



Defining Mutual Benefit in Canada's Global Health Partnerships

Executive Summary

The Landscape: The development and global health landscape has undergone fundamental changes in the last year as a result of geopolitical shifts. Development assistance by traditional donors has been a) significantly reduced, and b) reframed to serve donor-country national interests more clearly. These 'mutual benefit' partnerships are intended to move away from top-down donor-recipient dynamics, and towards equal, mature collaboration that serves both country's needs. But is this shift genuine, and what does it mean for global health?

The Tension: Amidst efforts to reform the global health architecture, Global South governments are pushing for country ownership over global health priorities. At the same time, while many donors publicly echo calls for sovereignty and emphasise the importance of domestic resource mobilisation, donor funding and policies increasingly emphasize their own national interests. We can see this tension as a spectrum. At one end, are health investments that produce economic and security returns to donors as documented second order effects. In the middle, there are programs explicitly designed and justified on dual grounds, as in, they benefit each party mutually. At the far end, we see health aid function primarily as a vehicle for geopolitical influence or commercial market access.

Potential Pathways: As the concept of mutual benefit partnerships evolves in Canada, a number of potential pathways lie ahead of us. Some global health efforts remain best served by traditional development partnerships. Others may move towards mutual benefit partnerships. And finally, we may see the expansion of more explicit donor interest efforts like tied aid. Notably, it is becoming increasingly hard to distinguish between "health aid that also serves economic interests" and "economic policy that uses health aid as its instrument"¹.

The Task Ahead: As global health actors engage in this new landscape, it is critical that we remain guided by our values and principles. Any new global health efforts must be credible and evidence-based, grounded in solidarity and human rights, and focused on impact. This requires Canadian global health actors to understand the policies, priorities and interests Canada is seeking to advance, and to use evidence to position global health investments as both strategically relevant and firmly anchored in our values.

The Opportunity: Canada's global health partnerships are integral to Canada's continued leadership on rights and democracy. Canada's new foreign policy approach offers an invitation to global health actors to build the evidence base that shows how global health helps deliver on development goals, by (and not while) remaining anchored in solidarity.

¹ Yamay, Bharali, Ogbuoji, "Can Development Assistance for Health Mutually Benefit Donors and Recipient Countries?", Kiel Institut, December 2025, https://www.kielinstitut.de/fileadmin/Dateiverwaltung/IfW-Publications/fis-import/96f3df63-828e-4ea8-95a9-f88940903de8-KW_P_2306.pdf

It is not a question of ensuring balance between Canada’s values and our interests, as if they are at odds with each other. Instead, we can view our values as our interests, and vice versa. It is in Canada’s interests for countries to be healthier, more stable, with stronger rule of law, and reduced inequality. And Canada’s values make us credible, trusted and durable in a more transactional world. The way we advance these interests is through pragmatic, respectful partnerships with others who share these interests. Global health partnerships exemplify this non-transactional approach rooted in respect, and have potential to support Canada in its new foreign policy.

There is strong evidence that improving women’s and children’s health strengthens health systems, increases economic participation, builds human capital, and contributes to stability, resilience and long-term prosperity. These investments also advance Canada’s interests by building soft power, influence, trust and relationships that can support broader partnerships over time. However, there remains a notable gap in the evidence on the benefits and risks of global health partnerships designed explicitly around mutual benefit. Canada’s global health community is well positioned, and would welcome the opportunity to help build this evidence base so that Canada’s new development approach delivers genuine mutual benefit while remaining grounded in impact, equity and solidarity.

The Principles: We present a series of principles and critical questions for global health actors, as they engage and shape the new development landscape in Canada. In applying these principles, global health actors must also ask a series of questions, to test whether new global health efforts are genuinely mutually beneficial.

Centre Our Values:	In a more transactional global environment, Canada’s values are a source of credibility, trust and long-term influence. ○ Are our values of equity, dignity and rights upheld throughout?
Focus on Impact:	Health and associated outcomes in partner countries remain the primary goals of global health efforts. ○ Is health impact the primary goal? If not, is health impact sufficiently prioritised and are there effective measures in place to ensure this? ○ How do we assess health and other impacts? Is there modelling or other credible, quantifiable evidence? ○ Who has defined these benefits and how do they flow to the communities we serve

Guided by Evidence:	We can connect global health efforts to new Canadian priorities where the evidence supports it, but we should avoid straying beyond the evidence. ○ What evidence exists, and what evidence do we still need to accurately assess impact? ○ Is the argument for economic or security impact grounded in transparent, accurate evidence? ○ What evidence is missing and how do we fill this gap?
Alignment with Country-Led Plans:	We should deepen alignment with national frameworks, and with local and national priorities, and advance meaningful partnerships with local actors. ○ Is the effort guided by partner country and local priorities? Are local actors centred and benefitting equally from the effort? ○ How was this effort negotiated and decided? Did each party have relatively equal power during the negotiation process? ○ Can we quantify the benefits and drawbacks of the Canadian role? What could be done more effectively by local organizations?
Showcase Canadian global health as a platform to deliver:	Women's and children's health is a clear area of Canadian expertise, credibility and influence. Our work can help deliver pragmatic, principled foreign policy rooted in solidarity. ○ Can we connect this global health effort to Canada's new approach, in a way that is grounded in evidence and aligned with values? ○ Do we see upcoming opportunities in our work to position global health in this new landscape?

Conclusion: The task ahead for global health actors is to strengthen the emerging links between global health and Canada's new foreign policy and development approach, and to show more clearly how health, rights and gender equality can help deliver a foreign policy that is both pragmatic and principled. But this requires discipline in how we define mutual benefit. Transactional economic arrangements that use health assistance as a tool should not be labelled as mutually beneficial health partnerships. Genuine mutual benefit must be rooted in impact, long-term trust, shared priorities, and the collective advancement of values and interests that build solidarity between countries and their people. If we get this right, global health can play a meaningful role in Canada's evolving approach to development and foreign policy.

Contents

Executive Summary..... 2

1. Overview..... 6

2. The Strategic Shift Towards National Interests..... 6

 a) Donor Geopolitical Shifts..... 7

 b) Donor Development Shifts..... 7

 c) Multilateral Shifts..... 8

3. Global Health and National Interests..... 9

 a) Global Health: The Landscape..... 9

 b) Global Health and National Interest: What Is The Benefit?..... 10

 c) Global Health and National Interest: Who Benefits?..... 10

 d) Global Health and National Interest: Which Interests, and Defined by Whom?..... 11

4. Canadian Context..... 12

 a) Canadian Foreign Policy Context..... 12

 b) Canadian Development Context..... 13

 c) Canadian Development: What’s Next?..... 15

5. Strategic Implications for Canadian Global Health Actors..... 16

 a) The Opportunity..... 17

 b) The Risks and Tensions..... 17

 c) Guiding Principles and Key Questions..... 19

6. Conclusion..... 20

Acknowledgement..... 21

Annex A: Comparative Donor Development Policies..... 22

Annex B: Global Health Issues..... 23

1. Overview

In recent years, global health efforts have shifted away from traditional development dynamics, and towards either mutually beneficial partnerships or to frameworks driven by national donor interest. For Canada and for Canadian global health actors, this shift creates both opportunity and risk. This strategic navigation paper provides Canadian development actors with an evidence-based analysis of global development trends relating to ‘mutual benefit’ partnerships, and outlines how global health investments are increasingly understood within the new international and Canadian emphasis on economic, geopolitical and security interests.

