Family & Community Medicine
UNIVERSITY OF TORONTO

GLOBAL HEALTH PROGRAM

Advancing Health and Equity through Primary Health Care

STRATEGIC PLAN
FEBRUARY 2010

Prepared by Helena Axler & Associates

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Executive Summary

In September 2009, Dr. Yves Talbot, Director of the Department of Family and Community Medicine (DFCM) International Programs (IP) and Dr. Katherine Rouleau, Coordinator, Enhanced Skills Program (PGY3) in Global Health and the Care of Vulnerable Populations launched a broadly consultative strategic planning process. The goal was to engage faculty, trainees and key partners in articulating a renewed vision and strategic direction for the DFCM Global Health Program for the next five years.

The DFCM has a strong and significant history in global health. In 1995, the IP introduced the Capacity-Building Primary Health Care Training Program for Family Health Teams in Brazil. A total of 4,000 professionals have been trained in nine states. The IP has since established collaborations in many other countries, including Chile in 1999, Columbia from 2001 to 2003 and in Dominica and Bolivia in 2009. The Program's largest initiative is a $5 million bilateral project between Canada and Brazil, sponsored by the Canadian Intenational Development Agency (CIDA), to build the capacity of health systems managers in primary care.

An average of 10 to 12 residents a year undertake electives in Latin America, Africa and South Asia under the supervision of partners from the above-mentioned programs as well as from graduates from our Fellowship and Master's programs.

The DFCM continues to expand its global health offerings. In 2009, the Department initiated the Enhanced Skills Program (PGY3) in Global Health and the Care of Vulnerable Populations in partnership with hospitals in Malawi and Zimbabwe. DFCM faculty members have joined a University of Toronto partnership with Addis Ababa University in Ethiopia to share the DFCM's faculty development expertise. In July 2010, a new DFCM expansion site will open at the Markham Stouffville Hospital, offering a longitudinal focus on global

VISION

Improving global health and achieving equity by championing primary health care

MISSION

The DFCM Global Health program builds capacity in primary health care for vulnerable and marginalized populations through:

- innovative learner-centred education
- engaged and responsive practice
- collaborative research and scholarship
- knowledge support
- sustainable partnerships
- health system advancement

PRINCIPLES AND VALUES

- Social justice
- Equity
- Solidarity
- Reciprocity
- Accountability and responsiveness
- Respect
- Honesty and humility

and intercultural health throughout the two-year postgraduate program. In addition, the DFCM has a number of accomplished scholars and educators in global health, and actively contributes to the recently established Global Health Education Institute in the Dalla Lana School of Public Health.

"I am in the business of capacity building and training people around the area of primary care."

Dr. Yves Talbot

Fuelled by the growing interest in global health among trainees and faculty, and the increasing opportunities for partnership and international engagement, the Department recognized that the time was right to take stock of its current and future commitments to global health.

The consultation and strategic planning process confirmed a strong renewed vision and reframed the scope of the International Programs to the **DFCM Global Health Program.** It clarified a set of guiding principles and values for the program. First and foremost, it acknowledged the central and essential role of partnerships in engaging around global health. It reiterated the need for long-term sustainable relationships, clear and shared objectives for partnerships, and the discipline to focus on a few targeted projects, in select areas, which best meet these shared objectives. Together with some of its partners, it identified a preliminary list of criteria for partnership engagement and long-term sustainable collaboration. The DFCM will continue to rely heavily on local and national, as well as international partnerships, to achieve its vision.

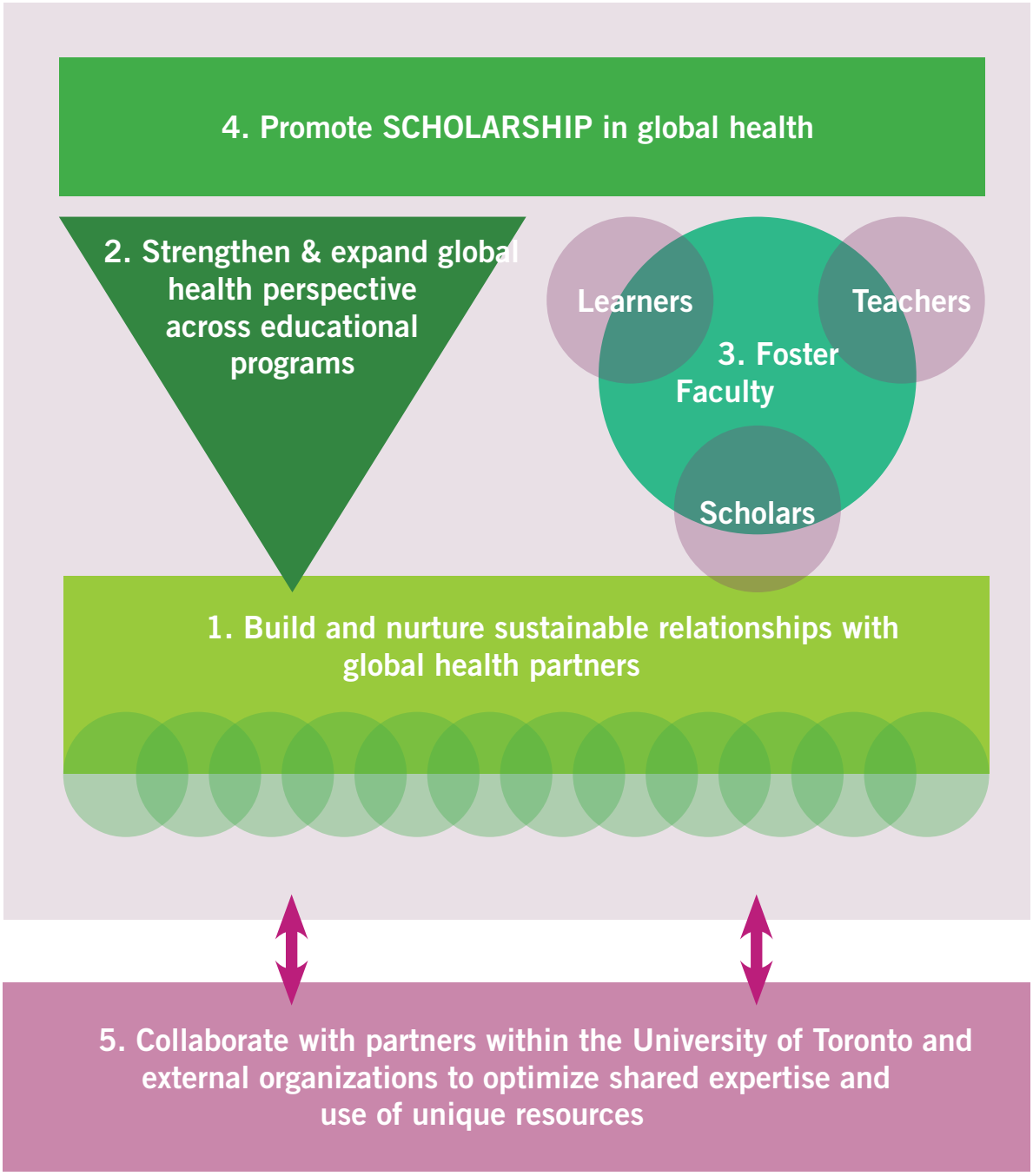
There was strong support for a flexible and robust menu of global health offerings for trainees and faculty, and the need for appropriate pre-departure training for both faculty and students who engage in international projects. The DFCM was challenged to set the bar high – and to strive to achieve benchmarks congruent with those expected of a WHO Collaborating Centre in Primary Care, promoting its leadership role in the integration of Family Medicine and global health while remaining true to its commitment to collaboration and reciprocity.

