiative that was generated at the political level rather than the bureaucratic level ... it probably wasn’t proposed by the bureaucrats because the health advisors knew how politically contentious this would be, knew that it would touch issues such as sexual reproductive health and abortion and knew to avoid it as a result of that.”

(Back in the day...)

(I: “what was the involvement with other branches of government? What were the relations between other government departments that would necessarily have been involved, like Foreign Affairs I suppose and CIDA?”)

“Well that varies ...CIDA has been, to be honest, a horrible disappointment through the whole process in the sense that people have been trying since 1980 to get CIDA to pay attention to tobacco control. When (a key person) was at Health Canada ... he tried over and over again to tell them this is something that Canada has expertise and can export. Couldn’t get (CIDA’s) interest at all... but then the usual problem with CIDA as you know is that the decisions about money are not taken by the policy folks, you have to win it desk by desk ... more recently CIDA has been less interested in working with community NGOs at all and they seem to have completely, completely ignored... tobacco control.
They haven’t funded any recently that I’m aware of, they seem to have no interest in it and seem to be unaware that there’s a convention, or that it might have any funding or development implication at all ... the main frustration of it for all along is that it’s not that there was ever decision by CIDA not to fund this stuff, it’s just that there’s no one there, there’s nobody, you can’t talk to somebody at CIDA ... You have to keep going around to all of the different pots of money.”

The Canadian Government
Respondents gave mixed reviews of the Canadian Government’s reputation abroad. On some issues Canada’s actions create frustration both internally and externally, whereas with others Canadian action sets examples that other governments actively follow.

“So I don’t know if you followed what happened on the asbestos situation when everyone else has reached consensus, (the Canadian government said) “We disagree because we think it’s not necessary,” without any basis in fact, without contesting the decision with a scientific panel. (This) basically undermined the entire process of the entire convention, on the last day of that negotiation. The diplomats all remember that. People (were) asking “what the hell’s wrong with the Canadian government on this” ...So I don’t know at what point there will be a rethink about that by the Canadian government ... On the mining stuff I think we’re getting similar sorts of reactions, a belief that somehow, the health of other people in the world is actually not of importance to the Canadian government.”

Despite the ‘setbacks’, what Canada has done can provide a role model to other countries, e.g. “If you look at Canada and Brazil the Brazilians are paying reasonably close attention to Canadian legislation and copying Canadian legislation” (with regard to tobacco). On the other hand, one respondent was harsh in response to the government’s approach to global health diplomacy, saying, “the reality is that in recent years the Canadian government in health diplomacy as far as I can tell has just basically been shooting itself in the foot.”

The suggestion, however, is that there are residual pockets of diplomacy in the current bureaucracy.

“So even when the Canadians are ordered to be complete idiots at an international gathering they will normally try to be diplomats, will normally try to interpret that (instructions) loosely (laughs). And presumably that kind of culture takes several decades to change ... So at that level there’s still a functioning health diplomacy that’s trying to achieve a domestic aim for
Canada, which is keeping its regulations that the Prime Minister has personally endorsed in place and not losing a trade challenge internationally. But that doesn’t extend to having diplomacy about health for people outside of Canada, that’s about diplomacy for health for people in Canada.”

“On the maternal health initiative: I think again it shows sort of a naïve-ness on the part of the government in terms of how international policy works, in terms of how to negotiate multi-lateral initiatives, how to approach that, how to build consensus and also just flat out ignorance about maternal health ... you can present the best laid argument out to this government but it has such a strong ideological predisposition that there’s nothing that you can do to move it from that on certain issues.”

“While we might not be able to get the kind of global health engagement from this government that we want, ... because global health is becoming embedded in the international processes like the World Health Assembly, you’ve got UNAIDS, you’ve got GAVI, you’ve got the Global Fund, and we’re part of that, we can’t necessarily escape, this government can’t escape that. How to get them to ratchet it up? I don’t know. I’m at a loss. I really, I think that they believe that the best government is a little government.”

In response to a question on NGO involvements and impacts in the face of a ‘new’ political regime, one respondent said: “... I think that NGOs are running scared of this government and its ideology for a number of reasons. One, they’re really dependent on funding. So I think in Canada, unlike the U.S. where you have a lot of foundations that you can turn for resources, a lot of NGOs are so dependent on Canadian government funding for their core administrative and operating needs as well as for projects and program.” “And I think that things like the rights and democracy issue and the perceived targeting of some NGOs for cutting the funds after ...seen as being in retaliation for particular political views and work that they’ve done. I think that there’s a concern amongst NGOs that if they speak out too loudly on things they’re not going to get project funding, which they rely on.”