This practical guide is designed to help Canada's global health actors understand the mutual benefit spectrum, to think about how their work may be understood within it, and to navigate the risks while maintaining focus on the values and principles that guide our work.

As the concept of mutually-beneficial partnerships develops in Canada, the task for Canadian global health actors is to shape our collective understanding of mutual benefit so that global health efforts remain evidence-based, partner-led, rights-grounded, and results-oriented. We can work collaboratively to test and develop new models of partnership, while ensuring new initiatives remain rooted in the values that make them effective.

There is strong evidence that Canada benefits from a world that is healthier, more prosperous, more stable, and better able to engage and trade. Global health investments can contribute to that world while advancing Canadian interests and reflecting Canadian values. But those values are not a soft add-on. They are what make Canada credible, trusted and durable in a more transactional world. The case for global health must therefore remain grounded in impact, rights, equity, evidence, transparency, country leadership and long-term systems strengthening.

2. The Strategic Shift Towards National Interests

There has long been a tension over the ultimate purpose of international development. At one end of the spectrum is the idea of development as a purely charitable good. In the middle, is the idea that development benefits both the donor and recipient mutually, and at the far end, development becomes a means of benefiting the donor country itself. At various times, this has manifested as debates about tied aid, or concepts of enlightened self-interest, as examples. In that way, recent changes to how donors see development assistance are not new. They are another evolution of decade-long debates over the goal and framing of development assistance.

a) Donor Geopolitical Shifts

Since 2016, we have seen significant political shifts in and between traditional donor countries². Broadly speaking, populations and politicians turned inwards and became more protectionist. For European donors, Russia's invasion of Ukraine triggered a significant re-evaluation of security and defence priorities and spending³.

The election of the second Trump administration marked a seismic shift as countries felt new and existential threats to their economic and physical security, bringing new national security and economic concerns to the fore. Amidst this geo-political instability, political and voter opinion shifted, and governments increased defence spending at the expense of aid spending. International cooperation itself became more fraught, as countries prioritised their own national interests, and disagreed over how to handle the changing order.

As a result of geopolitical shifts, donor governments made an abrupt turn on aid to a) significantly reduce amounts, and b) reframe international assistance as needing to more clearly serve the donor country's national interest. Development cooperation was brought under the umbrella of broader foreign policy and even economic and security goals.

International aid from Organisation for Economic Co-Operation and Development (OECD) Development Assistance Committee (DAC) members fell by 23.2% in 2025 compared to 2024 – the largest annual drop in history. It was also the first year in which the top five donors all reduced Official Development Assistance (ODA), accounting for nearly 96% of total ODA decline⁴. At the same time, we saw very significant aid to Ukraine. Ukraine is the largest volume of aid ever provided to a single country, exceeding total bilateral aid from all DAC members to all sub-Saharan African countries combined⁵. Parallel to this, donor countries have pledged significant increases to defence budgets, to meet NATO commitments of 5% of Gross Domestic Product on defence and associated issues. For Canada, this amounts to a budget increase of approximately \$100bn per year from 2032 onwards⁶.

b) Donor Development Shifts

It is helpful to view donor shifts relating to development as a spectrum. Towards the middle, European donors are largely implementing a 'mutual benefit' framework. These donors have reframed partnerships with Global South countries away from top-down donor-recipient dynamics, and towards equal, mature

² The United States, Canada, the UK, France, Germany, Japan, Italy, the European Union, Norway, Sweden, Denmark, Belgium, Switzerland, Spain

³ ODA to Ukraine ranges from 15-40% of ODA budgets

⁴ <https://www.oecd.org/en/about/news/press-releases/2026/04/international-aid-fell-sharply-in-2025-says-oecd.html> (US, Germany, UK, Japan and France)

⁵ <https://www.oecd.org/en/about/news/press-releases/2026/04/international-aid-fell-sharply-in-2025-says-oecd.html>

⁶ <https://www.pm.gc.ca/en/news/news-releases/2025/06/25/canada-joins-new-nato-defence-investment-pledge>

collaboration that serves both country's needs. The UK talks about “partnership not paternalism”⁷ and moving “from a donor to an investor”⁸, framing ODA as one tool in their modern engagement with Global South countries. While it is still early days, this has meant development is more squarely framed around economic growth, critical minerals, secure supply chains, and national security, both at home and in partner countries. Given the newness of these shifts, we lack sufficient evidence as to whether these partnerships indeed deliver genuine mutual benefit, or instead act as a means to advance donor interests while reducing aid spending. Funding is also shifting away from grants towards more complex and blended forms of financing. The geographic prioritization of aid is also shifting, to better track donors' security and diplomatic priorities (such as the response in Ukraine) rather than evidenced poverty need⁹.

At the further end of the spectrum, the United States has implemented an ‘America First’ model which nearly exclusively instrumentalizes all development assistance to benefit US interests¹⁰. To a certain extent, Japan and the European Union also use aid and global health as tools to advance their own national interests. Further detail on each donor is contained in Annex A.

c) Multilateral Shifts

Much of the progress we make on global health, and the means by which we do so, is underpinned by the multilateral system, international law, and global norms. Health cooperation depends on effective engagement mechanisms between global health actors. It requires global and regional spaces with strong mandates and frameworks to drive progress, and international laws and rights that ensure health equity. These instruments have been under attack by anti-rights movements and state actors for a number of years, with issues like sexual and reproductive health and rights most affected. As a result, we see weakened normative language on women's health and rights, increasingly contested negotiations, and legal and funding restrictions for global health and rights groups.

The World Health Organization (WHO) is a clear example of both the importance and fragility of this system. WHO remains central to global health cooperation, including norm-setting, emergency coordination, surveillance, technical guidance and collective action on shared health threats. Yet it is operating in an increasingly constrained and contested environment. The formal withdrawal of the United States from WHO has further weakened the institution's financing, governance and political legitimacy at a time when global cooperation is already under strain. For Canada, this creates both a responsibility and an opportunity to support effective multilateral institutions, defend rights-based health cooperation, and help ensure global health governance remains grounded in equity, evidence and shared security.