Most importantly, the process reaffirmed the critical contribution that primary health care makes to improving health and promoting equity and access, and highlighted the collective commitment of the Department faculty to this end. It underscored the significant role that the DFCM can play in primary health care capacity building through education, scholarship and health systems advancement. Ongoing sustainable funding will be a critical enabler to support the Global Health Program and its primary health care capacity-building initiatives.

"Global health is not just about over there. It's about the people in our community here."

Dr. Andrew Pinto

Five key strategies to achieve the DFCM Global Health Vision and Mission:



Specific goals have been identified for each strategy and are outlined below:

STRATEGIES	GOALS
1. Build and nurture sustainable relationships with global health partners	1-1 Champion and support capacity building and educational initiatives with current partners 1-2 Broaden opportunities for other DFCM faculty and learners to engage with and contribute to current and newly evolving global health partnerships 1-3 Assess and respond to opportunities for new partnerships that align with DFCM goals and capacities 1-4 Explore opportunities for triangulation in partnerships
2. Strengthen and expand the global health perspective across DFCM educational programs	2-1 Develop a robust menu of global health offerings across the continuum of education 2-2 In moving to a competency-based curriculum, clarify competencies related to global health 2-3 Explore opportunities for interdisciplinary and interprofessional curriculum on global health
3. Foster and prepare faculty as teachers, scholars and learners in global health	3-1 Strengthen orientation, pre-departure preparation and on-site support for faculty and learners undertaking global health work in partner countries 3-2 Facilitate the application of global health activities to creative professional activity as scholarship for faculty recognition and promotion 3-3 Support learners in seeking internships and opportunities internationally
4. Promote scholarship in global health	4-1 Raise the profile of and focus on current and ongoing scholarly activity in global health 4-2 Develop additional opportunities for scholarship and mentorship in global health for local and foreign trainees 4-3 Build on programs of research in areas where DFCM is already working 4-4 Obtain seed funding to support innovative or exploratory research projects by faculty and learners 4-5 Pursue a DFCM-endowed Chair in Global Health 4-6 Explore status as a WHO Collaborating Centre for Primary Care
5. Collaborate with partners within the University of Toronto and external organizations to optimize shared expertise and use of unique resources	5-1 Support and assist University of Toronto initiatives to map and maintain an inventory of global health activities 5-2 Seek linkages and partnerships with the Dalla Lana School of Public Health to explore shared goals and opportunities 5-3 Collaborate with internal and external groups to optimize supports and funding for academic goals

The implementation and advancement of the Strategic Plan will be guided by an expanded Global Health Committee which will work with its global health faculty, trainees and partners to develop implementation plans to achieve its goals. It will integrate with the overall DFCM Strategic Plan implementation process both to report on its progress and to collaborate with other DFCM strategy leads in advancing their shared goals.

A number of implementation priority actions have been outlined for immediate attention in the first 12 to18 months. Successful achievement of the priority actions will lay the foundation on which to advance additional goals and actions in future years.

Year 1 Implementation Priorities

1. Evaluate current partnerships including Brazil, Chile, Ethiopia, Malawi and Zimbabwe. Confirm priority partnerships using refined partnership criteria. Clearly define the nature and shared objectives for these relationships.
2. Establish an education task force to review DFCM Global Health education offerings, to better understanding gaps, overlaps and synergies along the continuum of education (i.e., undergraduate, postgraduate, continuing education).
3. Participate in provincial and national initiatives to establish competency-based training in global health, to inform and evolve a competency based global health curriculum for the DFCM.
4. Strengthen orientation, pre-departure preparation and on-site support for faculty and learners undertaking global health work in partner countries.
5. Enhance DFCM communications and knowledge exchange on global health research and scholarship initiatives.
6. Explore status as a WHO Collaborating Centre for Primary Care.
7. Strengthen linkages with Dalla Lana School of Public Health to explore shared curriculum and faculty/ learner support.
8. Participate in a U of T consortium in global health.
9. Pursue opportunities to expand linkages for funding and other supports with local, national and international partners (e.g., the University of Maryland, CIDA).

The new Strategic Plan for the DFCM Global Health Program charts an ambitious future course of strategies and goals in areas of partnerships, education, scholarship and faculty and learner support. The Department is on a solid track to continue building its leadership in global health with growing participation across faculty, students and trainees in Canada and in partner countries. Guided by a clear vision and mission, a strong set of guiding principles and working collaboratively with its partners, the DFCM is well positioned to contribute to improve health, to promote equity and prepare faculty and trainees with knowledge, skills and a 'global state of mind'.

Introduction

Our Department of Family and Community Medicine has an impressive track record of engagement in global health with 2010 marking 15 years of sustained work with health care system improvement in Brazil. We are expanding the work we do in other countries and have launched a global health fellowship program for residents. The Department has a wealth of skills and assets to contribute to global health through capacity building, research, educational program development and assisting the advancement of health systems. We are well positioned for a future that holds many opportunities for our faculty, students and residents.

Professor Lynn Wilson, Chair, DFCM

The University of Toronto (U of T) Department of Family and Community Medicine (DFCM) has a significant history in global health. In 1995, the DFCM's International Programs, under the leadership of Dr. Yves Talbot, introduced the international Primary Health Care Training Program for Family Health Teams in Brazil. The International Program has since established collaborations in many other countries, including Chile, Bolivia and Columbia. The DFCM has also teamed up with the Faculty of Medicine in a collaboration with Addis Ababa University in Ethiopia. Furthermore, it recently launched a new Enhanced Skills Program (PGY3) in Global Health and the Care of Vulnerable Populations in partnership with hospitals in Malawi and Zimbabwe.

With the assistance of key leaders of DFCM global health initiatives, Dr. Yves Talbot and Dr. Katherine Rouleau, the DFCM initiated a strategic planning process in 2009 which included broad consultation and a planning retreat in January 2010[1]. The planning retreat brought together over 50 thought leaders from across the University and from international settings to discuss global health and the implications and opportunities for the DFCM.[2] The objectives of the planning retreat were to:

1. Determine the contributions that the DFCM can make to global health and establish a shared vision for the DFCM Global Health Program.
2. Confirm the principles that should guide the program.
3. Discuss the criteria and conditions of success for selecting and achieving successful global health partnerships.
4. Identify goals, actions and implementation priorities to achieve the new vision for the Global Health Program.
5. Provide a forum for faculty, trainees and staff to network and exchange information on areas of shared interest in global and international health.

The following report outlines the breadth of DFCM engagement in global health, provides some insights from local and national global health leaders on the imperative to engage in global health and the opportunities and implications for the DFCM. It outlines a new vision, strategies and goals for moving forward a global health agenda in the coming years.

[1] A synthesis of interviews was produced by Helena Axler & Associates, December 2009.
[2] Appendix I includes Planning Retreat Participants.

Building on Strength – DFCM Engagement in Global Health

For the last 15 years, the flagship program of the International Programs has been the international Primary Health Care Training Program in Family Health, started in Brazil. Using a train-the-trainer model, the Department has trained more than 3,500 multidisciplinary health workers and contributed to an enormous turnaround in the Brazilian health care system and family health strategy. Over 29,000 interdisciplinary teams now provide quality health care throughout Brazil as part of the country's primary care reform.

In 2008, the DFCM's expertise was recognized with a $2.3 million grant from the Canadian International Development Agency (CIDA) to support a project to train health care team managers in the disadvantaged northeast region of Brazil. The managers are coordinating primary care delivery to improve health outcomes in a number of areas, including maternal and infant mortality, tuberculosis and mental health. The Department is the Canadian partner in the $5 million project being conducted with The Council of State Health Secretariats (CONASS) in Brazil. It is the largest CIDA grant ever received within the Faculty of Medicine. Other Canadian partners on this project include representatives from the Canadian Institute for Health Information (CIHI), the Ontario Ministry of Health and Long-Term Care (MOHLTC), McMaster University, the University of Western Ontario, the faculties of nursing at U of T and Ryerson University, as well as the Department of Health Policy, Management and Evaluation at U of T.