**Politicians**

When asked what role politicians play in the policy process, respondents highlighted the limited participation politicians can have because of the frequent changes in office and will have because global health issues are rarely hot issues politically.
“Politicians may raise issues but they aren’t always there for the whole process. They may not be there for the beginning or the end of a process – but most of is carried by bureaucrats”.

“I’m very happy you mentioned the word “politician” because I would argue … we don’t have political interest in this issue. No politician builds their career or their electoral campaign … based on a global health or global health and foreign policy.”

(I: “So the politician that does personally become involved or is a champion of a cause is an exception rather than a rule?”)

“An extreme exception… Even if they are in the majority, so it really has nothing to do with that. So if you were to look at the opposition versus minority party that is in power or majority, if you really were to look, it’s a very small percentage if any that really has this on their radar set.”

**Structures**

In response to a question about awareness of any new structures or rules that have come out of recent initiatives, respondents identified some new structures in global health, particularly around Canada’s multi-lateral involvement in maternal and child health that showed promise of achieving policy results across the health sector.

“You know the G8 accountability initiative that … Canada co-chaired coming out of New York the high level meetings, going back into the House Assembly for support, going back into New York (the United Nations), this is another area that I think is really important. It focuses on maternal and child health but more importantly it focuses on accountability of donors in the area of health. And this is being driven by New York and will continue to be driven by New York.

And this I think is a really key issue going forward because if we get it right here, we’ll be able to look at it across the board in all areas of the health sector. …making sure that this actually happens and being driven by New York where it’s seen as sort of a broader foreign policy issue I think it’s going to be really important … and that’s what happens when you have something coming out of New York. You get a bit of foreign policy level attention on health issues. You have all sorts of examples where you have special sessions in New York. You have high level meetings and you have meetings within the UN
committees. So you'll have them on HIV/AIDS, malaria, various different health issues that require very specific attention. So that brings in a foreign policy aspect to them. And then of course you have negotiations on environment, on human rights, development work across the board and on trade as well. And those more and more are starting to have very strong health components in them.”

“Commission on Information and Accountability that’s being convened in Geneva that the Prime Minister is co-Chairing, ... That actually is another structure that will actually be seeking to have accountability and transparency around global funding for maternal and women’s and children’s health.”

(I: “Who do you think is wielding the most influence in shaping Canadian foreign policy with respect to health right now?”)

“I’m not sure I could come up with any group that’s doing a particularly good job of that.”

On occasion there are key individuals (from different stakeholder communities) that can drive an initiative forward. For example:

“The Special Rapporteur on the right to health, Paul Hunt ... took up the topic of sexual and reproductive health quite early on in his mandate and got a lot of technical input from, ... a number of organizations, including the WHO and including a number of NGO’s as well to formulate that.”

Factors that ensure, enable and influence negotiations - the diplomatic process and coming to agreement

The diplomatic process includes setting conditions in place for negotiations that result in coming to an agreement. These include but are not limited to sounding out the landscape in preparation for meetings, determining allies and setting up relationships, but also thinking in certain areas.

Setting up the parameters for engagement:

Respondents emphasized the importance of parameters of engagement in order to prevent the perception and reality of conflict of interest and a lack of transparency.

“(Parameters for engagement) ... are going to be critical because every time you jump ahead without those parameters being set and you don’t address the comfort level of all the key players, you always end up in trouble. Because then there are allegations that things are not transparent, that there's conflict
of interest, that things are being done inappropriately. And it’s absolutely right to say that promotional partners do have other interests besides the health. And so you recognize that and you say, ‘Okay. So what are the parameters around their engagement and how do we make sure that it’s always being driven from a public health perspective?’ And once that's set, out you go and you engage with them.”

Before an agreement
(I: “If an issue comes up at the UN General Assembly for example it gets sort of passed down to Foreign Affairs and then if it’s a health issue... And we are specifically talking about health issues, then is it Foreign Affairs that makes the decision whether it is an issue for health or an issue for development or an issue for trade? ... Or is there consultation between the different Ministries?”)