7

<https://theconversation.com/the-uk-is-spending-more-on-defence-but-is-raiding-the-aid-budget-the-best-way-to-pay-for-it-280220>

⁸ <https://www.developmentaid.org/news-stream/post/198298/uk-government-downsizes-its-2025-2026-aid-budget>

⁹ <https://www.cgdev.org/blog/eu-2025-balancing-global-ambitions-and-domestic-pressure>

¹⁰ <https://www.globalpolicyjournal.com/blog/07/05/2026/new-us-development-doctrine-business-deals>

3. Global Health and National Interests

Across global health lies a tension. Developing country governments are pushing for country ownership over global health priorities. At the same time, while many donors publicly echo calls for sovereignty and emphasise the importance of domestic resource mobilisation, donor funding and policies increasingly emphasise donor national interest. We can see this tension as a spectrum. At one end, are health investments that produce economic and security returns to donors as documented second order impact. In the middle, there are programs explicitly designed and justified on dual grounds, as in, they benefit each party mutually. At the far end, we see health aid function primarily as a vehicle for geopolitical influence or commercial market access.

a) Global Health: The Landscape

When we discuss national interests in global health efforts, we must first consider the backdrop against which this shift is occurring. Namely, a) significant global health funding reductions, b) the move away from traditional ODA and towards domestic resource mobilisation and innovative or blended finance, and c) attempts to reform the global health architecture and purpose.

As a result of global health funding shortfalls, we see greater interest in innovative or blended financing, and a greater role for Multilateral Development Banks (MDBs) and Development Finance Institutes (DFIs). For example, the UK is increasingly channeling health aid through its development finance arm, British International Investment (BII).¹¹ Canada's DFI, FinDev Canada, also recently received new capital. These types of investments must usually result in financial returns. Finally, we have seen a push for debt-to-health swaps from multilateral health bodies¹², as a means to finance global health programming.

These dynamics are part of a broader fracture in the global health architecture. Several efforts are now underway to rethink how global health is delivered and to streamline the institutions, mandates and financing arrangements that shape the system, including the Accra Reset, the UN80 agenda and WHO reform. While these processes are important, they are unfolding in a context where there is no longer a shared understanding of global health goals, architecture or norms. In the meantime, current funding flows, political choices and institutional retrenchment are reshaping the development and global health landscape faster than formal reform efforts can move.

Finally, in June 2026, the G7 released a communique on mutual benefit partnerships which summarises their approach. While overall, it confirms the shift away from traditional ODA and towards economic and security interests, it contains the line, *"in countries which have limited access to non-concessional or private capital, we will invest in sectors of human development, including in health, education, early*

¹¹ <https://commonslibrary.parliament.uk/research-briefings/cbp-9560/>

¹² <https://pmnch.who.int/news-and-events/news/item/06-05-2026-from-debt-burden-to-health-investment-how-debt-swaps-can-finance-women-s-and-children-s-health>

*childhood development, nutrition and food systems*¹³. It also stresses that empowering women and girls, and full and free enjoyment of rights, are key drivers of development and economic growth.

b) Global Health and National Interest: What Is The Benefit?

When we consider mutually beneficial global health partnerships, we first have to define and interrogate the benefit. A 2025 paper exploring the issue notes *“there has been surprisingly little empirical research on the benefits of health ODA to donors, and so the benefits remain poorly understood”*¹⁴. This is a critical point. While we can theorise ways in which health ODA may result in mutual benefit, we lack substantive empirical evidence. From the evidence we do have, we can distinguish between three forms of benefit - health and associated benefits, economic benefits, and political benefits. In terms of health benefits, there is strong evidence that donors benefit considerably from investments in infectious disease and pandemic prevention, vaccination, and health research and development, in the form of reduced health security threats, and reduced risk of antimicrobial resistance. There is strong evidence that donors benefit economically from similar investments, particularly as insurance against the considerable cost of pandemics¹⁵. Donors also benefit economically as health ODA can stimulate job creation and boost international trade. As the World Bank notes, investing in health “is not just about improved health outcomes, it is a catalyst for broader economic and employment benefits, particularly for women”¹⁶. Finally, evidence shows donors benefit politically from global health investments through increased soft power, improved bilateral relations, improved political stability, and increased defence and trade relations.

Outside of these areas, more evidence is needed on specific health benefits, quantified economic benefits, and the political benefits. More evidence is particularly needed on the gains and costs of mutual benefit partnerships versus traditional ODA dynamics. In quantifiable terms, what is lost when we transition to a new form of partnership, and what is gained? Which form of partnership is best suited to deliver the goals we identify?

c) Global Health and National Interest: Who Benefits?

When assessing mutual benefit models, it is important to identify who primarily benefits from global health ODA. Which party is the intended main beneficiary of the effort, and which party derives a second order benefit? Do the parties benefit equally, albeit in different ways? We want to avoid labelling an effort

¹³ <https://www.consilium.europa.eu/media/g54db2fr/leader-s-declaration-on-mutually-beneficial-partnerships.pdf>

¹⁴ Yamay, Bharali, Ogbuaji, “Can Development Assistance for Health Mutually Benefit Donors and Recipient Countries?”, Kiel Institut, December 2025, https://www.kielinstitut.de/fileadmin/Dateiverwaltung/IfW-Publications/fis-import/96f3df63-828e-4ea8-95a9-f88940903de8-KW_P_2306.pdf

¹⁵ One study shows prevention costs only \$4.5 billion USD annually compared to projected annual losses of \$60 billion USD from a future pandemic

¹⁶ World Bank. 2025. “Health, Economic Growth and Jobs.” World Bank, April 17 <https://www.worldbank.org/en/topic/health/brief/health-economic-growth-and-jobs>

'mutual benefit', when in reality, the donor is the primary beneficiary and the recipient is a means to achieve that end.

This is not always a simple calculation, and the distinction between "health aid that also serves economic interests" and "economic policy that uses health aid as its instrument" is increasingly difficult to draw¹⁷.

d) Global Health and National Interest: Which Interests, and Defined by Whom?

When we consider donor national interests, we tend to think first of trade or economic growth. They are significant drivers of mutual benefit efforts, but are not the only ones. Security, defence and migration also feature in mutual benefit efforts, and it is important to identify which donor interest is being advanced, and in what way.

It is also important to consider who defines the interests being advanced. Partnerships may deliver mutual benefits as defined by governments, but may be opposed by civil society, the business community, or marginalised groups. For example, a partnership may advance a government-defined security interest, but at the expense of environmental impact on a marginalised community.

