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Canada and global health: accelerate leadership now

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Canada's celebration in 2017 of 150 years as a nation is a ripe time for reflection on both its own universal health system and the country's global commitments towards universal health coverage (UHC) as articulated in the Sustainable Development Goals (SDGs).[1,2] The recognition in the prairie province of Saskatchewan that farmers should not have to sell the farm to pay for their family's health care was the principled pivot point that triggered Canada's march towards UHC in the 1960s. Although it took nearly a century for the Canadian confederation, established in 1867, to achieve UHC, over these past 50 years, from a global perspective, Canada's universal health-care system is viewed as being among the world's best. With this in mind, *The Lancet's* Series on Canada[1,2] provides an opportune analysis of the legacy of Canada's leadership on health, and the challenges and demands ahead.

For more on the **Global Financing Facility** see https://www.globalfinancingfacility.org/

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On Dec 12, 2017, the UN's day to celebrate UHC, the World Bank and WHO launched a Global Monitoring Report assessing progress towards the SDG of UHC.[3] The report's headlines are hardly cause for celebration: only half of the world's population has access to quality essential health-care services, 800 million people face financial hardship in accessing care, and nearly 100 million individuals are pushed into extreme poverty in paying for health-care services. With 12 years until the SDG end line of 2030, the prospects of achieving the world's UHC targets are daunting to say the least. Just as Tommy Douglas broke through a century of health injustice in Saskatchewan more than 50 years ago, similar breakthrough leadership from Canada to help accelerate progress on the global stage is needed now.

Canada issued a clarion call earlier this year with the release of its Feminist International Assistance Policy.[4,5] Harnessing the potential of women and girls to contribute fully to inclusive economic growth begins most fundamentally with realising the right to reproductive health. The most egregious inequity in health in 2018 relates to the unequal chances of survival for mothers giving birth: why should women in Chad be at a 100 times greater risk of death giving birth than women in Canada? Unfortunately, this inequity is but a tragic indication of a much deeper problem, with a slew of further health injustices linked to lack of access to basic determinants of health, poor quality services, absence of trained providers, and pernicious payment systems that constrain women's and families' abilities to lead healthy and full lives.

Canada, through its pioneering commitments to efforts like the Global Financing Facility for every

women and every child, is managing to combine a focus on results and sustainability. At the same time that the Global Financing Facility gives top priority to the elimination of preventable maternal mortality, it places a premium on country leadership to navigate financing reforms and strengthen the institutions that will achieve and sustain a universal health entitlement for all women and children. Rebalancing global health agendas to place women's, mothers', and girls' health as the nidus around which a universal health system can grow is the right direction but would benefit from much expanded engagement of Canada's leadership and resources related to UHC, on three fronts.

First, how important health-care workers from outside of Canada have been in the country's journey to UHC should be recognised. These include the so-called scab clinicians who moved heroically to provide care during the doctors' strike by Saskatchewan Medical Association members in the summer of 1962,[6] as well as the current pan-Canadian dependence on health-care professionals from other countries to provide services, especially in rural and remote areas of the country.[7] In view of the global deficit of 15 million health-care workers,[8] Canada should strategically position its health-care professional education institutions at the vanguard of a global movement to overcome this shortfall and honour its commitments to the WHO Global Code of Practice on the International Recruitment of Health Personnel,[2] with a priority focus on the professional workforce for reproductive health.

Second, Canada's long-term commitment to multilateralism should be reflected by a more strategic knowledge agenda that embraces the growing interdependence of health-care systems in the 21st century. Examples of these connections extend beyond dependence on foreign medical workers and include Canada's demographic mosaic comprised of diasporas from more than 100 countries, the susceptibility of populations to global infectious threats like severe acute respiratory syndrome (SARS) and antimicrobial resistance, and the common challenges of steering health systems towards better quality and more equitable outcomes. Just as Canadian leadership was instrumental in harnessing the best research to enhance global food security through the formation of the Consultative Group on International Agricultural Research in the 1970s,[9] a comparably collaborative and ambitious initiative focused on harnessing innovation to accelerate UHC would re-assert Canada's leadership through knowledge and evidence.

Finally, as Canada assumes the G7 Presidency in 2018, the opportunity is unprecedented for a pathbreaking health-care agenda that draws on Canada's commitment to UHC, advances the principles of the feminist foreign assistance policy, and mobilises Canada's knowledge assets. But any new policy directions must be backed by resources. The failure to come anywhere close to achieving the development assistance target of 0·7% of gross domestic product, as proposed by the Pearson Commission nearly 50 years ago,[10] raises legitimate questions about whether "Canada is back".[11] Only by bringing new resources to the G7 table in the order of billions of dollars can Canada redefine the development finance architecture required to realise its foreign policy aspirations of empowering the lives of women and girls and achieving UHC.

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I am Senior Director of Health, Nutrition and Population Global Practice, The World Bank Group. I declare no other competing interests.

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