“In the best timeframe it is consultation of different Ministries but Foreign Affairs probably at the end of it they know, or at least vaguely has an idea what is the implication for Canada, who is the best placed to have an opinion or have a view on what does this mean for Canada. If they are pressed for time they will make that judgment quickly and approach appropriate Ministry or department and based on that get input on that. Now all of these are reactive, I see there’s a difference between global health or health as a foreign affair, foreign policy issue where you go actively promoting and pushing something out yourself, versus something that you have to react to.”

(I: “Have you been involved in giving advice about health in other foreign policy areas other than health specifically?”)

“Yeah, it does come up. What usually happens on major international activities, Department of Foreign Affairs usually plays the lead. And... often been solicited to be on standby or if there is suddenly the emergence of health issues ... Sometimes health... language may creep in and ... There’s usually a group of people that have been identified within PHAC and within Health Canada to be on standby to provide input.”

Going through the process
Going through the process means starting with a zero-draft document. There may not be initial real objections to the intended outcomes for the development of international policies, agreements, frameworks etc., but taking part in the process, developing relationships, receiving information etc., is necessary for agreement to be established.
“And so basically what happens is we feed our instructions and it goes through a number of iterations, so the first iteration countries just add and show what they don’t like and so you end up with this gazillion (sic) page zero-draft.”

“Most of the playing field for the Government of Canada on integrating global health issues within foreign policies are done at the times of preparations for participation at the World Health Assembly, the Pan American Health Organization, Directing Council, specific summits that take place like the Summit of the Americas. Or for example even now discussions on the Arctic Council... What usually happens is this. ...there’s several meetings that take place for these bodies. There’s the Executive Committees that take place in advance of, the meetings where all of the countries are taking place, those Executive meetings in both PAHO and WHO usually set the agendas, and they define the topic areas that are going to be discussed. In some cases the members of the organizations themselves will identify topics that they think need to be raised by countries, in other cases countries will come to the table with their own topic areas. And there’s a process of negotiation, of discussion amongst the organization staff and amongst the countries on those Executive bodies about which topics should be addressed ... the output of the papers themselves result in the creation of resolutions, which usually have two components. One is directing the organization to undertake certain activities and the other component are actions that are directed towards countries. And what happens is there’s usually a process of negotiation that takes place when the resolutions are read out. Now there’s a lot of advance discussion amongst countries and you see countries starting to align themselves on certain positions and I think access to medicines is probably a pretty good example of that and the issue of generic drugs. And you’ll find some countries will align themselves more to producers of generic drugs, for example India, Brazil, other countries, on specific issues related to generics. Other countries will align themselves on issues related to trade, for example the United States, a lot of the developed countries including Canada. Some countries will align themselves in relation to things like virus sharing, which I think is a really good example of how foreign policy intersects with global health issues. And the sometimes rather startling and unanticipated ability of countries to actually use access to drugs created as a result of viruses that exist within their sphere and being the recipients of affordable drugs. So there’s been some really interesting sort of shifts and balances that play
themselves out at these multilateral fora. Often what Canada will do is ... on issues related to regulations coming forward from the Pan American Health Organization, is ... consult with a couple of other countries, including the United States in advance of the meetings to try to get a sense for what their positions might be, and to also alert them to some of our positions. And that’s just sort of good brinksmanship if you like, you want to know who it is that’s going to be on your side if you’re going to be putting forth a specific point of view and you want to know if you can count on certain support. You also want to know whether or not there is a sort of a consensus building on a specific issue that you want to actually put forward, so you do a bit of advance planning. The majority of times we’re usually on the same page as the United States, sometimes we’re not... But it’s just... good to know in advance.

So you come to the table already ... knowing that a resolution is going to pass or being able to anticipate where some specific language may be problematic and you’re going to have to start to either provide concessions or seek to find the right language that would actually make people happy. So I think a lot of that subtlety plays itself out in advance of the meetings. Often during the conferences themselves, those multilateral fora meetings, there’s usually corridor room discussions, especially on contentious issues.”

The primacy of language
Language used in written documents of prime importance is the major focus of process discussions - not always linked to technical content, so ensuring that content and language match requires not only diplomacy and legal 'language' expertise, but also content expertise to ensure outcomes are as desired. Problems occur when other countries spring unexpected language issues in non-health-related contexts referring to the difficulties of melding content knowledge of health with knowledge of diplomacy and diplomatic processes.