- **Defence and Security:** We see increased focus on global health security connected to growing defence budgets, for example, preventing infectious disease or securing supply chains of critical health products. Germany's global health engagement is explicitly framed around pandemic preparedness, outbreak detection, and global health security, as ways to protect German economic and territorial security¹⁸. South Korea's epidemic preparedness funding is structured to develop domestic Korean Artificial Intelligence and biomedical capabilities¹⁹. In Canada, this manifests through the new Defence Industrial Strategy which includes biosecurity, medical countermeasures, and supply chains for health²⁰.
- **Commercial market access/Tied aid:** We have seen a significant return of tied aid policies in the last year. Tied aid is where a donor uses aid to subsidize domestic industry or secure protected markets in developing countries. For example, restricting aid contracts to domestic companies, or mandating domestic products in aid efforts. Despite commitments at OECD DAC and through the Paris Agreement 2005²¹ to untie aid, most donors use some form of explicit or de-facto tied aid. Proponents of tied aid argue it is a win-win - the partner country secures important assistance,

¹⁷ Yamay, Bharali, Ogbuoji, "Can Development Assistance for Health Mutually Benefit Donors and Recipient Countries?", Kiel Institut, December 2025,

https://www.kielinstitut.de/fileadmin/Dateiverwaltung/IfW-Publications/fis-import/96f3df63-828e-4ea8-95a9-f88940903de8-KW_P_2306.pdf

¹⁸ <https://healthpolicy-watch.news/global-health-leaders-urge-fewer-agencies-amid-funding-crisis/>

¹⁹ <https://www.biospectrumasia.com/article/pdf/26977>

²⁰

<https://www.canada.ca/en/department-national-defence/corporate/reports-publications/industrial-strategy/security-sovereignty-prosperity.html>

²¹ <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-5015>

and the donor gains some benefit from their support. Proponents also argue tied aid builds important political support in donor countries for development assistance. Critics argue that tied aid subverts the purpose of aid, is more expensive, weakens aid impact, and perhaps most counter to aid objectives, distorts local economies thus further entrenching poverty and cycles of dependency. They believe domestic industrial strategy should be separate from development assistance.

- **Migration:** We see increased focus on global health as a means of reducing migration. In some cases, this is a rhetorical connection, with health investments positioned as part of a broader effort to address instability, poverty and fragility. In others, it reflects the more direct use of ODA to contain migration or manage borders. This creates risks for global health actors. While strong health systems can contribute to stability, resilience and opportunity over time, global health investments should not be justified primarily as tools of migration control. A mutual benefits approach must distinguish between addressing the structural drivers that can force people to move, and using health assistance to limit mobility or shift responsibility onto partner countries.

4. Canadian Context

In order to engage credibly with the new foreign policy and development landscape in Canada, Canadian global health actors must understand the relevant policies, values and interests Canada seeks to advance, and then draw on evidence to situate global health investments within that framework, aligned with our values and impact.

There is significant variation in how development has been affected by the new Canadian political landscape, and the concept of mutually beneficial partnerships is still evolving. In some cases, we see a surface-level narrative shift. In others, it is a substantive shift in purpose and impact of development work. There is no single framework guiding Canadian efforts, but we can derive some understanding from known shifts in foreign policy and development policies and actions.

a) Canadian Foreign Policy Context

In Canada, the political context for foreign policy, defence and development changed significantly with the election of the second Trump administration in the United States. In 2025, Prime Minister Carney announced Canada would no longer describe its foreign policy as 'feminist'²². Since then, the Canadian government's primary theme has been Canadian economic sovereignty. This has meant promoting Canadian industry and economic growth, as well as diversifying trade to reduce dependence on the United States. There has also been particular focus on bolstering Canadian defence, notably through the commitment to spend 5% of Gross Domestic Produce (GDP) on defence, resilience and security, as well

²² <https://globalnews.ca/news/11539673/canada-carney-feminist-foreign-policy/>

as to increase defence exports by 50%²³. Economic sovereignty, defence and resilience are connected issues for Canada.

Canada continues to underscore the importance of principles and values in its new foreign policy approach. Prime Minister Carney's Davos speech specifically rejects the false binary of abandoning values to acquiesce to great power, or putting up walls and going it alone. Instead, *"legitimacy, integrity and rules remain strong if we choose to wield them together"* through collective investments. In essence, solidarity is a way of advancing values, amidst a rupture in the world order.

"A world of fortresses will be poorer, more fragile and less sustainable. And there is another truth. If great powers abandon even the pretense of rules and values for the unhindered pursuit of their power and interests, the gains from transactionalism will become harder to replicate"²⁴

Carney names Canada's diversity, pluralism, and freedom as our strengths. He notes the importance of Canada as a stable, reliable partner that builds relationships for the long term. These are all attributes that can be applied to Canada's global health partnerships too.

Finally, he says ***"countries earn the right to principled stands by reducing their vulnerability to retaliation"***. In this way, we see how Canada's economic interests are linked to the advancement of its values. As our partnerships diversify and grow, so does our ability to advance our values.

Taken together, it is not a question of ensuring balance between Canada's values and our interests, as if they are opposing tensions at odds with each other. Instead, we can view our values as our interests, and vice versa. It is in Canada's interests for countries to be healthier, more stable, with stronger rule of law, and reduced inequality. And Canada's values make us credible, trusted and durable in a more transactional world. The way we advance these interests is through pragmatic, respectful partnerships with others who share these interests. Again, global health partnerships exemplify this non-transactional approach rooted in respect, and have potential to support Canada in its new foreign policy.

b) Canadian Development Context

Canada's approach to development is still evolving and uneven, as actors grapple with how to implement new agendas. Again, we can derive some understanding of shifts from recent changes to frameworks, policies and budgets. In Budget 2025, the government reduced Global Affairs Canada's budget by 15%, and ODA by \$2.7bn over four years, with a focus on global health and international finance institutes. We

²³

<https://www.canada.ca/en/global-affairs/news/2026/02/canada-advances-defence-industrial-strategy-to-strengthen-security-sovereignty-and-prosperity.html>

²⁴ <https://www.weforum.org/stories/2026/01/davos-2026-special-address-by-mark-carney-prime-minister-of-canada/>

await further information on how these reductions will be implemented. While Canada's foreign policy is no longer feminist, the Feminist International Assistance Policy (FIAP) that governs development still applies. GAC's departmental plan 2026-27²⁵ gives further indications, with trade and economic security the primary focus for Canadian foreign policy, a number of gender equality indicators removed, and reducing staffing, which may impact global health expertise and capacity.

While we see Global Affairs Canada shift to trade promotion, Foreign Affairs Minister Anand has underscored Canada's ongoing support for human rights^{26, 27}, a rights-based approach to foreign policy and development, and the importance of continued investment in human progress. Aligned with Prime Minister's Carney's speech about "taking down the sign", Canada has been forthright in naming violations of international law, and has taken a leadership role relating to Russia's invasion of Ukraine, including protecting the rights of Ukrainian children²⁸, for example. Minister Anand has also underscored the importance of development, peace and stability to democracy efforts, most recently in Myanmar²⁹ and the Middle East³⁰.

