

**FOR INFORMATION****PUBLIC****OPEN SESSION**

**TO:** Academic Board

**SPONSOR:** Trevor Young, Vice-President & Provost  
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**PRESENTER:** See above  
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**DATE:** May 13, 2025 for May 29, 2025

**AGENDA ITEM:** 5(c)

**ITEM IDENTIFICATION:**

*Dalla Lana School of Public Health Academic Plan 2025-2030: Strengthening Local and Global Public Health and Healthcare Systems*

**JURISDICTIONAL INFORMATION:**

Divisional academic plans are considered by the Committee and the Academic Board for information and feedback. Prior to approval by the Provost and presentation to the Committee, it is expected that the relevant divisional Council would endorse the academic plan in principle. (*Planning & Budget Committee, Terms of Reference, Section 4.1*).

**GOVERNANCE PATH:**

1. Planning and Budget Committee [for information and feedback] May 14, 2025
2. **Academic Board [for information and feedback] May 29, 2025**

**PREVIOUS ACTION TAKEN:**

The Academic Plan was endorsed in principle by the Dalla Lana School of Public Health's Council on April 23, 2025.

**HIGHLIGHTS:**

The DLSPH Academic Plan incorporates insights gained from four streams of work: (i) the School's 2024 UTQAP self-study, final assessment report and implementation plan, (ii) a range of analyses including foresight analyses, benchmarking against other leading schools of public health, and materials documenting the history of the DLSPH; (iii) internal consultations with students, staff and faculty; and (iv) consultations with external partners and potential partners for the DLSPH.

The DLSPH Dean facilitated 26 in-person and virtual consultation sessions; approximately 10 written submissions were received, and a leadership foresight exercise was conducted. The following groups were consulted through a combination of in-person and virtual sessions: senior leadership; all students; all staff; all faculty; IHPME programs; PHS Divisions; School Council; Alumni Council; Senior Fellows; External partners including WHO and IRDC; affiliated hospital CEOs; and all DLSPH Community.

The Academic Plan identifies five strategic themes, with related goals and objectives:

1. Breaking Barriers
2. Building Trust & Resilience
3. Developing Leaders and Capacity for Impact
4. Strengthening the School
5. Thinking Long Term

This plan was created in line with the Guidelines on Divisional Academic Planning, which were confirmed by the Executive Committee on February 9, 2015. DLSPH's previous plan ended in 2024, and this will be the second plan under the current dean.

The Academic Plan was considered by the Provost's Advisory Group on April 9, 2025.

## **FINANCIAL IMPLICATIONS:**

There are no immediate financial implications at the point of adopting a new academic plan. As the plan moves into the implementation phase, new initiatives will be brought forward and financial implications will be reviewed as part of the University's established budget planning and approval processes.

## **RECOMMENDATION:**

This item is *for information and feedback only*.

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## **DOCUMENTATION PROVIDED:**

- *Dalla Lana School of Public Health Academic Plan 2025-2030*

# Dalla Lana

School of Public Health

Academic Plan 2025-2030

## **Strengthening local and global public health and healthcare systems**

Approved by DLSPH School Council on April 23, 2025



UNIVERSITY OF TORONTO  
DALLA LANA SCHOOL OF PUBLIC HEALTH



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## Dean's Message

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### Our Mission, Vision, and Values

We invested a lot of time in defining our mission, vision, and values while developing our first academic plan (2019-2024). The context around the Dalla Lana School of Public Health (DLSPH) has changed dramatically since 2019; but the mission, vision, and values that we developed for our first Academic Plan (2019-2024) remain relevant for this plan. They are:

- **Mission:** Public health and healthcare systems scholarship built on excellence, engagement, and impact.
- **Vision:** To be the leading model for public health and healthcare systems learning, research and service with impact at the local and global levels.
- **Values:** Independence, integrity and rigour; engagement and collaboration; equity and social responsibility; ethical and responsive; accountability, sustainability, and healthy work.

We remain steadfast in our pursuit of excellence in public health and healthcare systems research and education and in our dedication to creating a welcoming and supportive environment where all can thrive.

### Work to Develop this Plan

To develop this new academic plan, we undertook a comprehensive and inclusive process that involved extensive consultations and a foresight exercise. Our goal was to ensure that the plan reflects the diverse perspectives and needs of our community.