“...to improve the negotiated language around sexual and reproductive health and rights ... And it’s much more, drafting language and doing language negotiation maps, having quiet talks with delegates, suggesting we could put in four words here and six words there ... that’s all very lawyer-like and calm and quiet, and behind the scenes ... So you come to the table already ... knowing that a resolution is going to pass or being able to anticipate where some specific language may be problematic and you’re going to have to start to either provide concessions or seek to find the right language that would actually make people happy. So I think a lot of that subtlety plays itself out in advance of the meetings, often during the conferences themselves, those
multi-lateral fora meetings there’s usually corridor room discussions, especially on contentious issues.”

“Now when you look at language like this you actually ask yourself as a government official two questions. Is it going to commit the government or a specific department to a course of action? And is the information that’s provided in the statement accurate? ... And the reason you ask those questions is because ... there’s added emphasis and scrutiny on ensuring that senior officials and government departments and agencies don’t over commit on things that probably need further discussion, especially involving the provinces, in the Canadian context.”

“If you’re a health expert and you don’t have some of the broad understanding of how foreign policy is developed and what happens in international meetings, you have to be very careful about the language that you propose ... we couldn’t actually ratify language that we knew was probably not going to be agreed upon so we ... We ended up trying to square bracket it, which is a language that says everything other than what is in the square brackets has been agreed to, without exception ... it’s important for people who have health and global health backgrounds to also understand the foreign policy aspects of things ...”

“What was important ... is we used a lot of language and supportive scientific evidence ... we really tried to show that it was an evidence-based argument that we were putting forward, and the implications of not adhering to that evidence ...”

“If you’ve been to any of these kinds of international meetings ... You often ask yourself, how did they ever reach consensus on anything? So I mean why isn’t it always just the lowest common denominator? Why do people appear to give ground? Because it’s not that there’s any direct sanction if you don’t agree. And yet you see at international meetings over and over again is one country or two countries or three countries will say, “I object to this clause,” and then over a matter of a few days they’ll all be sort of talked into submission ... What it comes down to is that countries represented by competent diplomats with governments that are thinking a little bit coherently realize that if you piss off too many countries, when it comes to that one clause that you really care about in some other agreement then you won’t have any friends left. And it is
an unfortunate reality at the moment that the Canadian government doesn’t seem to be making any friends.”

**An ‘arsenal of tools’**

Effective negotiating depends on people who have longstanding knowledge (history of the language) and conceptual frameworks; ability to react in a really flexible way when the unexpected happens; and ability to call on experts who might be from ‘outside’ (e.g. members of NGOs, although inviting them in is reported as unusual).

(1: “You said some people were very skilled at negotiating, what does that really mean when you’re in the room with a bunch of people?”)

“… they have to have the arsenal of tools that they need to counter that sort of situation. And what we provided for, or provide I guess for diplomats that are negotiating international agreements is that history, just to be able to say, look this language formulation is stronger than that for this reason. Now sometimes you don’t have to make that explanation because the negotiator is already very skilled and …Sometimes they have the skills to do the negotiation but not the history of the language. So you know, people like (name) (members of NGOs) are often invited into close negotiations to provide back up for various governments and is sometimes invited to speak, … (but) that is really unusual, it’s very unusual.”

**Bringing in people from outside**

“One of the items in the (diplomat’s) toolkit is actually to bring in people from outside to present a case or present evidence or whatever. Yes, and not only just in the room but on side events; panels, workshops, sometimes just closed informal meetings, closed meetings.”

(1: “Yeah. And you mentioned breakfast meetings and coffee meetings and stuff like that…”)

“Yes. We have caucuses in the early mornings, yeah, and… You know with NGO’s by themselves and then with NGO’s and governments.”

**Using a facilitator**

“One modality… is, early on in the process if there seems to be a lack of consensus they’ll actually ask one of the countries to act as a broker or as a facilitator or arbitrator and convene various parties, and then have evening discussions or lunch hour discussions to see if you can actually seek a resolution. And then come back to the fora with that language sort of
prepared and adopted. And that’s usually been fairly effective as well, sometimes it doesn’t work out but often it’s a way of sort of trying to get all of the business done within a short period of time.”

Understanding the incremental nature of negotiation
(I: “Are those (negotiating and involving, compromises, making trade-offs and things like that,) the things that primarily move the agenda forward or?”)

“... It’s an incremental process, right, it’s so tiny. I mean you can come away from a two week UN conference with four strengthened references to the topic in which you want to advance, and that can be a success ... And you win some you lose some. But I think the fact that there’s a win/lose, back and forth and back and forth, at the same time you can say at the end of the day the negotiators ... even if they lose they have gained an understanding and they know the next time around they’ll try it a little bit differently and they’ll find out who their allies are and who they’re not and then they’ll be able to seek them out inter-sessionally and gain support for their initiatives coming back.”

