

**Proceedings
2023 University of Toronto Leaders' Breakfast
and Roundtable at Massey College**

**Child Health Inequities in Canada
And Around the World**

**Honouring Dr. Zulfiqar Bhutta
2023 Henry G. Friesen International Prizewinner**

A Leaders' Breakfast and Roundtable took place on November 8, 2023 at Massey College at the University of Toronto (U of T).

The event was held to honour Dr. Zulfiqar Bhutta, the 2023 winner of the Henry G. Friesen International Prize. Dr. Bhutta is the Founding Director of the Institute for Global Health and Development and the Centre of Excellence in Women and Child Health at the Aga Khan University and Co-Director of the SickKids Centre for Global Child Health. The award recognizes Bhutta's leadership, vision, and innovation in global child and maternal health research and policy.

The topic of the Roundtable was "*Child Health Inequities in Canada And Around the World*". Joining Dr. Bhutta on the panel were Drs. Padmaja Subbarao, Shaun Morris and Avram Denburg, scientists at SickKids Research Institute. Drs. Bhutta, Morris and Denburg are also members of the SickKids Centre for Global Child Health. The panel discussion was moderated by Robyn Loves, a Junior Fellow at Massey College and a PhD student in the Department of Immunology at U of T. Following questions from the audience, summary comments and reflections were provided by Dr. Daniel Sellen Director of the Lawson Centre and Dr. Marva Ahmed from the Department of Nutritional Sciences at U of T.

Dr. Subbarao's is a clinician-scientist in Paediatric Respiratory Medicine whose research is focused on the environmental effects on asthma and the developmental origins of the disease.

Dr. Morris is a clinician-scientist in the Division of Paediatric Infectious diseases. His research spans the disciplines of paediatrics, infectious diseases, global health, epidemiology and public health.

Dr. Denburg is a Staff Oncologist and Co-Chair of the Unit for Policy and Economics Research in Childhood Cancer at SickKids. Dr. Denburg's research focuses on the political, ethical and economic dimensions of child health policy, in both local and global contexts, with specific focus on pharmaceutical policy and drug coverage decisions for children.

Five themes emerged from the discussion.

1. Lessons learned from COVID Pandemic

The COVID-19 Pandemic showed that in many countries, including Canada, certain workers, ethnic groups, communities and individuals were disproportionately affected. While Canada was well supplied with vaccines, in other countries a major factor in protecting the population was access to vaccines. It has been long recognized that social determinants of health often driven by systemic barriers such as poverty. It is important to dig deeper and get behind the data to determine the drivers. For example, life expectancy in Canada varies by postal code. There is a rural/city divide with respect to access to health care. This divide is even more pronounced in regions with diverse ethnic populations and income inequities. A common factor is lack of institutional trust, especially among low income marginalized or racialized communities, hampering access to preventive practices and highlighting the gaps in public health messaging and outreach efforts.

2. Community engagement to build trust

A theme that emerged from the panel discussion was the need to engage communities to build trust. Dr. Bhutta referenced The World Bank March 2000 Report “Voices of the Poor: Can Anyone Hear Us?”. The Report went into communities around the world and listened. Perhaps, not surprisingly, they found that *“Poor people care about many of the same things all of us care about: happiness, family, children, livelihood, peace, security, safety, dignity, and respect.”* Around the world there is a history of a paternalistic or colonial approaches to wellness. Partnering with respected community leaders to help deliver the messages concerning the importance of maternal health, nutrition and vaccinations can improve health literacy and has worked well in countries around the world. Engaging communities in decision-making and barriers related to trust in healthcare services and limited access, particularly in certain areas, and those disproportionately affected, need to be considered to address the unique needs of different populations.

3. Equity and social justice

Dr. Denburg brought inequity as a determinant of health underlining the importance of social justice. There are many definitions of equality and equity. Here is one from the Milken Institute School of Public Health at George Washington University: *“Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome”*. What are the barriers to certain populations accessing health care? Why don’t they seek care? The reasons could be distance to hospitals, access to doctors, income inequalities, educational disparities, or cultural beliefs. In some communities, women are not empowered. This can have a negative effect on maternal and

child health. Are there systemic barriers? A lack of clear policies? Political will? There is a need to unpack the reasons in an unbiased and critical manner starting with high quality studies and data.

4. Researchers need access to high quality data

Dr. Subbarao found that there are systemic barriers to sharing research data. Privacy concerns aside, there are certain gate-keepers of health data. Access to population health information varied by country and even within countries. There is a need to bring data sets together and unpack factors such as genetics, location and environment. In addition to data fragmentation and issues related to data privacy and confidentiality, there is an issue in the quality of the data. Is it representative of a population? Who shows up at a doctor's office or hospital are not often not representative of the broader population. For example, Dr. Morris pointed out that many drugs are studied in adult men, yet they are prescribed to women, elders and children. Clinical trials at scale are costly and require high-level coordination. This takes leadership, resources and persistence.

5. Provide solutions that fit and scale

There are global threats to health such as pandemics and climate change that affect the human population. Solutions to address child health can be offered at scale such as global vaccination programs to wipe out polio and small pox. Dr. Bhutta's research has found that best practices often emerge from seemingly unlikely sources. Successful lessons in improving access to child health can be learned from other countries like Sri Lanka or Cuba that provide solutions that fit.

Dr. Bhutta declared that "*Canada has a lot going for it*". A goal is to reach everyone in need but there is still a lot to learn. To do so, we need to hear voices from communities, dig into the data, break down systemic barriers, and provide solutions that fit and scale.

The Proceedings were co-authored by Drs. Marva Ahmed and Reinhart Reithmeier.