

# Department of Public Health Sciences



# Public Health

SCIENCES *at the University of Toronto*

Department of Public Health Sciences Masters Programs  
offered in:

Biostatistics

Community Health and Epidemiology

Community Nutrition

Family and Community Medicine

Health Promotion

Occupational and Environmental Health

For more information contact

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GREAT MINDS FOR  
A GREAT FUTURE

Faculty of Medicine, University of Toronto

A leading school  
of public health with  
global reach

*invites you to join our*  
**MASTERS PROGRAM**  
**with Global Health Focus**

# Public Health Sciences MASTERS PROGRAM with Global Health Focus



## Overview

**T**he approach to Global Health in Public Health Sciences at the University of Toronto is interdisciplinary and integrative. Global health focuses on the inter-relationships among local, regional, national and international factors influencing health, as well as the effective program and policy interventions that will address these factors. A strong equity orientation means that emphasis is given to low-income countries, their relationships to high-income countries and marginalized populations in all countries.

Students enrolled in the Masters Program with a Global Health Focus can expect to enter careers in Canada or internationally with regional, national and global health organizations.

## Application Process

- Apply to one of the five masters fields in Public Health Sciences.
- Emphasize your global health experience and interests in your statement of intent, reference letters and/or CV.
- Enrollment is limited.

**For Information on  
Public Health Sciences MASTERS PROGRAM  
with Global Health Focus please contact:**

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**David Zakus, Associate Director**  
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## Basic Structure

Fields	Total Program Requirements	Minimum FCE Field Specific Courses	Global Health Requirements for All Fields
Community Health and Epidemiology	10 FCE	4.5 FCE	0.5 FCE core course in Global Health 0.5 FCE elective course in Global Health 1.0-2.0 FCE Practicum in Global Health
Community Nutrition	10 FCE	7.0 FCE	
Family and Community Medicine	10 FCE	3.0 FCE	
Health Promotion	10 FCE	6.0 FCE	
Occupational and Environmental Health	10 FCE	7.5 FCE	

## Program Requirements

- Required courses in the chosen field (see above).

### Plus:

- One core course in global health.
- One practicum placement with a global health focus.
- At least one elective in global health chosen from the list below.
- Participate in varied global health activities (eg. conferences, workshops)

## Elective Courses Offered

CHL 5117H	A Global Perspective on the Health of Women and Children
CHL 5118H	International Health, Human Rights and Peace-Building
CHL 5411H	International Health
CHL 5420H	Global Health Research Methods
CHL 7001H	History of International Health
HAD 5768H	International Perspectives on Health Services Management
HAD 5774H	Comparative Health Care Systems
JHN 1000H	Issues Analysis in International Health
PHM 1124H	The Power and Politics of Global Pharmaceutical Policy

# Public Health Sciences MASTERS PROGRAM with Global Health Focus



## Core Competencies

A public health practitioner, policy maker or researcher in global health will:

- Understand the political economy of global health issues.
- Bring a determinants-of-health and population health perspective to problem analysis, policy development and project design.
- Be cognizant of the linkages between local and global health problems.
- Work within the mandates, roles and approaches of international organizations.
- Build coalitions and work in partnership with the NGO sector and local community organizations.
- Be sensitive to cultural differences and adapt methods to local contexts.
- Apply appropriate ethical approaches to international, country level and local projects.
- Understand broad ethical issues as they relate to equity globally.

Public Health Sciences  
**MASTERS PROGRAM**  
with **Global Health Focus**  
in association with  
**Centre for International Health**  
and  
**Centre for Health Promotion**  
(WHO Collaborating Centre in Health Promotion)

*A Legacy of Public Health at University of Toronto*  
**Keeping People Healthy Longer.**

*Leaders in Public Health Sciences*

**Since the 1920's Public Health Sciences at the University of Toronto has produced many of Canada's leaders in public health.**

*Excellent Researchers*

**Faculty members at Public Health Sciences are engaged in leading edge research characterized by rigour and relevance.**

*Research That Makes A Difference*

**At Public Health Sciences, rigorous and creative minds explore questions that touch the lives of many in Canada and around the world.**

*Dedicated Teachers & Supportive Mentors*

**Public Health Sciences takes great pride and places high priority on its education programs. Many graduates of Public Health Sciences' programs stay involved, sharing their knowledge, expertise and dedication with a new generation of committed public health professionals.**

*Building Partnerships*

**Public Health Sciences is much more than an academic unit: it is a network of alliances and partnerships with hospitals, research facilities and public health organizations in the community.**



## **Additional Global Health Courses**

UNI464, International Health, Introduction to Global Health  
Health & Society Program, University College  
Instructor: Dr. David Zakus

HMB 203H, Introduction to Global Health, Human Biology Program  
Global Health Stream, University of Toronto  
Instructor: Dr. David Zakus

### **Course Description**

Global perspectives and analyses are becoming imperative in understanding current socio-political happenings, including those in health and medicine. It is not good enough any longer to just understand the technical aspects; it is important to begin to develop a fuller grasp of the socio-political-economic environment and integrate this into a broader analysis which includes the technical. Our world is increasingly becoming more and more inter-dependent, and perils affecting one area of the world quickly become perils in others.

Some years ago, around 1978, the concept and strategy of Primary Health Care became adopted at the world level for helping to lift all peoples of the world to an acceptable level of health. While this goal is still far from being realized, the strategy remains valid and ever more pressing to put into action. While there are various ways of understanding its implementation, there are 12 operational components to it that remain clearly relevant in such implementation. It is posited that Primary Health Care and a clear understanding of it remains at the base of any understanding of global health and offers a well defined systematic representation for explaining many of the basic principles and issues of global health.