Understanding the issues in ‘the context of their world’
“With problems that involve multiple sectors, you need to know how to define the problem within the context of their world so that they can fix it. And that you help to find a solution without arriving at the door saying, ‘Here’s what you have to do.’ ... We start out the negotiations by essentially dictating what needs to be done rather than dictating what needs to be achieved. It makes it very difficult ... But if you show up and say, ‘You can't do this for the following reasons.’ Then you often don’t get anywhere.” (I: “So the critical part is understanding, as you put it, the context of their world?”)

Understanding the role of agendas
“Rather than being driven by agendas, you use agendas to drive forward issues”.

The role of consultation within Canada
“Similar to some of the aspects of access to medicine, you can't accomplish (moving forward on NCDs) without bringing in other sectors and trying to figure out how to do that properly, including your own foreign policies in those areas....”
Ensuring no surprises during consultation processes
“A large part of what I do is making sure that ... there won't be any hiccups because there were things that we hadn't thought of or hadn’t seen.” (I: “Okay. So a contingency type of support then?”)

“Yeah to a certain degree, yeah.”

Building relationships and coalition formation
“But until you get the global gatherings, when people get to know each other and information starts to flow, then (it’s) awfully hard to get this (cooperative process) ... When the first meeting happened, all sorts of people ended up in one room who had never talked to each other before and then start swapping tales. And in the process of swapping tales they suddenly started to realize why some of this stuff mattered...”

Forum shopping
“Let's say you want something addressed ... something to do with the right to health... above and beyond what's captured with the highest obtainable standards of health. And there's already a set standard in the WHO so you introduce language then in the Human Rights Council. You introduce language into the committee in New York and then when you bring it back into the WHO you introduce the language that you got agreements on there and so you just keep on building and you reach global consensus kind of across multi, multiple fora.” (I: “Okay. So but you use the word ‘shopping’?”) “It's not an uncommon practice.”

Preparation in advance
“The other part of the negotiation process happens long before those negotiators ever get in the room. So when the governments are preparing their agendas before they attend these sorts of meetings and it’s then where NGO’s can get in and really influence the government agenda ...”

“Again, most of the playing field for the government of Canada on integrating global health issues within foreign policies (is) done at the times of preparations for participation at the World Health Assembly, the Pan American Health Organization, Directing Council, specific summits that take place like the Summit of the Americas. Or for example even now discussions on the Arctic Council. ... health will probably fit in there somehow when you look at issues related to climate change and the impact on populations.”
The insertion of money into discussions
“Discussions of health are not solely issue-based and value-based. Money/financing and demands for it may be a deal-breaker – I’m not saying that you can’t get money. Obviously HIV, Tuberculosis, etc. they have over the years got(ten) money, but ... you have to start by asking for stuff that isn’t too expensive and get the thing off the ground ... And that I think reflects the nature of multilateral decision-making. Countries are not usually going to put a whole bunch of money in.”

Quiet roles and visible leaders
“...Civil society ... has strong roles to play in some venues, but the assessment of these roles is difficult because the work is behind the scenes.”

(I: “(Is it) ... obvious to the world though that there is that amount of work going on by civil society?”)

“No, because it happens behind the scenes ... its stuff that can’t really be advertised because it betrays some confidences ... Delegates will sometimes reflect informally their opinion that will not constitute an official position of ... whatever government ... Or they’ll make arguments that they won’t want publicized in order to convince another government ... to change their position ...”

(I: “What you say off the record will often lead to decisions being made, but the reasons why the decisions are made are never recorded?”)

“Well they’ll be official, people will make statements around the issue and go over basically in a rhetorical way why this is an important issue ... The real reasons and the full set of reasons will never be fully given. And I’d say most of the work ... has been the quiet kind; behind the scenes, helping to draft resolutions, working with government delegates that are progressive, trying to counter the ones that are less so. Trying to provide the evidence for delegates ... Especially in smaller missions at the UN may carry 10 files at once, and encouraging them to get involved in the process isn’t ... pretty. ... Like how do we communicate this? ... we don’t have to communicate it, it’s the satisfaction of a job well done and ...you never take credit for what the governments have done, you can’t.”
Canada’s role

“(A person) was involved in a number of discussions behind the scenes with countries that were objecting to specific language and played very much the role of a peace broker and a consensus builder, which ... is often a role that Canada is sought out for. We’re often being seen as a well-informed country that doesn’t have the same vested interest as perhaps the United States or some of the other G8 countries would have. So (Canada) still has that perception, that aura, of being a peace builder and a consensus builder...”