The Department also has a long-term relationship with Chile, annually hosting primary care professionals for a six-week study tour. Over the past decade, more than 120 Chilean health professionals have visited the Department to learn about primary care in the Canadian context. The Primary Health Care Training Program in Family Health has also been expanded to Columbia and more than 800 primary health care professionals in Colombia have received training.

The DFCM continues to expand the relationship as it works with indigenous people on the Chilean-Bolivian border to develop a program in primary care and indigenous health. The program, which is early in its development, is supported by grants from the Pan American Health Organization (PAHO) and the Canadian Institutes of Health Research (CIHR).

The U of T Faculty of Medicine participates in a multi-department collaboration with the Addis Ababa University (AAU) known as TAAAC – the Toronto Addis Ababa Academic Collaboration. DFCM faculty members have facilitated a Continuing Medical Education program on the topic of Family Medicine and have led the Interprofessional Applied Practical Teaching and Learning in the Health Professions (INTAPT) faculty development program in Addis Ababa. The DFCM is consulting on the development of postgraduate training in Family Medicine at AAU.

In 2009, the Department launched the Enhanced Skills Program (PGY3) in Global Health and the Care of Vulnerable Populations. The goal of the program is to enhance the ability of Canadian family physicians to competently address global health issues and care for vulnerable populations locally and abroad. The curriculum embodies the Department's commitment to social responsibility and is grounded in the pivotal role of primary care in achieving health equity as described by Dr. Barbara Starfield.[3] Educational activities include didactic sessions, clinical experience and scholarly work to further develop the skills, knowledge and attitude of trainees and enable graduates to work effectively with vulnerable populations in Canada and abroad. Trainees spend the first six months of the program in Canada followed by six months working with partner hospitals in either Malawi or Zimbabwe.

Through the International Programs' contacts and networks, in collaboration with the Centre for International Health (CIH) at U of T, students, residents, and fellows of Family Medicine with interests in global health have participated in electives at sites where they receive firsthand experience with health systems and structures of the host community and learn about the social determinants of health impacting the local population's health status. Several DFCM faculty members are leading modules in the Global Health Education Institute which is organized by the CIH and the Dalla Lana School of Public Health.

A DFCM expansion site will open in 2010 at the Markham Stouffville Hospital. It will offer a longitudinal focus on global and intercultural health throughout the two-year postgraduate curriculum.

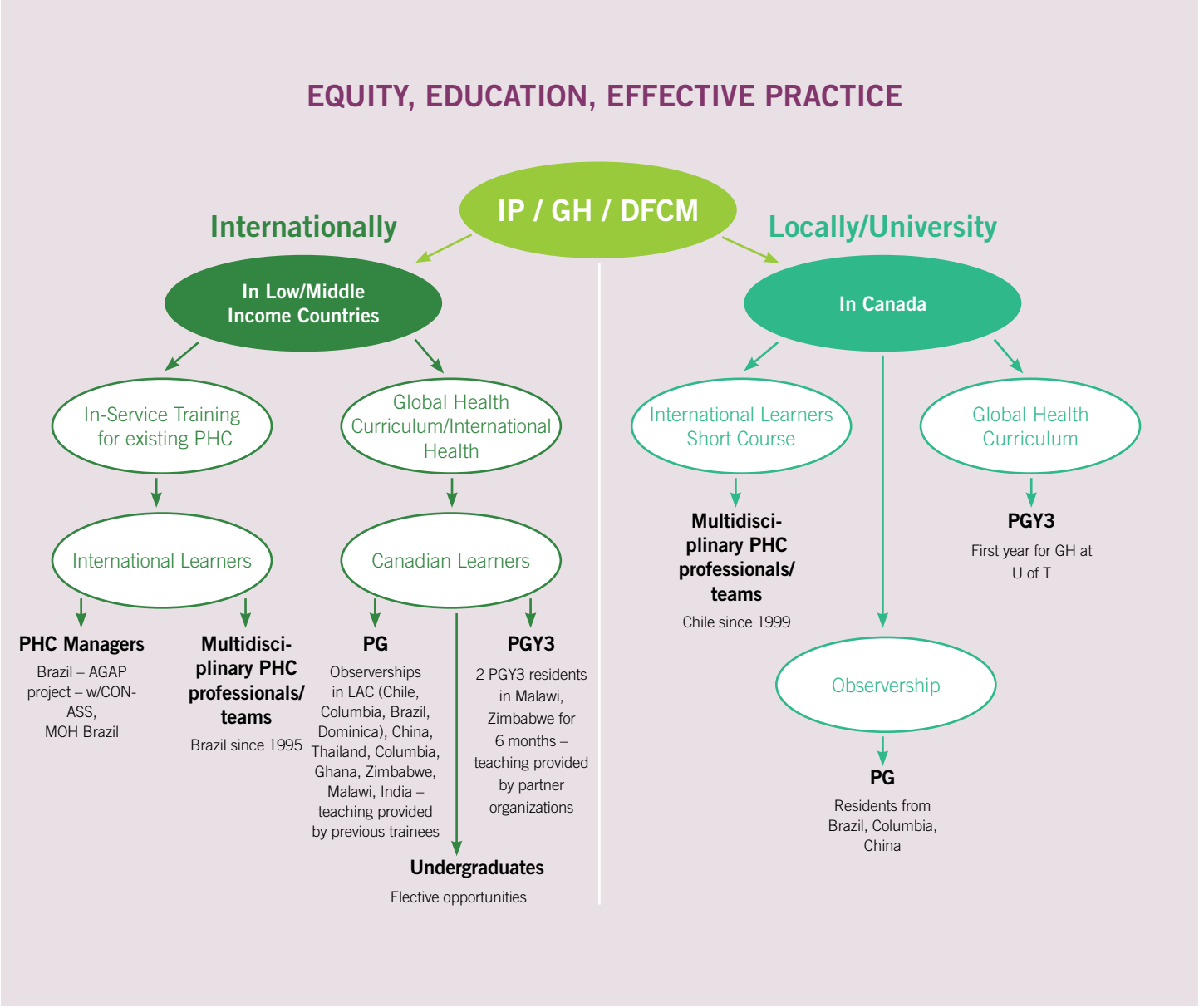
"We family physicians have the opportunity to be great leaders."

Dr. Sarita Verma

[3] Primary care: balancing health needs, services and technology; ed 2 1998

The breadth of the DFCM Global Health Program is captured in Figure 1 below.

Figure 1: Illustration of the DFCM Global Health Program activities



Setting the Context – Perspectives on Global Health

Dr. Jeffrey P. Koplan et al have defined global health as "an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care."[4] The DFCM incorporates Koplan's definition into its understanding of the term and notes further that global health includes both local and international initiatives.

"Global health is not about treating an individual, it's about treating the entire community."

Dr. Joshua Tepper

Primary health care is central to achieving health equity. Primary health care is a population strategy requiring the commitment of governments to address the wide variety of influences on health and to meet the health-related needs of populations through primary care services in relationship to other levels and types of services. Governments around the world have attested that investments in primary health care are the best way to improve health systems. In the Pan American Health Organization (PAHO) / World Health Organization (WHO) 2007 position paper entitled "Renewing Primary Health Care in the Americas: the Pan American Health Organization's Proposal for the Twenty-First Century", PAHO Director Mirta Roses Periago notes that "primary health care is the ideal framework for executing the strategies already in progress towards the Millenium Development Goals, given that they are based on the same principles and values: equality, solidarity and social justice." (Mirta Roses Periago Pan Am J Pub Health 21(2/3) 2007). In its 2008 World Health Report entitled "Primary Health Care: Now More Than Ever" the WHO further highlighted the importance of primary health care.