In 2023, Canada announced its candidacy for a United Nations Human Rights Council seat³¹, with the decision to take place in late 2027. At the time, Canada highlighted its support for human rights, anti-racism, LGBTQI+ peoples, Indigenous peoples, gender equality, and climate change. While the political context has since changed, Canada indeed remains a strong defender of these ideas, and the campaign offers Canada an opportunity to demonstrate how its new foreign policy approach will deliver for human rights.

Again, Canada's global health partnerships are integral to Canada's continued leadership on rights and democracy. Prime Minister Carney's speech and Minister Anand's position offer an invitation to global health actors to build the evidence base to show how global health helps us deliver on development goals, by (and not while) remaining anchored in solidarity.

25

<https://international.canada.ca/en/global-affairs/corporate/reports/departmental-plan/global-affairs-2026-2027-departmental-plan>

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https://www.international.gc.ca/world-monde/international_relations-relations_internationales/un-onu/statements-declarations/2025-09-30-statements-declarations.aspx?lang=eng

27 <https://www.ctvnews.ca/politics/article/anand-argues-pursuit-of-new-trade-ties-not-coming-at-expense-of-aid-human-rights/>

28

<https://www.canada.ca/en/global-affairs/news/2026/05/minister-anand-concludes-participation-in-the-high-level-meeting-of-the-international-coalition-for-the-return-of-ukrainian-children.html>

29

<https://www.canada.ca/en/global-affairs/news/2026/01/statement-by-minister-anand-five-years-following-military-coup-in-myanmar.html>

30 <https://www.canada.ca/en/global-affairs/news/2026/03/statement-by-minister-anand-on-hostilities-in-the-middle-east.html>

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<https://www.canada.ca/en/global-affairs/news/2023/05/minister-joly-announces-canadas-united-nations-human-rights-council-candidacy.html>

c) Canadian Development: What's Next?

So what is next? This is *the* critical question for Canadian global health actors. We now know the landscape and context. We know our values and our missions. We know what evidence exists, and about the evidence gap as it relates to mutual benefits. We can review the policies of other countries to understand the range of options available to us, and the very recent G7 communique provides a useful summary³². But fundamentally, what happens next is a question for us collectively to shape and decide.

We can foresee a number of pathways that align with the spectrum of development partnerships outlined throughout this report. And we can shape these pathways based on our values and on the impact we want to see in the world.

At one end of the spectrum, we may see the maintenance of traditional development dynamics, where poverty reduction and improved health outcomes remain primary goals of Canadian global health efforts. Where there is low potential for economic gains, or in fragile and conflict settings, we can make the case that concessional financing remains the best means to address health challenges. Where the evidence shows that impact is best achieved through grant-based traditional development efforts, we should make this case.

In the middle, we could see work shift more squarely towards genuinely mutually beneficial partnerships. Again, identifying genuine mutual benefit partnerships is not always easy, and we must ensure any such efforts are credible and evidence-based, grounded in solidarity, and deliver impact. In Section Five, we outline ways to define genuine mutual interest. Where other countries have pursued these partnerships³³, we have seen the following:

- Global health efforts connected to economic interests or trade corridors for Canada. For example, provision of healthcare near Canadian businesses operating overseas (eg, mining companies) or to certain populations near industries strategic for Canadian and partner country interests (eg, the Lobito Corridor³⁴). This would offer health services to local people, while increasing human capital for Canadian and partner country economic goals.
- Increased efforts to address global health conditions that significantly affect workforce participation, like malaria.
- An increased focus on women's role in mutually-beneficial economic projects. Canada often cites its investment in a cinnamon factory in Vietnam, that will supply the Canadian market with cinnamon, while providing decent work to women in Vietnam³⁵, and we may expect expansions on this model.
- Increased use of Canadian organizations, enterprises, or expertise to address health issues in partner countries. This encompasses a wide range of options, from increased use of health

³² <https://www.consilium.europa.eu/media/g54db2fr/leader-s-declaration-on-mutually-beneficial-partnerships.pdf>

³³ See Annex A, specifically Germany, the EU and Japan.

³⁴ <https://bsky.app/profile/globalaffairs.canada.ca/post/3moifuroapc25>

³⁵ <https://www.theglobeandmail.com/canada/article-foreign-aid-trading-partners/>

technical assistance and Canadian health professionals, to forms of tied aid like health contracts restricted to Canadian entities, or use of Canadian-developed products.

- Use of Canadian global health research and development expertise to develop products for Global South use. For example a University of Calgary project³⁶ to develop an animal vaccine for Ethiopia and Nepal.
- Increased investment in global public goods relating to global health. For example, disease surveillance systems, climate and health, health research, artificial intelligence for health, and health multilateralism. These are shared global goods from which Canada benefits equally, alongside partner countries.
- Framing of infectious disease and pandemic preparedness as national security or defence interests, and potentially, subsequent funding from these areas.
- Innovative or social impact models of financing, particularly for critical health supply chains, including through FinDev Canada, or linked to the Defence Industrial Strategy.
- International financing advocacy to create greater fiscal space for partner countries, as well as ODA co-investment requirements to generate domestic resources for global health.

Finally, at the far end of the spectrum, global health efforts may be used primarily as a means of advancing Canadian interests, representing a significant departure from traditional development objectives. Depending on the context, this could include the expanded use of tied aid, such as restricting global health contracts to Canadian enterprises, or using aid to create preferential access for Canadian sectors such as construction, agriculture or technology. It could also include linking immigration objectives to global health policy, or exchanging health investments for security, data or defence-related access.

These approaches require careful scrutiny. It will be important to generate and assess evidence on both the benefits and costs of these arrangements, including who benefits, who carries risk, and whether health outcomes are strengthened or compromised. Global health assistance should not be used as leverage to secure unrelated domestic policy or commercial objectives. As the boundaries become less clear, we need to distinguish between health investments that also generate economic or strategic benefits, and economic or strategic policies that use health aid as their instrument. One person's view of a mutual benefit partnership may be viewed by another as a transactional national interest deal.

5. Strategic Implications for Canadian Global Health Actors

As Canadian global health actors seek to help shape emerging Canadian policy, we outline a series of principles and key questions to guide engagement and discussions.

³⁶ <https://ucalgary.ca/news/new-vaccine-against-devastating-cattle-disease-will-soon-be-delivered-developing-countries>

a) The Opportunity

As impact-driven organizations, we lead with our values, including equity, partner-led decision-making, and a focus on outcomes. We acknowledge needed reforms to the global health system, and we welcome opportunities to improve the systems in which we work. We understand the various pathways open to Canada, and intend to work collaboratively with actors in Canada and internationally, to shape our collective direction. When we see Canada's values and interests as one and the same, we can build new partnerships in which global health is a key driver of both Canadian and global progress.