After the agreement

We were interested in learning what happens after diplomats have signed a convention, or treaty, or another agreement. One respondent replied:

“Well there’s a lot of things that should happen at that point ... A new policy instrument ... needs to be forwarded to relevant government departments who have some sort of responsibility for that area (which) ... (and which) needs to be incorporated into the thinking of CiDA, DFAIT, Health Canada, Public Health Agency ....”

“I don’t think that that happens enough, I think this remains in DFAIT and that people within (the division) monitor further progress and it becomes a matter of diplomacy, how is this agenda going to evolve, what do we need to be aware of, are there risks for Canada in terms of its obligations? What are Canada’s priorities to advance within this agenda, etc.? So whether that resolution affected how (other government departments) thought ... I don’t know and I doubt it.”

Developing a health in foreign policy framework

One of the important questions asked was if a policy framework could be developed which explicitly calls for the integration of health into foreign policy.

(I: “Do you think the changes that we’ve experienced here in Canada ...do you think the approaches to getting health into foreign policy, the practices we have, the strategies that we might adopt, do you think they might change with the adoption of a policy framework that explicitly called for the integration of health into foreign policy? Or if the adoption of a whole of government policy framework might encourage the integration of health into foreign policy?”). One respondent thought that: “A framework would allow consideration of health issues.”
Another respondent gave an example of what this might mean:

“All transportation loans have to have an HIV and AIDS component to it because of the vectors. Whether you’re the construction worker building the road, the truckers once the road is built, it’s a vector. So the Norwegians, the Swedes and there’s some other Nordic countries who have this as a conditionality with almost of their transportation loans with the Asian Development Bank. So every road bid and every port bid ... was negotiated by the Nordic countries as a conditionality of their loan - to integrate health into their transportation sector... ”

In discussion about what a framework meant in this context:

“A framework is “an umbrella, a good show of a political will and direction and interest. And if resources follow then an appropriate structure will be established to respond to that, right?”

One respondent made clear distinctions:

“I’d like to make a distinction between health in all policies and health as a foreign policy. Because I think the health in all policies, at the end of a day has a domestic implication ... I think it’s more important to look at the health in foreign policy ... it will translate into how different government levels in provinces look at health as implication of environment or infrastructure or municipal ... that’s how I interpret that.”

Another thought that a policy framework should be built on value statements of the right to health.

“Well I think the elements of a policy should be really based on the right to health, it should be based on equity, it should be based on principles of non-discrimination. Human rights, those core set of human rights principles that inform health policy should be evidence based, should be proactive, should try to influence the recipient governments to really look at determinants of health in terms of actually providing health services ... The UK and Norway have come up with some excellent (frameworks) but I think if you speak to them you’d find that it wasn’t easy to get there and there’s still lots of work to do with respect to implementing it in the way that they’d like to ... it’s driven in some cases by the foreign policy people.”
Another said that:

“Framing concepts are really important ... I would go back to ... this idea of a commons. Secondly this idea of interdependence as key. Thirdly the critical nature of the problem and critical in terms of its impact on human suffering, failure to address its impact on human suffering...(and) the impact on the next generation of people. ... And in a context of interdependence, that means ‘us’, right, as well as ‘them’. So the idea of ...wise self-interest.”

“(A policy framework) would be a logical thing to do and I suppose that goes back to the whole discussion about trade agreements. So in effect trade agreements are putting in place a system of global governance of some kind and if that is to have sort of legitimacy, it has to include various elements, which health clearly is one. And so a smart free trade person should be pushing very hard for health to be included in trade policy ...”

Another respondent talked about the benefits of a policy framework:

“...there’s a number of different ways, one in terms of efficiency of the public service. ... I think that having ... a framework which hopefully would include some resources for Health Canada and Public Health Agency to work internationally would help in terms of efficiency and the policy coherence within the Canadian government ... Global health issues are not going to go away ... So I think that it would help Canadians to anticipate some of the global health challenges that might be coming down the pipe and also ... plan a more effective response which would definitely benefit Canadians ... We need a comprehensive approach to what global health can be ... So instead of focusing so exclusively on the health of Canadians in the Canadian health system, put that in some sort of global context.”