As the compulsory introductory first course of the new Global Health Concentration in the Human Biology Program in the Faculty of Arts and Science, HMB203 will focus on the basic and widely acknowledged theory and strategy to be implemented for achieving "health for all" – Primary Health Care (PHC).

### **OBJECTIVES**

- To introduce the basic concepts (mostly breadth) and problems of international and global health, with a particular focus on low and middle income countries
- To help students develop a critical approach to understanding the concepts of global health
- To help students develop their written and oral communications skills
- To help students develop a sense of teamwork
- To prepare students to carry on in the Global Health Concentration in the Human Biology Program

### **WHY GLOBAL HEALTH?**

#### **Global Health Threats Affect All of Us**

Drug resistant infectious diseases... natural and humanitarian crises... malnutrition and contaminated foods... toxic substances... biological and chemical terrorism... rising social inequalities and highly vulnerable populations... weak, inefficient or dysfunctional health systems... realities like these are affecting the health of people all over the world.

The fact is, no matter where we live, our well-being depends on how health issues are managed around the world.

Here are just a few reasons why:

#### **Travel and Migration**

Almost any place on earth can be reached within 36 hours, less than the incubation period for most infectious diseases.

Each year more than 500 million people cross international borders by aircraft alone and diseases are exported and imported like any commodity. As a result, diseases such as Dengue Fever and West Nile Virus, once considered foreign, are now on our soil. Familiar diseases, such as cholera, malaria, tuberculosis and yellow fever, once under control, are again on the increase, spreading to previously unaffected regions, including the United States. Avian flu is spreading on the wings of migrating birds and the HIV/AIDS pandemic continues to wreak havoc, primarily in the poorest countries of the world.

The more disease spreads unchecked in resource poor regions of the world, the higher the risk to travelers.

## **Inadequate Public Health Infrastructure**

The bio-terrorism incidents of 2001, the SARS epidemic of 2003, and multiple outbreaks of avian flu since 2003 have revealed our vulnerability to the threat from diseases virtually unknown previously and our lack of preparedness to respond to pandemics of potentially catastrophic proportions.

These events make it clear that communities across the globe will have to upgrade their public health infrastructure. Health practitioners are a vital part of the implementing arm of our public health system. Most training curricula do not, however, prepare them to respond effectively to public health threats in their communities. They must be able to diagnose and treat the health consequences of global risks and understand their underlying causes.

## **Urbanization**

By 2025, 61 percent of humanity will live in cities, taxing already over-burdened public health systems. As magnets for travelers, immigrants, and imports from around the world, large cities are potential breeding grounds for global epidemics and other health disasters.

As globalization and urbanization intensifies, cities must be prepared to respond to an increasing number of global health threats. Urban risk factors such as insufficient water and sanitation services, overcrowded housing and pollution not only cause ill health but also exacerbate global health risks such as infectious diseases, particularly in the developing world. Moreover, future humanitarian disasters are likely to occur in large urban settings.

## **Globalization of Trade**

In today's environment of free trade and divergent or absent regulation, the daily health of millions of unsuspecting people around the world are at increasing risk from water-borne bacteria, pesticides, industrial toxins, manufacturing byproducts, and hazardous wastes from military arsenals and product disposal. Moreover, the shift of much manufacturing to offshore locations has transferred occupational risks formerly encountered by North American workers to low income countries far less able to mitigate them.

The lack of strict export safety measures in many countries has an impact on the health of our communities. For example, changing food industry practices and food imported from around the globe bring new challenges to food safety in the US. Hence, the management of health risks elsewhere in the world has direct consequences here.

## **Aging and Chronic Diseases**

The World Health Organization estimates that by the year 2025, more than 800 million of the world's population will be over the age 65, two-thirds of them in developing countries. As world populations live longer, chronic diseases associated with aging are increasing dramatically. In the coming decades, the costs of treating these conditions will deplete already limited health resources virtually everywhere in the world, threatening the health of poor and rich nations alike.

Developing nations will face even greater challenges than developed countries due to inadequate economic development, high population growth, poor social and health service infrastructures, as well as the decline in traditional care provided to elders by their families

Reference: Global Health Education Consortium Website

## **Course Name: History of International Health**

Course Number: CHL 5702 H

Instructor: Anne-Emanuelle Birn

**Description:** This graduate seminar explores the ideologies, institutions, and practices of the field of international health from its imperial origins to the present, covering the role of health in empire-building and commercial expansion; the perennial fears of pandemics and their economic consequences; the "class-ing," "race-ing," and gendering of international health through attention to sex, maternity, fertility, and productivity; and the power and contest over defining and addressing the diseased mind, body, and soul of the non-metropolitan subject. Through examination of historical sources (documents and films) and scholarly research, we will seek to understand the political, scientific, social, and economic underpinnings of the principles and activities of the international health field, its embedded cultural values, and its continuities and discontinuities. The course provides a critical historical perspective on many of the contemporary problems of international health, such as the tensions of (bio)security, humanitarianism, foreign policy, and economic development; the role of international agencies in shaping/responding to local versus global priorities and policymaking; and the struggle over international health's technobiological, infrastructural, redistributive, and integrative paradigms of success.

## **OBJECTIVES**

- \* To become familiar with a sample of recent and classic scholarship on the history of international health.
- \* To increase the ability to think critically about international health ideologies, institutions, and practices, past and present.
- \* To understand the contemporary fields of global and international health in historical perspective.
- \* To hone skills in oral discussion and debate, research, and writing.