> "Health systems can be reoriented to better respond to people's needs through delivery points embedded in communities. The Islamic Republic of Iran's 17,000 "health houses" each serve about 1,500 people and are responsible for a sharp drop in mortality over the last two decades, with life expectancy increasing to 71 years in 2006 from 63 years in 1990. New Zealand's Primary Health Care Strategy, launched in 2001, has as part of its core strategy an emphasis on prevention and management of chronic diseases. Cuba's "polyclinics" have helped give Cubans one of the longest life expectancies (78 years) of any developing country in the world. Brazil's Family Health Program provides quality care to families in their homes, at clinics and in hospitals."

Dr. Barbara Starfield, a pre-eminent scholar in the areas of primary care and primary health care has demonstrated the importance of primary care in meeting the health needs of all populations.[5] Primary care is the provision of first contact, person-focused clinical care over time to address the more common and less well-differentiated health problems, and it includes coordination with other levels of care. Dr. Starfield notes that the new imperative is to keep people away from hospitals by early, ongoing problem recognition and management in the community, by family physicians. Numerous international studies have demonstrated reduced morbidity and mortality in countries with robust primary care systems. Global health provides enormous opportunity for primary care and family physicians to have impact.

In its fact finding and consultation, the DFCM gathered perspectives from key stakeholders around important trends in global health, and the implications for the DFCM. These are captured in a synthesis of interviews, completed in December 2009.[6] The resurgent interest in primary health care and emerging interest in Family Medicine are particularly timely for the Department. Major trends such as globalization, health human resource crisis, migration of health professionals, the doubling and tripling of students interested in global health and the proliferation of university global health programs were notable trends.

The January 2010 planning retreat provided a further opportunity to gain perspectives on global health. Invited speakers pointed to the importance of engagement in global health as a social responsibility, or 'the right thing to do', the critical role of building capacity in primary care in advancing health and health systems, and the scope of expertise that the DFCM has to offer. They also provided advice as to how to effectively engage in global health partnerships, which helped to inform the guiding principles and criteria for partnerships which are presented in the following sections. Highlights of the presentations are included in Appendix II.

"The DFCM has much to offer to global health. It has an excellent curriculum that could be the foundation for capacity building in any number of jurisdictions. The DFCM can:

- Help medical professionals develop competencies needed to work in a global environment, foster a sense of global responsibility and work toward the goals of the "Health for All" initiatives of the World Health Organization.
- Increase the competency and interest of students in working with minority and under-served populations.
- Build student interest in primary care, community medicine, public and population health.
- Promote U of T's awareness and active involvement in global health issues.
- Advance new research in global health issues, in collaboration with researchers in developing countries, and assisting with the dissemination of research findings as well as successful implementation of those findings around the globe.
- Assist the training of health care providers from other countries to help them meet their human resource development needs."

Dr. Sarita Verma, Deputy Dean, Faculty of Medicine, Planning Retreat, 2010

[4] Koplan, JP et al. Towards a common definition of global health, Lancet: 2009; 373:1993-1995
[5] Starfield, B. Global health, equity and primary care; J Am Board Fam Med 2007; 20:511-13
[6] Helena Axler and Associates, op cit. pp 7 and 8

DFCM Vision and Mission for Global Health

The strategic planning process provided the opportunity to articulate a new vision and mission for the Global Health Program.

VISION

Improving global health and achieving equity by championing primary health care

MISSION

DFCM Global Health builds capacity in primary health care for vulnerable and marginalized populations through:

- innovative learner-centered education
- engaged and responsive practice
- collaborative research and scholarship
- knowledge support
- sustainable partnerships
- health system advancement

"Ill health anywhere is a threat to wellness everywhere."

Dr. Jane Philpott

"Global health is really about health equity."

Dr. Kevin Bezanson

KEY GOALS, PRINCIPLES AND VALUES GUIDING OUR GLOBAL HEALTH STRATEGY

The DFCM Global Health Strategy aligns closely with the vision and mission of the DFCM. The Department's goals and principles for global health will guide the Program's work in this area.

DFCM Goals for Global Health

1. Share our knowledge, skills and expertise in primary health care, education and research to achieve improved health and equity.
2. Develop and train future leaders, scholars and innovators in global health.
3. Champion primary care and primary health care in creating and advancing effective health systems.
4. Prepare our students and trainees with knowledge, skills and attitudes to effectively respond to global health issues.

The consultation and planning retreat process also confirmed a number of principles and values to guide the Department in pursuing and undertaking global health engagement.

Key Principles and Values Guiding our Strategies

- **Social justice –** fairness and impartial access to the benefits of society including the right to health.
- **Equity –** Promotes the just distribution of resources and access, especially with respect to marginalized and vulnerable groups.[7]
- **Solidarity –** ensures that our objectives are aligned with the communities with which we are working, facilitating community mobilization.
- **Reciprocity –** the bidirectional flow of experience and knowledge between partners.
- **Accountability and Responsiveness –** to students, faculty and the communities with which we collaborate.
- **Respect –** for the history, context, values and culture of communities with whom we engage.
- **Honesty and Humility –** about our limitations, abilities, in what we can promise and deliver.

"As human beings, we are capable of doing better in terms of how we care for each other."

Dr. James Orbinski

[7] Faculty of Medicine Social Responsibility Survey

Strategic Directions

Looking to the future, the Department's global health activities will follow five strategic directions.

Five strategic directions provide the overall framework for advancing specific goals and actions in global health.

1. Build and nurture sustainable relationships with global health partners.
2. Strengthen and expand the global health perspective across DFCM educational programs.
3. Foster and prepare faculty as teachers, scholars and learners in global health.
4. Promote scholarship in global health.
5. Collaborate with partners within the University of Toronto and external organizations to optimize shared expertise and use of unique resources.

"Global health is looking at what allows people to live life to their full potential."

Dr. Katherine Rouleau

STRATEGIC DIRECTION 1: Build and nurture sustainable relationships with global health partners.

The DFCM has built sustained relationships with a number of key global health partners, including governments in Brazil and Chile. Discussions about partnerships are also in progress with representatives from Bolivia, Zimbabwe, Malawi and Ethiopia. It is critical to nurture and sustain partnerships in which the Department has already made a substantial investment. It takes a commitment of many years to yield concrete benefits and sustained impact in the improved health of communities.

In considering future collaborations, the DFCM requires robust criteria by which opportunities for global health partnerships are assessed. The following criteria were identified during the consultation process and were further refined at the planning retreat.

1. **Invitation from Partner –** We require an invitation to collaborate and the partner country is committed to primary health care and the need for capacity building.
2. **Responds to Need –** Countries and populations under consideration must experience poverty, poor health and inadequate access to health systems.

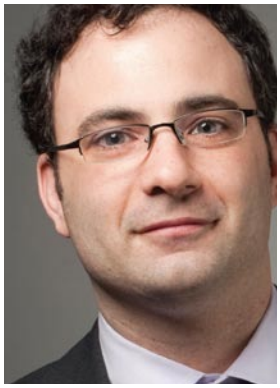
3. **Aligns** with the mission, vision and values of the DFCM and the Global Health Program.

4. **Builds on strengths –** Allows the department and our partners to draw from our strengths and build on its experience with other countries and communities, applying lessons learned and expertise to new relationships.