The role of research knowledge in relation to global health diplomacy
Respondents were asked to address the role of Canada’s knowledge contributions (global health research) in relation to global health.

“Canada had quite a wealth of experience, a certain amount of money, and could contribute to that if we organized ourselves better. You know we have a national health research organization ... with a mandate for knowledge translation ... So we had potential to contribute something ... We’re the only country that has something like an IDRC and it’s I think kind of an unsung treasure in this country, even among our own colleagues across the land. So
Canada has some remarkable things to contribute but we’re not very well organized to do that …”

**Conclusion – A Canadian future for global health diplomacy?**

In recent years, Canada’s global preeminent status has appeared to decline. Global health diplomacy may have a role in reestablishing the power of Canada by reaffirming global leadership.

Health is “… a win/win situation … it’s something that all countries can agree on (is) a benefit to their citizens...if we can actually situate global health issues as a sort of a flagship of a renewed Canada foreign policy I think that would be perceived extremely well by Canadians as being a reaffirmation of Canada’s engagement, in much the same way that we used to be considered on peace builders and peacekeepers internationally. I think Canadians are looking for that.”
Appendix A: Issue focus
(What are the Canadian government’s ‘official’ global health and related initiatives in 2011?)

Canada's Access to Medicines Regime “provides a way for the world's developing and least-developed countries to import high-quality drugs and medical devices at a lower cost to treat the diseases that bring suffering to their citizens. It is one part of the Government of Canada's broader strategy to assist countries in their struggle against HIV/AIDS, tuberculosis, malaria, and other diseases.” [http://www.camr-rcam.gc.ca/index-eng.php](http://www.camr-rcam.gc.ca/index-eng.php)

At the time of writing, the Global Health Research Initiative was a “collaboration between four Canadian partners: the Canadian Institutes of Health Research (CIHR), Health Canada, the Canadian International Development Agency (CIDA), and the International Development Research Centre (IDRC). The partnership was originally established to enhance the way that global health research activities were approached in Canada, and provide projects with collaborative funding.

Now, the GHRI is a partnership of 3 government agencies, the Canadian Institutes of Health Research (CIHR); Foreign Affairs, Trade and Development (DFATD) which incorporated CIDA, and the International Development Research Centre (IDRC). Its goal is to strengthen research capacity in developing countries to tackle global health challenges, and funds research in 4 main areas

• prevention and control of pandemics and emerging infectious diseases
• prevention and management of chronic diseases
• health policies and systems
• interactions between health, the environment, and development.

GHRI programs include (http://www.ghri.ca/):

• Innovating for Maternal and Child Health in Africa (2014-2020)
• Africa Health Systems Initiative - Support to African Research Partnerships Program (2008-2013)
• Canadian International Immunization Initiative for Haiti (2008-2013)
• Ecohealth Emerging Infectious Diseases Research Initiative (2009-2015)
• HIV/AIDS Prevention Trials Capacity Building Grants Phase 2 (2009-2014)
• Teasdale-Corti Global Health Research Partnership Program (2006-2012)

http://www.ghri.ca/

Framework Convention on Tobacco Control: “the FCTC is the first international legal instrument designed to promote multilateral cooperation and national action to reduce the growth and spread of tobacco use ... The FCTC was negotiated among all of the World Health Organization's
(WHO's) 190 Member States and, after three years of intense negotiations, was adopted in May 2003. Canada, already a world pacesetter in tobacco control, played a leadership role in the development and negotiation of the FCTC. In fact, many of the articles and obligations of the treaty are modelled on Canadian legislation.” http://www.tobacco-facts.net/tobacco-control

Canada’s role with regard to the FCTC is participation in the Conference of the Parties (COP) to the WHO FCTC which is the governing body of the FCTC which comprises all Parties to the Convention. At the time of writing the COP had met three times. The fourth session of the Conference of the Parties, to be hosted by Uruguay, was scheduled for November 2010. Subsequent sessions have been held in 2012 and 2014 (sixth session).

Canada’s second report to the “FCTC submitted in 2010 (http://www.who.int/fctc/reporting/can/en/index.html) features a section “INTERNATIONAL COOPERATION AND ASSISTANCE in which Canada reports its international activities related to the FCTC and International Health Grants Program – Tobacco Stream (Grants (also to be found in Annex 6) http://www.who.int/fctc/reporting/Annexsixinternationalcoopandassistance.pdf, close to $2million.”