- **Background Research and Supporting Materials:** Shared with the DLSPH community, including historical context, the 2023 University of Toronto Quality Assurance Process (UTQAP) reports, benchmarking data, and comparative analyses.
- **Internal Consultations:** Conducted 20 sessions across different units, divisions, and programs, for our faculty, staff, and students.
- **Foresight Exercise:** Created a strategic foresight primer and engaged the senior leadership team and selected faculty members in, preparing foresight briefs, developing scenarios, and hosting a leadership foresight conversation.
- **External Engagement:** Engaged with partners and leadership from the University of Toronto, local and global community partners from both the public and private sectors and consulted with donors and prospective donors.
- **Community Updates:** Provided interim consultation reports, conducted an alumni survey, and compiled a foresight report.
- **Final Stages:** Developed a first draft and conducted six “shaping” sessions with faculty, staff, and students, facilitated by the Dean.

These efforts culminated in the present academic plan that addresses the needs and aspirations of our community and positions the School for future success.

## Our Record of Success

The School has made substantial progress since the DLSPH's first academic plan in 2019 and all while leading through a pandemic. DLSPH launched Canada's first Doctor of Public Health (DrPH) and the world's first Master of Public Health in Black Health. DLSPH has partnered with the Faculty of Arts and Science to create the first undergraduate degree in public health at the University of Toronto (U of T). We have built a robust Outreach and Access program with the Toronto District School Board and Pathways to Education Program that brings young leaders who are excited about public health to U of T. Our students continue to claim an outsized portion of Canada Research Chairs, Vanier, Banting and Health System Impact Fellowships and the School continues to grow its funding from across the Tri-Council Granting Agencies and the Canadian Foundation for Innovation.

The School has led major collaborative efforts in responding to the COVID-19 pandemic, the growing role of Artificial Intelligence (AI) in public health, climate change, improving gender equity and health, the integration of care, and global health.<sup>1</sup> DLSPH faculty are regularly sought out for advice across governments in Canada and around the world. Work by our faculty, students and staff is regularly featured in major newspapers and other media outlets. At the same time, the School has risen in global rankings over the last four years to 7<sup>th</sup> on the Shanghai Global Ranking of Academic Subjects and remains the most highly ranked Canadian school of public health, regardless of ranking system.

These accomplishments are the direct result of the shared commitment to excellence and impact in public health and healthcare systems of our faculty, staff, and students. The DLSPH has come a long way since 1927 when it was one of only three schools of hygiene (Harvard, Johns Hopkins and the University of Toronto) to receive funding from the Rockefeller Foundation. We look forward to beginning our second century of working to reduce morbidity and mortality and improve human well-being.

## Critical Challenges on Our Horizon

Our accomplishments should not distract us from the gathering challenges we will face. Some of these challenges are immediate: environmental, geopolitical and economic shifts have increased the risks to public health and the performance of healthcare systems. The increasing prevalence of syndemics, rising rates of chronic disease, the persistence of infectious disease, and failure to make progress on key drivers of inequity in health<sup>2</sup> put the goal of good health and excellent care for all at great risk. Profound inequities in health persist while the data and strategies needed to reduce them are under attack in some quarters. Long-standing and

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<sup>1</sup> DLSPH received the largest proportion of Mastercard Foundation funding received by U of T.

<sup>2</sup> Blair A, Siddiqi A, Frank J. [Canadian report card on health equity across the life-course: Analysis of time trends and cross-national comparisons with the United Kingdom](#). SSM Popul Health. 2018 Sep 25;6:158-168. doi: 10.1016/j.ssmph.2018.09.009. PMID: 30302366; PMCID: PMC6174919.

profound inequities in Indigenous Health persist and will not be resolvable without concerted and sustained action at all levels.<sup>3</sup>

Based on the consultations we identified a wide range of long-term challenges that will require attention beyond the life of this academic plan. These include the failure to harness AI for public good, competition from outside of the University sector in public health training, a decline in trust in public health and healthcare systems expertise, an overall decline in the capacity of the public sector, the growing threat from climate change and polycrises and limits on our ability to respond to public health emergencies that could extend for years. Against the backdrop of these risks, many long-standing international norms and relationships are under debate. All of these mean unusually high levels of uncertainty in the coming years. It will be crucial for us to carefully study how these shifts may impact our scholarship, the way we prepare our students for impact, and our local and global partnerships.

The DLSPH will need to address these challenges, while overcoming financial hurdles. Tuition is lower today than in 2018. The University of Toronto receives the smallest proportion of provincial government funding among all major Canadian research-intensive universities. Broader economic challenges threaten philanthropic and research support. The global research enterprise may be shrinking and retreating from core concepts in public health while preventable diseases like measles are resurging,

The DLSPH has a choice. We can hunker down and wait for these challenges to pass or we can meet them head-on. Our consultations have affirmed the School's desire to meet these challenges. We have a long legacy of impact, and we can take confidence from the successes of the last five years. We can build off the best elements of our history to strengthen local and global public health and healthcare systems.