5. **Our capacity to engage** and **to sustain efforts –** The Department has sufficient capacity (either alone or in collaboration with others) to engage in the relationship and meet the shared needs and expectations of partners, in an ongoing and long-term, sustainable manner.

The Canadian Coalition for Global Health Research (CCGHR) Partnership Assessment Tool (PAT) outlines a series of criteria by which to evaluate potential partnerships. The DFCM Global Health Program will use the latter framework as a further resource to inform and refine its partnership selection criteria[8]. A priority for the next year will be for the DFCM, in collaboration with its partners, to evaluate its current partnerships, confirm its priorities and clearly define the nature and shared objectives for these relationships. This will include specific assessments of its commitments in Brazil, Chile, Ethiopia, Zimbabwe and Malawi.

There are also a number of new opportunities for partnerships. The Global Health Program is currently exploring potential triangular programs; for example, in a trilateral training program for professionals working with indigenous communities in Bolivia and Chile, adding intercultural training to the modular training program is being considered. In this example, the prospective partners are the Ministry of Health and Sport in Bolivia; the Ministry of Health in Chile; the University Mayor of San Andres in Bolivia and the PAHO. A catalyst grant proposal is under review by the Canadian Institutes for Health Research (CIHR). Additionally, there are potential triangulation collaborations among Canada, Brazil and countries in Africa. Any new partnerships being proposed will need to be assessed against the above criteria and considered in the context of current commitments.



"Only when you understand where people have come from can you understand how you should be appropriately practicing medicine there."

Dr. Barry Pakes

[8] CCGHR Partnership Policy www.ccghr.ca/docs/PAT_Interactive_e.pdf

The following goals and actions to build relationships with global health partners are proposed:

GOALS	PROPOSED ACTIONS
1.1 Champion and support capacity building and educational initiatives with current partners. 1.2 Broaden opportunities for other DFCM faculty and learners to engage with and contribute to current and newly evolving global health partnerships. 1.3 Assess and respond to opportunities for new partnerships that align with DFCM goals and capacities. 1.4 Explore opportunities for triangulation in partnerships.	• Evaluate current partnerships including Zimbabwe, Brazil, Chile, Ethiopia, Malawi. Identify priority partnerships and clearly define the nature, goals and objectives of these relationships. • Develop a robust review process for assessing potential global health partnerships, building on criteria developed in the planning process and informed by the CCGHR partnership policy. • Integrate global health into broader Departmental activities and invite engagement by more faculty and learners.

STRATEGIC DIRECTION 2:
Strengthen and expand the global health perspective across DFCM educational programs.

The DFCM has built a strong foundation of educational programs for both Canadian learners and for international learners. Appendix III outlines the current educational programs and the opportunities for expanding programs at the undergraduate and postgraduate levels as well as for fellowships and continuing professional education. This framework identifies opportunities to expand global health education for both Canadian and international learners. For Canadian learners the possibilities include: incorporating global health core curriculum in undergraduate education, integrating core competencies in global health in postgraduate education, strengthening the PGY3 program and creating a primer course for global health.[9] Several DFCM postgraduate training sites have an emphasis of particular relevance to global health such as inner city health at St. Michael's Hospital; rural health at Toronto East General Hospital; and global and intercultural health at Markham Stouffville Hospital. These should be catalogued and promoted to enhance recruitment and awareness. For international learners, offerings include clinical electives and didactic continuing professional education activities.

The interest of students and trainees in global health is growing dramatically. The DFCM should be able to articulate a range of educational opportunities which would enable and enhance sustainable careers in global health. As one participant noted, "The DFCM's goal should not necessarily be about training people

"When people know what they don't know, it's the beginning of change."

Dr. Athanase Kiromera

[9] This primer course would replace the University of Arizona Global health Course with a Canadian alternative. The course would be targeted more specifically at residents and health professionals.

who work globally but rather for physicians who will think in terms of global health." A year one implementation priority will be to establish an education task force to better understand gaps, overlaps and synergies among the continuum of global health education offerings, including undergraduate, postgraduate and continuing education.

Appropriate pre-departure orientation for all learners was noted as a high priority. This was also noted as a pressing need for faculty. This is included as a recommendation in strategic direction three for both learners and faculty.

The following goals and actions are proposed for education:

GOALS	PROPOSED ACTIONS
2.1 Develop a robust menu of global health education offerings across the continuum of education.	• Establish an education task force to review and establish priorities for the DFCM education offerings in global health, including undergraduate, postgraduate, core curriculum for residents and continuing education. • Establish evaluation mechanisms for the new PGY3 in global health and the GH residency track at Markham Stouffville Hospital. • Using the education framework for Canadian and international learners, integrate global health into curriculum for medical students and residents. • Work with the Faculty of Medicine to address the new AFMC priorities related to GH education. • Develop a system to better structure and report back on international electives.
2.2 In moving to a competency-based curriculum, clarify competencies related to global health.	• Participate in provincial and national initiatives to establish competency based training in gobal health. • Apply new guidelines to evolve a competency-based curriculum for DFCM residents.
2.3 Explore opportunities for interdisciplinary and interprofessional curriculum on global health.	• Develop processes and methods to learn from current global health initiatives and build into curriculum (e.g., Latin America). • Pursue the development of a Canadian global health primer course that would be pertinent to postgraduate trainees in Family Medicine and possibly from other disciplines. Work collaboratively with national and international partners to develop the course. • Pursue opportunities with DLSPH, specialities and professions for shared global health curriculum.

STRATEGIC DIRECTION 3:
Foster and prepare faculty as teachers, scholars and learners in global health.

DFCM engagement in global health continues to grow with more and more faculty interested in contributing and more learners expressing a desire for opportunities in global health. The global health faculty includes approximately 20 individuals and over the last five to six years the DFCM has had 10 to 12 residents travel internationally.

As it is critically important for the DFCM's work in global health to be built on excellence, the Department must ensure appropriate orientation and preparation for faculty and learners. As noted above, attention to improved pre-departure orientation for both faculty and learners will be a priority for the first year of this Strategic Plan implementation. At a minimum, this should include rigorous pre-departure training which addresses ethical issues and self-reflection, safety and security, and cultural competency. It may also include language preparation. For some individuals, certification from the Global Health Education Institute would be beneficial.

The faculty involved in global health work expect recognition for their scholarly contributions. Learners are seeking more opportunities and require supervision and mentoring to best support their learning experience.

The following goals and actions are proposed:

GOALS	PROPOSED ACTIONS
3.1 Strengthen orientation, pre-departure preparation and on-site support for faculty and learners undertaking global health work in partner countries.	• Improve selection process and orientation for students. • Enhance support for faculty and learners through supervision, clear goals and objectives and training. • Promote language training as an advantage to working in other countries.
3.2 Facilitate the application of global health activities to creative professional activity as scholarship for faculty recognition and promotion.	• Clarify the alignment of global health activity with scholarship in respect of creative p rofessional activity. • Work with the DFCM and the CEPD to better prepare faculty and integrate GH teaching and scholarly activity as a valued academic activity.
3.3 Support learners in seeking internships and opportunities internationally.	• Encourage resident and faculty participation in the Global Health Education Institute program.

"We need to be part of a generation of teachers that helps to mobilize both our colleagues and younger students around thinking globally."

Dr. Lynn Wilson

STRATEGIC DIRECTION 4:
Promote innovation and scholarship in global health.

The Department's work in global health provides fertile ground for innovation and scholarship. The development of the Primary Health Care Training Program is an example of innovation that can be transferred to other global health engagements. Two books authored by DFCM faculty, and translated into Portuguese, *Teaching in Ambulatory Care Settings* by Warren Rubenstein and Yves Talbot and *Working with Families – A Workbook for Residents,* edited by Lynn Wilson with contributions from Yves Talbot, represent important contributions to scholarship in the area of global health.