See also the Memorandum of understanding between the Health and Consumers Directorate General of the European Commission and the Department of Health Canada in the Area of Tobacco Control http://www.who.int/fctc/reporting/canada_annex8_memo_understanding_eu_canada.pdf

HIV/AIDS and TB – Government of Canada initiatives. Global engagement: “Canada is making important contributions to the global response both through the Global Engagement Component of the Federal Initiative to Address HIV/AIDS in Canada and through the Canadian HIV Vaccine Initiative.” And “The objective of the Global Engagement Component of the Federal Initiative to Address HIV/AIDS in Canada is to establish a strong, coherent health sector response to fulfill international commitments and to contribute to global efforts to address HIV ... Global engagement activities under the Federal Initiative have been established to complement the Department of Foreign Affairs and International Trade’s (DFAIT) foreign policy role and the Canadian International Development Agency’s (CIDA) role as Canada’s lead agency for development assistance, while recognizing the need for policy coherence and coordinated approaches for a comprehensive, multi-sectoral response to HIV/AIDS ... Global engagement activities under the Federal Initiative have been established to complement the Department of Foreign Affairs and International Trade’s (DFAIT) foreign policy role and the Canadian International Development Agency’s (CIDA) role as Canada’s lead agency for development assistance, while recognizing the need for policy coherence and coordinated approaches for a comprehensive, multi-sectoral response to HIV/AIDS ... Global engagement activities under the Federal Initiative have been established to complement the Department of Foreign Affairs and International Trade’s (DFAIT) foreign policy role and the Canadian International Development Agency’s (CIDA) role as Canada’s lead agency for development assistance, while recognizing the need for policy coherence and coordinated approaches for a comprehensive, multi-sectoral response to HIV/AIDS ...

Health Canada's International Affairs Directorate, was formerly responsible for coordinating global engagement activities in partnership with the Public Health Agency of Canada, and focused on the following:

increasing Canada's contribution of policy guidance and technical support;
sharing health sector experience and knowledge;
promoting learning between domestic and international responses;
and ensuring policy coherence of Canada's international HIV/AIDS activities.

Tuberculosis (PHAC) And the Global plan to stop TB http://www.stoptb.org/global/plan/
Participating Canadian governmental agencies included, at the time of writing, the Canadian International Development Agency (CIDA) which is now incorporated into the Department of Foreign Affairs, Trade and Development Canada and continues to partner in the Stop TB Partnership; and non-governmental organizations and foundations, as well as private sector organizations. The partnership directory is at http://www.stoptb.org/partners/default.asp?sort=3&aifield=0&alphaIndex=

The Public Health Agency of Canada--Tuberculosis Prevention and Control, was a former partner, but is no longer listed.

Non-communicable diseases NCDs


See also http://www.state.gov/r/pa/pra/ps/2011/09/172731.htm US Government and World Health Organization sign agreement to help developing countries strengthen their capabilities to meet international health regulations.

Appendix B: Outline of questions to key informants
1. Please tell me about your present job, and any work that you’ve done in global health.

2. Can you describe any recent initiatives in Canada focused on integrating global health into foreign policies?

3. In your example just described, and in your work, what are the arguments (or reasons) for why global health should be present as a goal in national foreign policy?

4. Which arguments seem to have the most weight when it comes to positioning global health in foreign policy? What are some of the other arguments that you’ve heard or tried to make yourself as to how health should be framed in foreign policy?

5. What has enabled the Government of Canada to pursue global health in its foreign policy? What barriers to pursue global health in your country’s foreign policy have you encountered?

6. What individuals, groups, networks, were involved in and influenced the process that led to your government’s decision to focus more on global health?

7. Global health diplomacy is a newly minted term to describe the processes by which health is placed higher in foreign policy deliberations, and in international or multilateral negotiations irrespective of topic area. Diplomacy is often regarded as involving compromises or trade-offs between different foreign policy goals. In your experience, has this been the case? If so, what compromises around the global health issues arose during (initiatives mentioned earlier).

8. Thinking back on the initiatives you mentioned where health became more of a concern in Canada’s foreign policy, what effects did this have?

9. Have Canada’s diplomatic strategies or practices changed in order to better reflect global health concerns?

10. Do you think Canada as a country and Canadians as citizens would benefit by having a policy requiring integration of health into its foreign policy? If so, could you please discuss what the elements of such a policy should be?

11. Is there anything further that you’d like to add?

**Appendix C: Associated publications by the authors**


References