There is strong evidence that improving women and children's health contributes to stronger health systems, increased economic participation, improved human capital, and greater stability, resilience and long-term prosperity. It also delivers political benefits in terms of soft power, leverage, and improved relations upon which, Canada can build further partnerships. Finally, Canada is safer and more prosperous when international norms and laws are followed by all actors, and we underscore the importance of these instruments to global health progress. We also highlight the notable lack of evidence detailing the benefits and risks of global health mutual benefit partnerships, and we welcome opportunities to build that body of evidence, to ensure Canada's new development approach delivers genuine mutual benefit.

"A nation's true strength may not only lie in its conventional tools of power, but in the health and productivity of its people....A healthy population is a nation's most valuable asset, the quiet engine of its growth and resilience in a world of uncertainty"³⁷

b) The Risks and Tensions

We are mindful that any new approach brings risks and new tensions that must be navigated. We particularly highlight the following for global health actors:

- **Reduced Impact:** As aid increasingly reflects donor country needs, we must be mindful of reduced development impact. If the donor becomes the primary beneficiary of global health efforts, health becomes instrumentalized, at the expense of partner country priorities and global health impact. It can be a challenge to maintain focus on health outcomes, when the goal is either a) benefit to both parties, or b) mainly benefit the donor country. Firm guidance is required to navigate conflicts between the two goals.

37

<https://www.efpia.eu/news-events/the-efpia-view/blog-articles/the-unseen-arsenal-why-health-is-the-new-economic-battleground-quest-blog/>

- **Right-Based Approaches:** As economic and security considerations become more prominent in global health, rights-based approaches become even more important, not less. They provide the guardrails that ensure partnerships remain focused on people, equity, accountability and impact, rather than being driven primarily by commercial or geopolitical interests. This is particularly important where private sector engagement or profit motives are inserted into global health efforts. A credible mutual benefits approach must ensure that new forms of partnership strengthen, rather than dilute, commitments to rights, equity and country leadership.
- **Securitisation of Aid:** As development becomes more closely linked with security and defence frameworks, there is a risk that aid becomes securitized in ways that undermine neutrality, trust and access. This is especially important in fragile and conflict-affected settings, where health and humanitarian actors must be seen as independent, needs-driven and focused on people's well-being. A credible mutual benefits approach must ensure that health assistance is not instrumentalized in ways that compromise principled delivery or increase risks for partners and communities.
- **Value-Driven Arguments:** Arguments for global health as a contributor to economic growth, stability or security resilience may resonate in the short term, particularly in a more interest-driven policy environment. However, it is important to assess the longer-term implications of these arguments, including whether they narrow the purpose of global health or weaken commitments to rights, equity and solidarity. A credible mutual benefits approach should be able to speak to Canadian interests without losing sight of the values and principles that make global health partnerships trusted, durable and effective.
- **Private Sector Role:** As the private sector plays a growing role in global health, clear principles are needed to ensure financing is transparent, incentives are aligned with public health objectives, and partnerships remain grounded in human rights, equity and country leadership. Public and private finance can both contribute to impact, but only when used effectively and with clear accountability for health outcomes. A credible mutual benefits approach must ensure that private sector engagement strengthens health systems and expands access, rather than prioritizing commercial return over public health goals.
- **Debt and Public Resource Mobilization:** As attention grows to expanding fiscal space and domestic resource mobilization in partner countries, debt must be recognized as a major barrier to public investment in health. Greater domestic investment is important, but many heavily indebted countries are already operating with limited fiscal room, with debt servicing crowding out spending on health, education and social protection. This risk is particularly acute as development financing shifts from a donor model toward an investor model, with greater reliance on private finance, loans and commercially oriented instruments.³⁸ A credible mutual benefits approach should support sustainable, debt-sensitive financing for health, rather than shifting responsibility onto countries whose public resources are already constrained.

³⁸ <https://www.brettonwoodsproject.org/2026/04/from-donor-to-investor-the-dangers-of-the-development-paradigm-shift/>

c) Guiding Principles and Key Questions

As Canadian global health actors navigate this new environment, we present principles to guide our collective work and discussions. Alongside each principle, we present a series of key questions for global health actors to assess whether new partnerships or efforts uphold these principles. We particularly focus on assessing whether an effort is genuinely mutually beneficial.

Principle	Key Questions	Do/Avoid
Centre Our Values: In a more transactional global environment, Canada's values are a source of credibility, trust and long-term influence.	Are our values of equity, dignity and rights upheld throughout?	DO: Continue to anchor global health partnerships in rights, equity, human dignity, and international law. DO: Show how our values deliver on our interests, and lead to better outcomes and more durable partnerships. AVOID: Framing values and interests as a trade-off in which economic gains must be primary.
Focused on Impact: Health and associated outcomes in partner countries remain the primary goals of global health efforts.	Is health impact the primary goal? If not, is health impact sufficiently prioritised and are there effective measures in place to ensure this? How do we assess health and other impacts? Is there modelling or other credible, quantifiable evidence? Who has defined these benefits and how do they flow to the communities we serve?	DO: Analyse mutual benefit partnerships to ensure health remains the primary or an equal goal. DO: Go beyond descriptive language to assess whether the health impact is genuine, and the effort has strong measures throughout to ensure impact. AVOID: Branding efforts as mutually beneficial, without understanding concretely why, how they deliver benefit, and to whom.
Guided by Evidence: We can connect global health efforts to new Canadian priorities where the evidence supports it, but we should avoid straying beyond the evidence.	What evidence exists, and what evidence do we still need to accurately assess impact? Is the argument for economic or security impact grounded in transparent, accurate evidence? What evidence is missing and how do we fill this gap?	DO: Acknowledge weak or missing evidence. DO: Consider global health actors' role in building a body of evidence. AVOID: Broad statements of support or risk that are not supported by evidence. AVOID: Overstretching evidence to make claims about global health's role in mutual benefit partnerships that are not credible.