Community-based, operational research represents a major opportunity for scholarship in global health for the Department. The focus should be on clinical questions which can be translated quickly into applications pertinent to host and partner communities in Canada and abroad. All trainee experiences should include a requirement for a research project, conducted in collaboration with their global health faculty.

"It means looking at health inequalities and disparities."

Dr. Eileen Nicolle

Every effort should be made to conduct research in collaboration with the international partners of the DFCM.

The Department can leverage its relationships with organizations such as Dignitas International, St Gabriel's Hospital in Malawi, the Howard Hospital in Zimbabwe and other emerging partners to promote fellowships and mentorship.

"We bring a certain vision of what primary care is and we can actually broker change within other systems."

Dr. Onil Bhattacharyya

The following goals and actions to promote scholarship are proposed:

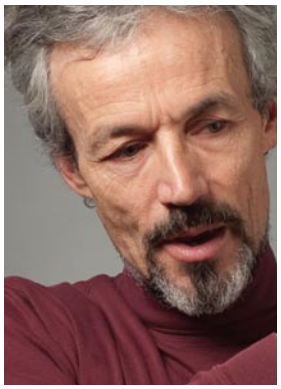
GOALS	PROPOSED ACTIONS
4.1 Raise the profile of and focus on current and ongoing scholarly activity in global health.	• Strengthen DFCM communications on global health research initiatives; share findings across the Department and with partners; promote knowledge translation.
4.2 Develop additional opportunities for scholarship and mentorship in global health for local and foreign trainees.	• Participate in the DFCM research day or host a separate research day on global health.
4.3 Build on programs of research in areas where the DFCM is already working.	• Collaborate with others in the Department and internationally to advance research and scholarship in education and primary health care research.
4.4 Obtain seed funding to support innovative or exploratory collaborative research by faculty and learners.	• Network with other organizations supporting and funding global health scholarly activities and innovation.
4.5 Pursue a DFCM-endowed Chair in Global Health.	• Work with the DFCM advancement officer to develop a case for Chair in Global Health.
4.6 Explore status as a WHO Collaborating Centre for Primary Care.	• Collaborate with key stakeholders to investigate requirements for a primary care collaborating centre including the Munk School of Global Affairs, PAHO and WHO.

STRATEGIC DIRECTION 5:
Collaborate with partners within the University of Toronto and external organizations to optimize shared expertise and use of unique resources.

Many university faculties and departments are engaged in global health initiatives and present excellent partnership opportunities for the DFCM. The DFCM has actively collaborated with HPME as well several clinical departments including Paediatrics and Obstetrics and Gynecology. The Dalla Lana School of Public Health (DLSPH) has established a division of global health and will be working with players across the Faculty of Medicine and the university. There are many areas in which the Department and the DLSPH do and could continue to share, for example, offering supports for faculty and learners. The Department will be looking to work in partnership with the DLSPH on future initiatives and will participate in a planned U of T consortium for global health.

Currently, Drs. Andrew Pinto and Donald Cole are taking the lead to map out existing global health initiatives across the University. The DFCM may be able to assist in this initiative.

Funding support is critical to enabling the DFCM work in global health. Efforts are required to pursue both granting opportunities and private philanthropy. In the past, the DFCM has been very successful obtaining CIDA and international grant funding. It will need to build on its successful primary care capacity-building programs to attract new funding for the future. The new DFCM advancement officer should be a useful resource in facilitating new sources of donor funding.



"For me global health is trying to think about the whole of humanity and the fragile ecosystem that supports us and how we can actually do better."

Dr. Donald Cole

The DFCM global health faculty are very active at the national level. The timing is right to collaborate nationally on a number of key initiatives (e.g. competencies for global health education, a summer training institute) to increase its profile and attract funding for global health.

The following goals and actions for partnership activites are proposed:

GOALS	PROPOSED ACTIONS
5.1 Support and assist U of T initiatives to map and maintain an inventory of global health activities. 5.2 Seek linkages and partnerships with the Dalla Lana School of Public Health to explore shared goals and opportunities. 5.3 Collaborate with internal and external groups to optimize supports and funding for academic goals.	• Lead targeted initiatives to bridge with Dalla Lana School of Public Health around curriculum opportunities or supports for faculty and learners. • Participate in a U of T global health consortium coordinated by the Dalla Lana School of Public Health. • Support and build on current networks, identifying opportunities to advance shared goals, at the local, national and international levels (i.e., CIDA). • Work with the new DFCM advancement officer to pursue endowment for Global Health Chair and other sources of funding, e.g., visiting professorship. • Pursue partnership with the University of Maryland to enhance global health training of Canadian and partner trainees in Malawi.

Moving Forward – Implementation Priorities

This DFCM Strategic Plan for global health provides a road map to guide the development of global health activities for the next five years. The Department recognizes and applauds the commitment of a small core group of faculty who have sustained this commitment for the past 15 years. A number of faculty, students and residents are keenly interested in broadening their involvement in global health and the Program leadership will need to effectively channel this enthusiasm.

Moving foward, it will be important to build on the current and long-established global health initiatives and to conduct some rigorous priority-setting based on the criteria that have been established. While the Strategic Plan outlines a number of goals and actions, it will be impossible to move forward on all of them in the next year. Outlined in the following chart are implementation priorities for the next 12 to18 months that will lay a strong foundation for addressing the remaining goals and actions.

The Department will put in place a monitoring mechanism or a regular review to ensure that the goals and priorities reflect the current realities and are being supported to move in the intended direction.

Next steps should include establishing the benchmarks and measures to effectively monitor achievement of the Global Health Program's strategies and goals. This should be done in collaboration with the overall performance measurement and accountability framework for the DFCM Strategic Plan implementation.

"The idea of equity in the world is why I work in health and specifically in primary care."

Dr. Luis Fernando Sampaio

STRATEGIES	IMPLEMENTATION PRIORITIES – 12 TO 18 MONTHS
1. Build and nurture sustainable relationships with global health partners.	• Evaluate current partnerships, including Brazil, Chile, Ethiopia, Malawi and Zimbabwe. Confirm priority partnerships using the refined partnership criteria. Clearly define the nature, goals and objectives of these relationships.
2. Strengthen and expand the global health perspective across DFCM educational programs.	• Establish an education task force to review DFCM offerings to better understand the gaps, overlaps and synergies along the continuum of education. (i.e., undergraduate, resident, continuing education). • Participate in provincial and national initiatives to establish competency-based training in global health, to inform and develop a competency based curriculum for the DFCM.
3. Foster and prepare faculty as teachers, scholars and learners in global health.	• Strengthen orientation, pre-departure preparation and on-site support for faculty and learners undertaking global health work in partner countries.
4. Promote scholarship in global health.	• Enhance DFCM communications and knowledge exchange on global health research and scholarship initiatives. • Explore status as a WHO Collaborating Centre in Primary Care.
5. Collaborate with partners within the University of Toronto and external organizations to optimize shared expertise and use of unique resources.	• Strengthen linkages with Dalla Lana School of Public Health to explore shared curriculum and faculty/learner support (i.e., a Master in Public Health in Global Health Family Medicine). • Participate in a U of T consortium on global health. • Pursue opportunities to expand linkages for funding and other supports with local, national and international partners (e.g., University of Maryland, CIDA).

