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, 2018). 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) (3). 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 (5). 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 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

**Introduction & Overview**

The IFHP was established as a part of Canada’s response to the post-WWII refugee crisis. The IFHP has been revised several times in the past decade. Most recently, in 2016 the IFHP was amended to expand coverage for refugees in Canada, reaching the government agenda agenda three times. Thus we want to examine how and why this policy regularly vaults 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

**Analysis: Kingdon’s Framework**

**Problem Stream**

- **Costs Transferred, Not Served**
- **Provinces & Health Care Institutions received the burden of costs as they tried to cover those excluded by changes**

**Policy Stream**

- **Professional & Expert Response**
- **The Wallraw Institute, Maytree Foundation, Canadian Council For Refugees and other experts raised awareness highlighting the negative implications of the 2012 changes on healthcare outcomes and the need for increased coverage.**

**Politics Stream**

- **Negative Provincial Feedback**
- **Provinces, even those led by the Conservative party, responded negatively. Several decided to cover portions of the slashed services**

**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 decision (4; 5).

**2015 Elections**

Liberal Party won strong majority in 2015 federal election (5).

**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 for the IFHP in 2016 after his Liberals were elected to a strong majority.

**Government Decision**

Liberal government withdrew appeals and reinstated pre-2012 IFHP.

**References**


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