## Charting Our Future

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To meet the challenges before us we have identified five strategic themes to guide our collective efforts from 2025 to 2030: (i) Breaking Barriers; (ii) Building Trust & Resilience; (iii) Developing Strong Leaders; (iv) Strengthening the School; and (v) Thinking Long Term. As we pursue these new themes, we must also strive to meet the University's commitments to the Truth and Reconciliation Commission's (TRC) Calls to Action. These interconnected strategic themes should help us adapt to our changing environment and strengthen our ability to work with partners for stronger public health and healthcare systems.

### Breaking Barriers

The challenges in front of us and their interconnected nature require a joined-up response. For example, to harness AI to its full potential we will need to bring together purposefully groups of scholars that span the gamut from data sciences to bioethics. Responding to public health emergencies will require scholars from organizational behaviour, occupation and environmental

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<sup>3</sup> Hughs, Abby, [Why Canada's health-care system needs more Indigenous professionals](#), CBC Radio, Posted: Sep 30, 2024 | Accessed: April 11, 2025



health and policy, among many other areas. And we will need to ensure that these efforts build sustainable funded platforms to match our changing financial climate. Our students will be called on to lead efforts to improve health and healthcare systems and will need to be able to tailor their own education in a way that gives space for a discipline-spanning capacity development. We will also need to ensure that our students complete their programs as efficiently as possible so that they can bring their talents to strengthening public health and healthcare systems and to reduce the growing financial burden our students face. Finally, to drive impact, we will need to find ways to engage with and support a broad set of partners across the University, the public health and healthcare systems, and the public and private sectors.

## Goals & Objectives

### 1. **Support interdisciplinary research**

- 1.1. Provide catalytic funding to support large and innovative applications to foundations, granting agencies, and corporations on critical challenges, such as:
  - a) Preparedness for public health crises and healthcare systems resilience in the face of polycrises,
  - b) AI and advanced technologies,
  - c) Climate change and environmental health, and
  - d) Indigenous health.

### 2. **Modernize programs and build stronger programmatic connections between Public Health Sciences and the Institute of Health Policy, Management and Evaluation.**

- 2.1. Strengthen program supports that ensure development of desired competencies and on-time completion.
- 2.2. Increase capacity of graduates to identify pathways to health disparities from their specific disciplines, and strategies to address them.
- 2.3. Introduce more flexible, condensed timeframes and alternative delivery models to enable broader access to DLSPH programs and student success.
- 2.4. Increase student choice by opening courses to all students across graduate units, reduce duplication of core curricula where possible, reducing the number of required courses, and examining course caps and other barriers to choice.
- 2.5. Reduce duplication across courses and introduce interdisciplinary course offerings addressing critical public health and healthcare systems inequities and challenges.
- 2.6. Provide opportunities for faculty to advance curricula that include diverse voices, sources of expertise, pedagogical approaches, and ways of knowing.

### 3. **Strengthen our role in public health and healthcare systems education and community-informed research.**

- 3.1. Create a public health teaching unit for the U of T community in collaboration with public health units located in the Greater Toronto Area and Medical Officers of Health appointed at DLSPH and other public health practitioners.
- 3.2. Broaden undergraduate teaching to attract U of T's best students to DLSPH graduate programs.
- 3.3. Build joint degree programs that widen the appeal of core programs (e.g., JD-MPH).
- 3.4. Partner with divisions across U of T on shared teaching and courses (e.g., Rotman School of Management, Munk School of Global Affairs & Public Policy, Temerty Faculty of Medicine).
- 3.5. Bring together the heads of Canada's academic public health and healthcare systems programs to create collaborative educational and research opportunities.

- 3.6. Build broadly shared public health and healthcare systems improvement goals through a partnership office to help scholars engage with a broad range of public and private sector organizations committed to building healthy communities.
- 3.7. Create consistent and equitable approaches to partnerships that recognize different values of all partnerships and styles of relationship cultivation and nourishment.
4. **Expand our global health strategy** in Sub-Saharan Africa<sup>4</sup> and strengthen focused partnerships in Asia and Europe with a balanced portfolio of research and education activities.

### Building Trust & Resilience

Misinformation, disinformation and mistrust plague the public health and healthcare systems. To make the impact we want, the School must contribute to building back trust and capacity in our public health and health care systems. To build trust – in line with our goals as a research-intensive faculty – we must find ways to build dialogue and awareness. We should also work to make sure that the successes due to public health and healthcare systems expertise are broadly understood.