Concluding Remarks

The DFCM is a recognized leader at the University of Toronto for its work on many global health initiatives. The capacity-building activities of the Global Health Program have delivered significant impact in countries like Brazil and Chile. This renewed Strategic Plan for the DFCM Global Health Program sets out an ambitious roadmap of strategies and goals in the areas of partnerships, education, scholarship and faculty and learner support. Future success will depend on sustainable relationships, clear and shared objectives for partnerships and the discipline to focus on a few targeted projects in select areas which best meet these shared objectives. Ongoing sustainable funding and a heightened profile will be key enablers to support the DFCM Global Health Program and its primary health capacity-building initiatives.

The Department is on a solid track to continue building its leadership in the integration of Family Medicine and global health, with the growing participation across faculty, students and trainees, locally and globally. In the next five years, the DFCM is well positioned to advance its vision of improving health and promoting equity by championing primary health care.

Appendices

APPENDIX I:
Retreat Participants

RETREAT PARTICIPANTS	RETREAT PARTICIPANTS	CONSULTANTS
Fernanda Aguiar Almeida	Jane Philpott	Axler and Associates Inc.
Atalay Alem	Andrew Pinto	Helena Axler
Anna Bannerji	Lynda Redwood-Campbell	Ruth Campbell
Luisa Barton	Monica Riutort	Susan Tremblay
Helen Batty	David Rosen	
Kevin Bezanson	Katherine Rouleau	**PHOTOGRAPHER**
Onil Bhattacharyya	Luis Fernando Sampaio	John Beebe
Natalie Bocking	Danielle Simpson	
Cory Borkhoff	Sumeet Sodhi	
Niall Byrne	Leslie Sorensen	
Nelson Cabral	Rachel Spitzer	
Don Cole	Abi Sriharan	
Kymm Feldman	Yves Talbot	
Adriana Gaertner	David Tannenbaum	
Karl Iglar	Joshua Tepper	
Lorna Jean Edmonds	Caroline Turenko	
Athanase Kiromera	Jeff Turnbull	
Lilian Magalhaes	Sarita Verma	
Li Man	Carmen Victor	
Jack Mandel	Sheila Wijayasinghe	
Jamie Meuser	Lynn Wilson	
Eileen Nicolle	Roy Wyman	
James Orbinski		
Clair Pain		
Barry Pakes		

APPENDIX II:
Conceptual Framework for DFCM Global Health Education Offerings

	LEARNERS/PARTNERS	
LOCATION OF ACTIVITY	**CANADIANS**	**OTHERS**
Canada	Undergraduate Postgraduate PGY3 and Fellowships CPE	Undergraduate Postgraduate PGY3 and Fellowships CPE
Abroad	Undergraduate Postgraduate PGY3 and Fellowships CPE	Undergraduate Postgraduate PGY3 and Fellowships CPE

	IN CANADA	
	FOR CANADIAN LEARNERS	**FOR OTHER LEARNERS**
UG	• No global health (GH) core curriculum at U of T.	• Virtually no presence of medical students from resource-poor settings (RPS).
	OPPORTUNITY FOR: • GH core curriculum (next curriculum reform). • Strengthening of pre-departure training as per the directives of the AFMC (role of the DFCM).	OPPORTUNITY FOR: • Collaboration around undergraduate medical education in Family Medicine (FM) with partners clearly committed to the development of FM. May not be most efficient strategy.
PG	• No core curriculum in GH. • GH track at Markham Stouffville Hospital. • Rich clinical experiences in local GH (immigrants and refugees, inner city, homeless, aboriginal health).	• Virtually no presence of postgraduate trainees from resource-poor settings.
	OPPORTUNITY FOR: • Integration of core competencies developed by CUGH/GHEC in Red Book and development of core curriculum in GH at U of T.	OPPORTUNITY FOR: • Targeted and well-defined elective experience in FM for trainees from RPS working with partners committed to the development of FM.
PGY3/ Fellows	• Several PGY3 programs now across the country. • Strong first year for PGY3 in global health at U of T.	• Long experience of fellows from Thailand and Gulf States in addition to fellows from resource-rich settings. • Limited possibility to do clinical fellowships in FM.
	OPPORTUNITY FOR: • Strengthening PGY3 program. • Offering of Canadian-based and delivered Primer course.	OPPORTUNITY TO: • Expand existing fellowship to address more directly the needs of generalists practicing in RPS. This could constitute a matching program to the PGY3 in FM which would send learners abroad for six months.
CPE	• Some offerings: refugee health, CCIH, FMF	• Successful existing programs with Middle income countries (MIC) like Chile, and starting in Bolivia. Existing partnerships with government rather than academic institutions. • No offerings for lower income countries (LIC).
	OPPORTUNITY FOR: • More concerted efforts across Canada and for higher caliber	OPPORTUNITY TO: • Offer CPE in Family Medicine to various partners from LIC. May not be most effective strategy.

	IN LOW INCOME COUNTRIES	
	FOR CANADIAN LEARNERS	**FOR OTHER LEARNERS**
UG	• Some elective opportunities. • Unclear role of the DFCM vs. Faculty of Medicine.	• No involvement here.
	OPPORTUNITY TO: • Strengthen the learning experience through adequate pre-departure preparation and relationship building with educational partners abroad.	OPPORTUNITY FOR: • Triangulation between Brazil and Portuguese-speaking African countries under the initiative of our partners.
PG	• Elective opportunities in Latin America and in Africa. • Varying degree of communication and collaboration with partners abroad • FM content and focus not always clear or obvious.	OPPORTUNITIES FOR: • Involvement of our faculty in the teaching of family medicine in northwest Kenya and possibly in Ethiopia and in Malawi. Working in Kenya would require identifying financial resources for the remuneration of the faculty. Work in Ethiopia and Malawi is contingent on the endorsement of FM and of FM training by the Ministries of Health in each country.
	OPPORTUNITY FOR: • Strengthening of educational relationship with partners through enhanced communication, collaboration and exchange of resources.	
PGY3/ Fellows	• Two PGY3 residents in Malawi for six months. • Teaching is provided by partner organization.	OPPORTUNITY TO: • Develop a fellowship for trainees in RPS in conjunction with our fellowship and CPE efforts for Canadian trainees focusing on the integration of the treatment of HIV, TB and Malaria into a broader primary care model. This would be done in collaboration with the University of Maryland.
	OPPORTUNITY TO: • Provide support, remuneration and potentially CPE in medical education to partner as deemed necessary. • To send faculty to support our partner in teaching, clinical and administrative activities.	
CPE	• WONCA Africa, ACFP conference in Denver, GHEC and other international conferences.	• Ideally closely coordinated with CPE in GH for Canadian trainees.
	OPPORTUNITY FOR: • Greater presence of the DFCM at these conferences, particularly those taking place in Europe and especially in Africa, and in setting and contributing to the agenda.	OPPORTUNITY FOR: • Greater presence of the DFCM at these conferences, particularly those taking place in Europe and especially in Africa, and in setting and contributing to the agenda.

APPENDIX III:
Highlights of Speaker Presentations, January 11, 2010

Dr. Jeffrey Turnbull, Specialist Internal Medicine, The Ottawa Hospital and President Elect of the Canadian Medical Association

Dr. Turnbull has pursued an interest in poverty and its effect on health nationally and internationally. He is one of the founders and is currently the Medical Director of the Inner City Health Project for the homeless in Ottawa. As well, he has been involved in education and health services initiatives to enhance community and institutional capacity and sustainable development in Bangladesh, Africa and the Balkans.

Dr. Turnbull, in addressing the Global Health Planning Retreat, pointed out the major areas of work for health provider involvement in improving health in both developing and developed countries as creating effective health delivery systems for prevention and care, advocating anti-poverty measures, direct delivery of health care service and effecting positive social change through education.

