

mainstream media, speaking at public events, and communication with executive and legislative officials. In particular, the Canadian Medical Association (CMA) is an example of a professional association with an advocacy mandate. Collectively they advocate for improved health care through research intended to inform health care policy, submissions to government outlining their stance on health care issues, and advocacy skills training for CMA members.

In summary, physician health advocacy includes actions of agency and activism. In regard to health care systems, physicians can act as agents of individual patients as well as activists on a systemic level. Discussions around the role of physicians as health advocates are likely to continue. While the central focus of physician health advocacy efforts should continue to be the health of individuals and populations, there remains a need to further develop best practices for

health advocacy training as well as structures and processes to support physicians' health advocacy efforts.^{8,9} As a growing field of interest and action, health advocacy is becoming an increasingly important means of providing quality care to patients, improving health care systems, and ensuring fair and equitable access to health care resources.

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Facing Down the Threat: Canada and the Fight against Global Health Crises-Focus on the 2014 Ebola Outbreak

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This past September, a UBC-initiated event was held at university campuses across Canada to raise awareness for Ebola. While the Canadian public's general awareness of the disease and its deadly effects wasn't lacking, the participating students felt that our government's response was. They weren't the only ones who felt this way.

Just a few weeks later, the World Health Organization (WHO) reported that the virus was killing 70% of its patients,¹ and warned that without a significant increase in aid from other countries, as many as 10,000 new infections could be expected every week in West Africa by early December.²

Some might argue that Canada is

contributing significantly to the fight against Ebola (in response to the WHO's plea, Canada would pledge another \$30 million to total the nation's monetary contribution at \$65 million).³ Others believe that Canada's response was far too small and belated in its delivery, considering the urgency of the situation. While monetary donations sound appealing, they often take too long, or even fail to materialize into much needed resources in the field. For example, in the current case of Ebola, only 17% of Canada's first \$30 million pledge had been delivered, three weeks after its announcement.³ Furthermore, the biggest need according to those on the front lines is increased medical, epidemiological, and logistical personnel⁴ – something the

government has been hesitant to provide.⁵

While some might disagree with the extent and urgency with which Canada tackles global health crises such as Ebola, others might wonder why Canada is obliged to get involved at all. For example, why should Canada involve itself in crises that aren't a direct health threat to its citizens? In outbreak cases, this question might be asked less often, as it's easy to argue Canada will inevitably be affected if the primary countries cannot contain the outbreak. However, in situations where the potential for that physical affliction might strike Canadians at home virtually nonexistent (arguably the case with Ebola, despite widespread fear in North America),⁶ the reasons to advocate for

foreign aid might become less obvious.

Whether a direct threat to us or not, it is both a moral imperative, and in Canada's best interest, to help in the most effective way possible during times of global health crises (that is, provided needs within Canada have been evaluated before focusing resources elsewhere). While the benefit that Canadians stand to gain from providing foreign aid might not be obvious at first glance, we must consider how, through past acts of altruism, Canada has positioned itself so that it can rely on many allies in times of need. While humanitarianism is inherently selfless, it can be accompanied by many secondary self-serving benefits.

Secondly, when a substantial portion of a country's population becomes ill or dies, political and economic stability is weakened and can fail. This is especially a threat to developing nations that are most affected by the current outbreak, such as Liberia, Guinea, and Sierra Leone. Dr. Peter Piot, who helped discover the virus in the 1970s, states that the current outbreak would have been quickly containable, had the Western world rallied to provide aid at the outset.⁷ In part due to this initial neglect by the Western world, Piot warns of the potential for major societal and political destabilization in the affected countries and those surrounding them.⁸ The World Bank estimates that without containment, the financial impact of the Ebola outbreak could reach \$32.6 billion.⁹ In order to prevent potential breakdowns in the infrastructure of already vulnerable areas, it is crucial that other nations step up. It should be noted that foreign aid is complex and an issue of ongoing debate, as historically it has not always led to improvements and has even been detrimental to countries undergoing development.^{10,11} However, the aid in this paper refers to aid that is specifically provided in response to health crises rather than aid provided in an ongoing effort to help nations develop.

Canada has proven its ability to change the course of health crises on a global scale. For example, scientists in Winnipeg developed the trial Ebola vaccine currently being tested by the WHO,^{5,12} and the 'Treatment as Prevention' (TasP) policy

pioneered by UBC's Dr. Julio Montaner now serves as the basis for the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 strategy to eradicate AIDS by 2030.^{13,14}

We are lucky to live in a country that has the capacity to provide resources and relief to others during times of crisis. While we might not always agree on the most effective way to distribute resources in such circumstances, as Canadians we should feel proud knowing that other nations look to us in times of need. The case of Ebola is certainly no exception. If there were ever a time to solidify our reputation as a humanitarian nation, it would be now.

Whether a direct threat to us or not, it is both a moral imperative, and in Canada's best interest, to help in the most effective way possible during times of global health crises

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