Alignment with Country-Led Plans: We should deepen alignment with national frameworks, and with local and national priorities, and advance meaningful partnerships with local actors.	Is the effort guided by partner country and local priorities? Are local actors centred and benefitting equally from the effort? How was this effort negotiated and decided? Is health assistance being used as leverage? Did each party have relatively equal power during the negotiation process? Can we quantify the benefits and drawbacks of the Canadian role? What could be done more effectively by local organizations? Is the Canadian role justified by evidence? Does it bring a unique skill or capacity not available locally?	DO: Prepare for more complex partnerships with actors in innovation, finance, trade, climate, and humanitarian response security. DO: Understand complex dynamics around negotiating equal mutual benefit partnerships. DO: Ensure that ‘country-led’ is reflective of all actors across a country, particularly marginalised communities. DO: Discuss organisational positions on tied aid, and the role of Canadian organizations in delivering mutual benefit efforts. AVOID: Prioritising Canadian role over local partners where no evidence exists to support this. AVOID: Understating partner country agency to negotiate agreements.
Showcase Canadian global health as a platform to deliver: Women’s and children’s health is a clear area of Canadian expertise, credibility and influence. Our work can help deliver pragmatic, principled foreign policy rooted in solidarity.	Can we connect this global health effort to Canada’s new approach, in a way that’s grounded in evidence and aligned with values? Do we see upcoming opportunities in our work to position global health in this new landscape?	DO: Frame global health as a comparative advantage that advances rights, stronger health systems, resilience and long-term prosperity. DO: Demonstrate more fully how health, rights and gender equality can help deliver a pragmatic, principled foreign policy, while remaining grounded in evidence AVOID: Stretching evidence, or uncritically endorsing efforts based on surface-level understanding

6. Conclusion

The task ahead for global health actors is to expand on nascent connections to the new Canadian approach, and demonstrate more fully how health, rights and gender equality can help deliver a foreign policy that is both pragmatic and principled, while remaining grounded in evidence. This will require discipline in how mutual benefit is defined. We must avoid labelling transactional economic arrangements that use health assistance as a tool as mutually beneficial health partnerships. Instead, genuine mutual benefit must be grounded in impact, long-term trust, country leadership, and the collective advancement of values and interests that build solidarity between countries and their people. If we shape this approach well, global health can play a key role in a Canadian foreign policy that is credible, durable, and grounded in the world Canada wants to help build.

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Annex A: Comparative Donor Development Policies

Comparative Donor Development Policies provides a scan of how selected donors are reframing development and global health within broader foreign policy, economic, security and geopolitical agendas. This annex helps situate Canada's approach within a wider international trend, and understand the various options available to Canada.

- **China:** China's "Health Silk Road" (HSR)³⁹ initiative links China's global health engagement to trade routes, with health assistance targeted towards countries along trade corridors. Health aid builds political goodwill, secures access to strategic ports and infrastructure, and facilitates Chinese pharmaceutical and medical equipment exports⁴⁰. Experts frame China's health aid to Africa⁴¹ as a blend of soft power and trade interests.
- **European Union:** The EU was an early adopter of both language and substantive shifts to better emphasise national interest within projects designed to achieve development outcomes. The EU also shifted its development cooperation policy as a result of Russia's invasion of Ukraine. The EU has increasingly centred its aid on addressing the root causes of migration⁴². This includes the use of aid for immigration enforcement, and aid conditioned on developing countries implementing stricter migration controls^{43, 44}.
- **The EU's Global Gateway:** This initiative features increasingly in EU delivery of global health. Global Gateway has undergone a transformation from a development finance effort, to a strategic investment tool that advances EU economic, geo-political and security interests. This includes mutually beneficial partnerships, increased use of blended finance, a greater role for the private sector, and a greater connection to trade goals and cultivating markets for EU businesses. This has allowed an entry point for supply chains for health products and health R&D. The EU's new Global Europe Instrument proposal (post-2027) expands this focus to all EU External Action including health, introducing a "dual objective" to contribute "simultaneously to the sustainable development of partner countries and to the strategic interests of the Union." The European Investment Bank recently announced a 10 million Euro investment in primary health care - a good example of the increased role of DFIs in global health⁴⁵.
- **France:** France has long delivered over half of international assistance in the form of concessional loans. It has now re-oriented aid policy particularly in the Sahel and West Africa to

³⁹ <https://www.nbr.org/publication/the-health-silk-road-a-branch-of-chinas-belt-and-road-initiative/>

⁴⁰ <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1676960/full>

⁴¹ https://www.rand.org/pubs/research_reports/RRA4151-1.html

⁴² The UK has also leaned heavily on an anti-migration argument for aid

⁴³ <https://euobserver.com/214987/aid-is-not-a-migration-deterrent-it-never-should-be-and-heres-why/>

⁴⁴ <https://www.statewatch.org/news/2025/september/eu-budget-proposals-more-external-migration-control-less-democratic-scrutiny/>

⁴⁵ <https://www.eib.org/en/press/all/2026-181-angola-burundi-ethiopia-and-zambia-among-countries-benefiting-from-eur10-million-in-eib-global-support-for-primary-healthcare>

serve more of its political goals in the region⁴⁶. It is reducing peacekeeping aid as a result of coups, and says it will increase health and education aid to the region.

- **Germany:** Germany's new Development Policy⁴⁷ (2025) distinctly recalibrates its development cooperation around equal, mutually-beneficial partnerships. The strategy shifts towards long term, mature partnerships with developing countries, local needs and partners, and building sustainable systems driven by partner country priorities. It also retains a strong focus on human rights, global health and climate change.
- **Japan:** Japan has long linked development assistance and global health policy to its own domestic interests. ODA is rooted in Japan's broader foreign policy and security goals, namely countering the rise of China in Asia Pacific, and expanding Japanese business in emerging markets⁴⁸. Japan's 2003 ODA Charter established the use of ODA for national interest⁴⁹, and in 2014, Japan loosened post-war restrictions on using ODA to advance security interests. Its National Security Strategy frames ODA as a tool to protect Japan's national security, and the new Development Charter states that Japanese national interests are the core objective of ODA⁵⁰.
- **United States:** The US "America First" agenda sees health assistance as a strategic tool to advance American interests. The US's new bilateral health deals⁵¹ offer reduced US health aid, in return for exclusive market access for US companies, and access to health data and critical minerals.^{52, 53}. We see this approach also being applied to agriculture investments⁵⁴.

Annex B: Global Health Issues

Global Health Issues examines how development shifts relating to mutual benefit partnerships are playing out across specific global health areas. This annex helps members assess where risks, opportunities and considerations may differ by issue area, and understand how other countries are addressing these shifts.

- **Health systems strengthening:** Partner countries, in particular through the Accra Reset, underscore the importance of country-led approaches to Health Systems Strengthening (HSS). Africa has emphasized continent-wide health workforce development, health data, digitization, health systems financing, and governance, as articulated by the high-level ministerial panel.

