USING KINGDON'S FRAMEWORK TO ANALYZE CANADA'S REFUGEE HEALTH COVERAGE

A M E L I A B O U G H N & M O H A M E D H A S S A N

INTRODUCTION & OVERVIEW

In recent decades, conflicts in countries such as Syria, Afghanistan, Iraq, and Myanmar have forced millions of people to flee their homes in search of safety (Huber & Reid, 2019). Many have endured harsh travel conditions to reach asylum camps in neighboring countries. Between 1975 and 2003 the global refugee population increased from 2.4 to 10.4 million (1). Canada has always been a country built on immigration, and recently it has played a major role in hosting refugees from Syria, welcoming 40, 081 Syrian refugees between November 2015 and January 2017 (2). Prior to this, the number of asylum applications to Canada had been dropping in correlation with cuts to Canada's refugee health coverage policy, the Interim Federal Health Program (IFHP) (1). Though Canada portrays itself globally as an exemplar of refugee equity and opportunity, this is not the reality. A 2019 study found that 42.6% of Syrian refugees reported having unmet health needs (3). We have chosen to analyze Canada's refugee health coverage policy at the agenda setting stage because in the past decade the policy has been on the government agenda three times. Thus we want to examine how and why this policy regularly vaults into public and political discourse and the implications this has for reguees in Canda

HISTORY OF THE IFHP

1957: "The Interim Federal Health Program"

The IFHP was established as a part of Canada's response to the post-WWII refugee crisis. The program provided temporary coverage for essential and supplemental medical services for refugees until they became eligible for provincial coverage, regardless of their country of origin, type of sponsorship (federal or private), or stage of the claimant process (failed, in process, or accepted) (4; 5).

2012-2014: "Respecting The IFHP" & Amendment

In 2012, The Conservative government under PM Harper revoked the IFHP in favor of another program that created a tiered system of coverage which depended on a refugee's country of origin, type of sponsorship, and status of claim. For example, privately sponsored and in-process claimant refugees lost all coverage for medications. The federal government argued that the changes were needed to cut its spending, streamline the process, and deter "bogus" claims that abused the system.
In 2014, After losing in a physician-led federal court case brought against the changes, the Conservative government appealed the ruling but amended some of the policy changes to expand certain areas of coverage (5; 6)
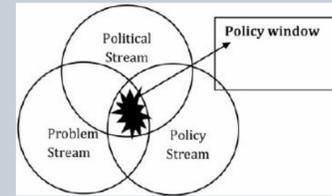
2016: Re-instating The IFHP

In 2015 a new, Liberal, government was elected. The new government dropped the appeal and reinstated the IFHP in its pre-2012 state within a year of their election (6)

RESEARCH QUESTION

The IFHP has been revised several times in the past decade. Most recently, in 2016 the IFHP reached the fedearl agenda where the Liberal government restored it back to its pre-2012 state. With this backdrop, we formulated our research question: **How and why did the IFHP policy reach the government agenda in 2016?**

ANALYSIS: KINGDON'S FRAMEWORK

Methods: Kingdon's Agenda-Setting Framework was used to analyze the IFHP in the agenda setting phase. This analytical approach was feasible because the history of this policy in public and political discourse is well documented in grey and academic literature. In his model, Kingdon describes three separate streams which, when aligned, form a policy window that signifies an opportunity for an issue to reach the government's agenda (7). The three streams are:

(Khayatzadeh-Mahani et al., 2015)

Policies: Usually the slowest moving, the policies stream refers to the collection of ideas and proposals by specialists, academics, and policy writers which Kingdon, refers to as the "policy primordial soup" (7, p. 43).

Problems: Problems inspire people, be it politicians or civil society, to pay attention and act. Problems come about through a shift in indicators, through feedback mechanisms, or through more sudden focusing events (7).

Politics: The politics stream opens and closes with changes in government administration, intense lobbyist pressure, legal events, swings in partisan alignment, or other major political events (7).

PROBLEM STREAM

- **Costs Transferred, Not Saved**
  Provinces & Healthcare institutions received the burden of cost as they tried to cover those excluded by changes (4)

- **Gaps & Confusion**
  Critics of the 2012 policy and advocacy groups highlighted evidence of serious gaps and negative impacts on the refugee healthcare system as well confusion among providers about "who is covered under what?" (8; 9)

- **Syrian Refugee Crisis**
  Syrian civil war caused increasing numbers of refugees worldwide, media coverage caused national & international calls for action

POLICY STREAM

- **Professional & Expert Response**
  The Wellesley Institute, Maytree Foundation, Canadian Council For Refugees and others crafted reports highlighting the negative implications of the 2012 changes on healthcare outcomes and the need for increased coverage. Professionals and advocacy groups called for a reinstating the pre-2012 policy (4).

POLITICS STREAM

- **Negative Provincial Feedback**
  Provinces, even those led by the Conservative party, responded negatively. Some decided to cover portions of the slashed services (4; 5)

- **CDRC v Canada Court Case**
  Canadian Doctors for Refugee Care successfully challenged the changes in federal court. Gov filed an unsuccessful appeal. Gov. then amended some areas to appease critics, but continues to appeal court decision.
  (4; 5)

- **2015 Elections**
  Liberal Party won strong majority in 2015 federal election

Window of Opportunity
A worldwide refugee crisis, professional and expert responses, and a change in government opened a window of opportunity to place IFHP back on agenda. Justin Trudeau acted as a policy entrepreneur.

Government Decision
Liberal Government withdrew appeals and reinstated pre-2012 IFHP

IMPLICATIONS & DISCUSSION

The IFHP has been a devisive topic in Canadian politics, reaching the government agenda and undergoing changes several times in the past decade. Kingdon's Agenda-Setting Framework proved an effective tool in analyzing how and why this policy reached the agenda.Our analysis of this policy yielded several conclusions:

1. The politics stream has historically played a vital role in getting the IFHP onto the agenda. In the 2015 federal election, the Liberals campaigned on a promise to return the IFHP to its pre-2012 state, and Justin Trudeau acted as a policy entrepreneur for the IFHP in 2016 after his Liberals were elected to a strong majority

2. Global crises have acted as strong components of the problem stream for this policy issue. The government first created the IFHP in 1957 after the post-WWII refugee crisis and the 2016 amendments came after the Syrian refugee crisis made headlines across the world.

These conclusions have several implications for the future of refugee health policy in Canada. Firstly, the volatility of the politics stream means that the IFHP may reach the agenda again soon, as the strong Liberal majority of 2015 has recently become a much weaker minority government. Second, the problem stream may reopen in response to the volatility of the international climate as right-wing, anti-refugee movements continue to spread around the world. Refugee health exists in a larger, values-entrenched narrative about nationalism, human rights, liberty, and nation states. Its place among these volatile, complex topics helps to explain why it has moved on and off the agenda so frequently in recent years and why it might find a place back on the agenda again in the near future. This has implications for policy entrepreneurs in other countries as well, who may be able to leverage domestic political changes or anxieties about the growing global refugee population to bring reufgee health coverage to the agenda.

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