He discussed three different arguments for taking a global perspective on health:

1. Altruistic agreement where 'with wealth comes responsibility.' As Canada is a very wealthy country, we have a responsibility to share. It is, however, very important to ensure a understanding of the local environment and tailor efforts to build capacity aligned with the local environment.
2. A more self-serving argument where intentions are aligned with 'confronting the enemy in its own territory' (e.g., managing viruses locally), political and economic stability, commercialization of Canadian health care, health and foreign aid or development.
3. Rights-based argument for equity and human rights; with an underlying belief that all global citizens deserve access to decent health care.

Dr. Turnbull spoke about the role of poverty as a primary contributor to poor health and reflected on poverty issues internationally as well as in Canada, particularly among First Nations and homeless. He emphasized the key elements of poverty being deprivation, social exclusion and powerlessness. He noted that in some jurisdictions, the health services delivered federally (e.g., tertiary care) or regionally by the state (e.g., secondary care) were more accessible and better funded than the primary care services delivered locally.

He emphasized the skills and attitudes that are critically important to those working in global health environments. The skills required include communication skills, advocacy skills, clinical decision-making skills, team, negotiation and social skills. The approach to practicing or assisting in areas of needs should be characterized by the following:

- Sensitivity to local, family and community experiences. Involvement should be by invitation and commitment, not imposing certain practices or services
- Facilitation rather than intervention by 'experts'
- Mutual learning (facilitators with community; community with facilitators; community with community; between community members; organization to organization)
- Participatory approaches that include listening, inclusion, agreements, expressions of concern, etc.

Dr. Turnbull concluded that primary care is very well positioned to contribute to global health initiatives in many ways. He urged caution in two respects. Firstly, that global health education is a fit within the Canadian curricular context and that initiatives provide adequate supervision and safety for learners. Furthermore, he emphasized the need to understand the impact on host communities, ensuring that global health initiatives meet the needs of the community, that there is continuity over long periods of time, and that there is clarity of expectations of both the community and the learners.

Lorna Jean Edmonds, Assistant Vice-President, International Relations, University of Toronto

Dr. Edmonds is leading the development and implementation of international strategy for the University of Toronto.

Dr. Edmonds noted that from her experience in 60 countries, she is very impressed with the knowledge that local communities have about their needs and how to make improvements. The University's involvement in global issues is about social responsibility but, more importantly, it just makes sense.

In terms of the context for internationalization, the world is an interdependent and interconnected system; the agenda is shifting from a development paradigm to innovations; and, definitions are merging and shifting in relevance from global health to globalization of health. Dr. Edmonds noted that the past strategy for global health was development-focus in a place 'over there', while it is clear that we have poverty and health issues right here in Canada. One of the issues in global health and development is the very limited investment in higher education and research. It is critically important that the infrastructure be built for countries to train and develop the next generation of teachers for health. The Ethiopia project is a key example of the kind of capacity building and investment in higher education that is needed for the long term. The Brazil project is a key stepping stone to the future role and importance of higher education in primary health care.

In many respects, we have shifted from a manufacturing economy to knowledge economy. India and China have invested and are investing heavily in education – recognizing the need to build capacity. The trademark of a knowledge economy is innovation with a strong and vibrant research and education system. Another piece is the migration of talent – people going back and forth as they have choices. Our biggest challenge will be to keep top people here in Canada and for other countries to keep their top people.

The future areas of innovation are going to be in China, India, Chile and many others, including Africa, as ideas are borderless. Approximately 43% of U of T research involves collaborations outside of Canada; a number that has increased steadily and is ahead of other Canadian universities. Over 60% of these collaborations are in North America or Europe, with very few collaborations with partners in Asia, Africa, and India.

With respect to international experiences for our students; U of T has 70,000 students and maybe 1,300 travel to other countries for part of their education. Are we supposed to be producing a global graduates? Generally education parallels research, however, U of T has little research engagement in many parts of the world, therefore, the education linkages are also limited.

Three pieces are critical to the global health picture: climate change; travel, trade and security; and immigration. This drives the interdependencies (e.g., infectious disease, food safety) and interconnectedness (e.g., chronic disease, access to services, accidents and injuries, mental health) across global health.

Dr. Edmonds indicated that the role of the University is in three areas:

1. Driving excellence - 'Keep what works and make it better'; fostering breakthrough discoveries with applied research to innovations, and developing global entrepreneurial professionals;
2. Supporting targeted collaborative activities that add value and provide a return on investment; supporting international experiences, research and education, networks; supporting faculty and learners in the opportunities;
3. Supporting/ championing capacity building of higher education/ research institutes through strategic relations and coordination.

Dr. Luis Sampaio, Bloomberg Faculty of Nursing, Consultant to the DFCM and PHD student, HPME

Dr. Sampaio has been a policy maker for the last fifteen years participating in the Brazilian health reform implementation in different governmental positions.

Dr. Sampaio indicated that primary care and Family Medicine have become very important in many countries, particularly following the leading messages of organizations like the WHO. The global context for primary care is important to identify opportunities. We are on fertile land to build international cooperation around primary care. His experiences in Brazil working with Latin American countries, and with some African countries, have pointed to the importance of understanding the local

community context. For example, many countries do not have primary care doctors, or have Family Medicine as part of the university programs. Some areas don't have nurses, only health or community workers. Different practitioners have different roles depending on the country and local context. There is a need to respect the local context and to respond with the capacities and skills that one has to offer.

In addressing the needs of low-income countries and middle-income countries, there are different goals depending on those needs. Many of the Latin American countries do not have Family Medicine departments in their universities. This is an area where the University of Toronto can make a huge contribution, making an impact on the role and importance of family medicine in health system design. In Brazil, the work is with the communities, and the service communities pressure the universities to change. In low-income countries where the supply of doctors is extremely limited, there will need to other approaches to collaboration.

Dr. Sampaio identified some of the barriers to working in other countries. Language is an important one because translators are not always available. Grant requirements can often pose a barrier as the requirements in a community may not always align with the donor or grant agency interests. There is an advantage in primary care because it is a particularly broad field and often the community requirements can be managed within the intent of a funding or granting agency. A further challenge is in the partnership agreements; university to university and/ or government to university. The university may have a limited understanding of health system needs and priorities, and knowledge transfer becomes very important. Including partners that represent or speak to services will provide an important perspective in building new relationships and projects for the future.

Dr. Sarita Verma, Deputy Dean, Faculty of Medicine, University of Toronto

Dr. Verma brings her experience as a diplomat in Canada's Foreign Service and work with the UNHCR in Sudan and Ethiopia. Her international work has included field placements in Europe, Africa and Asia.

Dr. Verma suggested that we have a social responsibility to engage in global health. She outlined three key areas that have significant impacts on health: the impact of poverty, disease, access to care, and war on health; the health impact of violations of human rights, with special emphasis on health and human rights of women and children; and the impact of health policies and limited health human resources.

Dr. Verma indicated that the DFCM has much to offer in contributing to global health. As the Department moves forward to expand its global health initiatives, the opportunities are many:

- Helping medical professionals develop the competencies needed to work in a global environment, fostering a sense of global responsibility and work toward the goals of the 'Health for All' initiatives of the World Health Organization.
- Increasing the competency and interest of students in working with minority and underserved populations.
- Building student interest in primary care, community medicine, public and population health.
- Promoting U of T's awareness and active involvement in global health issues.
- Advancing new research in global health issues, in collaboration with researchers in developing countries and assisting with the dissemination of research findings as well as successful implementation of those findings around the globe.
- Assisting the training of health care providers from other countries to help them meet their human resource development needs.

Overall, the speakers pointed to the importance of engagement in global health as a social responsibility, or 'the right thing to do', the critical role of building capacity in primary care in advancing health and health systems, and the scope of expertise that the DFCM has to offer.

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