⁴⁶ <https://www.cgdev.org/blog/west-africa-crossroads-fostering-stability-after-aid-cuts>

⁴⁷ <https://www.bmz.de/resource/blob/23770/71cf4bb9fee375d369a42c1abf29b64d/strategiepapier452-development-policy-2030-data.pdf>

⁴⁸ <https://www.orfonline.org/research/from-pacifism-to-strategic-maturity-the-evolution-of-japan-s-security-diplomacy>

⁴⁹ <https://www.csis.org/analysis/japans-strategic-interests-global-south-indo-pacific-strategy>

⁵⁰ <https://www.csis.org/analysis/japans-strategic-interests-global-south-indo-pacific-strategy>

⁵¹ <https://www.thinkglobalhealth.org/article/tracking-the-america-first-bilateral-health-agreements>

⁵² <https://www.dfc.gov/investment-story/strengthening-critical-mineral-supply-chains-countering-chinas-dominance>

⁵³ <https://www.orfonline.org/expert-speak/corridors-of-power-us-china-contest-for-africa-s-minerals>

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https://www.reuters.com/world/africa/zambia-us-expand-use-491-million-grant-programme-critical-metals-infrastructure-2026-06-18/?mkt_tok=Njg1LUtCTC03NjUAAAGifoS2knpDRjDD6RCKZR74rE_KdBoH7F7pi2zR6A2Czdi3qFDdAEz_ovZEo45qgt9hQRRirGMyXp6v-NG-2bYWXqFqmuXmvuULRqyv_ahx9z_NZLt

Universal health coverage features heavily, including in the World Bank's recent 'Fit to Prosper'⁵⁵ roadmap for health systems, titled "Investing in health for jobs and development", reflecting an explicit shift in how global health is framed. Another manifestation is the formation of single country plans for health under the Lusaka Agenda, where donors must integrate into a partner country's own health plan⁵⁶.

- **Maternal and child health:** As developing countries move towards "one plan, one budget, one report" approach to health, progress on maternal and child health is now inextricably linked to progress on strong, equitable health systems overall. Maternal health workforce discussions increasingly fall under health systems strengthening. We also see stronger emphasis on technological innovations, as well as coalition efforts to address specific conditions that disproportionately cause mortality and morbidity (eg, pre-eclampsia⁵⁷). As a gendered issue, it also suffers as donors reduce focus on gender equality. Some observers note a turn away from rights-based language on maternal health, and towards more instrumentalist discussion about technological innovations.
- **Infectious disease / Pandemic preparedness / Global Health R&D:** Groups and governments working in this space have shifted to emphasising health human security, and have situated these issues within national security and economic security frameworks. Funding for global health R&D is also possible through non-traditional modalities, primarily innovative and blended finance. We also see defence ministries procuring global health R&D as military capabilities to protect forces deployed to areas where certain diseases are endemic. In Canada, the 2024 establishment of Health Emergencies Readiness Canada (HERC)⁵⁸ under the department for Innovation, Science and Economic Development was a landmark moment for situating health R&D as a domestic economic driver. The subsequent Defence Industrial Strategy⁵⁹ specifically names medical countermeasures and biosecurity as key priorities for Canadian Armed Forces, and for Canadian economic growth⁶⁰.
- **Sexual and Reproductive Health and Rights:** SRHR has been at the forefront of recent political shifts and has faced significant headwinds in recent years, particularly as states with ideological objections to SRHR have gained momentum in multilateral and domestic policy spaces. In response, some actors have reframed SRHR as an economic imperative, positioning it as a driver of women's labour force participation, human capital, economic growth and resilience. This framing can help broaden support, connect SRHR to emerging policy priorities, and potentially open new streams of financing linked to economic growth, supply chain resilience, innovation and private sector engagement. Contraceptive research and development, commodity security

55

<https://documents1.worldbank.org/curated/en/099043026173024635/pdf/P17875110450aec35d84593a9a395eb88286b70.pdf>

56 <https://www.thinkglobalhealth.org/article/the-lusaka-agenda-shows-the-power-of-community-voices>

57 <https://www.who.int/news-room/events/detail/2026/05/05/default-calendar/global-pre-eclampsia-summit>

58 <https://ised-isde.canada.ca/site/ised/en/programs-and-initiatives/health-emergency-readiness-canada>

59

<https://www.canada.ca/en/department-national-defence/corporate/reports-publications/industrial-strategy/security-sovereignty-prosperity.html>

60 <https://www.canada.ca/en/health-canada/services/science-research/one-health.html>

and resilient supply chains are areas where SRHR may align particularly well with economic and security resilience agendas. At the same time, SRHR also illustrates the risks of instrumentalizing global health within a mutual benefits frame. Some civil society actors have been cautious, or openly critical, of pragmatic economic and security arguments that treat SRHR primarily as a means to achieve other policy objectives. Their concern is not that economic arguments are irrelevant, but that they can weaken the rights-based foundation of SRHR if they become the dominant rationale. A credible mutual benefits approach must therefore be able to recognize the economic and strategic value of SRHR, while remaining clear that access to sexual and reproductive health services is first and foremost a matter of rights, equity, bodily autonomy and health.

- **Nutrition:** Nutrition is an area where the shift toward mutual benefit is already becoming visible, particularly through efforts to connect global food security and nutrition objectives with domestic agricultural capacity, supply chains and economic interests. For donors, including Canada, this can include greater attention to the role of domestic agriculture, food production, fertilizer, logistics and innovation in responding to global food and nutrition needs. These connections are not inherently problematic, and in some cases may strengthen reliability, resilience and speed of response. However, they also raise important questions about tied aid, local procurement, market distortion, value for money, and whether nutrition outcomes remain the primary objective. The question is not whether domestic capacity can play a role, but whether that role is designed around nutrition impact, country needs, and the strengthening of local and regional food systems.
- **Gender equality and women's economic empowerment:** The shift towards economic and security interests has had a profound impact on gender equality as a political and funding priority. Gender equality was already facing significant headwinds, and the new prioritization of traditionally male-dominated spheres of the economy and defence means fewer women are included in critical decision-making spaces, and many governments have moved away from gender-based analyses. Connected to this, the feminist foreign policy (FFP) movement has faltered⁶¹, and streams of funding for women's rights organizations have sunsetted⁶².
- **Climate and health:** The new landscape creates new challenges and new opportunities in the climate and health space. Many donor countries cut their international climate financing commitments in 2024-26⁶³. Due to the ideological shifts, previously accepted climate language and principles are now contested. Global cooperation on climate has also become more challenging. However, the increasing human experience of climate change and its impacts in global north countries, have raised the salience of the issue. Donor governments are incorporating climate change as security and economic risks into their own defence and security policies. The recent conflict in Iran and ensuing energy crisis has raised the salience of green transition as a form of economic and security sovereignty.

⁶¹ Sweden, Germany, France, Canada

⁶² <https://www.leadingfromthesouth.org/> and

https://www.afd.fr/sites/default/files/2025-01-11-29-17/AFD_BILAN-FSOF-2023_A5_UK_web.pdf

⁶³ UK, France, Canada, Germany, US