### Goals & Objectives

1. **Establish the School as the keystone for dialogue and collaboration** on public health and health care.
  - 1.1. Develop forums that reinforce the importance of public health and healthcare systems with new audiences (e.g., a CEO forum, a United Way-DLSPH summit, a Community Caucus).
  - 1.2. Expand the Senior Fellows model to engage decision-makers across all sectors in teaching, public-facing education, community-based ways of knowing and knowledge, and impact-oriented projects. This will draw on lessons from leading university-based examples where scholars and practitioners work together.
  - 1.3. Develop mechanisms, including access to sustainable funding, that help a wider range of students and researchers to quickly and efficiently access data assets available through DLSPH and/or our partners.
2. **Enhance awareness and public trust** by promoting the School's research and successes locally, provincially, nationally, and globally.
  - 2.1. Create multiple vehicles for communicating the successes and impact of DLSPH including a single School-wide website and social media strategies.
  - 2.2. Increase proactive scanning of awards and recognitions and a ladder approach to support faculty and alumni recognition showcasing the impact of the DLSPH in public health and healthcare systems.
  - 2.3. Bring together public health and healthcare systems journalism initiatives such as our Investigative Journalism Bureau and our Fellowship in Global Journalism to create a stronger platform for improving the communications capacity of students, staff, and faculty, and a more powerful engagement with the public.

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<sup>4</sup> This includes Mastercard Foundation funding for scholars (Masters and DrPH) as well as epidemiological work in communicable diseases and mathematical modelling, women in global health leadership, and faculty development.

- 2.4. Create partnerships to increase awareness of DLSPH and a more powerful single platform for engagement with the public and our partners, for instance, the 2024 Boehm Lectures on public health and healthcare delivered in partnership with CBC Ideas.
- 2.5. Increase early understanding of the importance of public health and healthcare systems through our Outreach and Access programs.<sup>5</sup>
- 3. Increase and strengthen practical training opportunities that strengthen the public sector.**
  - 3.1. Strengthen practicum placement opportunities, including engaging our School's alumni network, improving student experience, and recognizing exceptional practicum preceptors. Work to build cohort practicum opportunities that allow our students to model community-led, inter-disciplinary work.
  - 3.2. Grow the DrPH program as the highest level of advanced applied public health training in Canada.

### Developing Leaders and Capacity for Impact

We must prepare our students, staff, and faculty to lead and support transformative and equitable changes that address complex challenges. This involves producing graduates with scholarly depth, leadership skills, and the ability to drive change at every level of public health and healthcare systems. We will need to continuously update programs, curriculum, delivery models and practical learning opportunities.

### Goals & Objectives

- 1. Increase and enhance leadership-focused co-curricular opportunities.**
  - 1.1. Integrate leadership competencies from CIHR's Training Modernization Framework, and PHAC's updated core public health competencies, into our core curricula, along with an understanding of advanced data sciences and AI.
  - 1.2. Reinforce the value and skills of academic debate and critical inquiry as a core competency across our curricula and ensure inclusive events that support debate.
  - 1.3. Increase communication and leadership-focused professional development for faculty, students, staff, and alumni, including opportunities for networking.
  - 1.4. Support and scale current and additional mentorship offerings that pair new students with an upper year peer, senior fellow, or faculty mentor and/or placement with a mentoring group.
- 2. Identify and implement a viable model for sustainably delivering continuing education that builds public health and healthcare systems leaders and capacity for global impact.**
  - 2.1. Identify ongoing learner demands for upgrading competencies.<sup>6</sup>
  - 2.2. Partner to augment our delivery capacity and to increase access to appropriate learner communities.

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<sup>5</sup> This could involve providing information on public health careers to high school guidance counselors, developing curriculum packages for elementary teachers on core skills related to public health sciences, or developing programs that involve doctoral students engaging young students with interactive learning experiences.

<sup>6</sup> Current examples include the global diplomacy executive course and the AMS-Fitzgerald Fellowship in AI & Human-Centred Leadership

- 2.3. Develop continuing education programming that is attractive to our alumni and engages them in its design and delivery.

### Strengthening the School

We will focus on key areas that help ensure our School remains at the forefront of scholarship and service while increasing efficiencies and our implementation abilities. This will include leveraging advanced technologies across our education, research, and operations and strengthening our fundraising and resource efforts to support our students and faculty. We will improve our communications and event planning to help us maintain a sense of shared community within our School and to effectively engage with our partners. We will also provide better support for our faculty and post-doctoral fellows to ensure they have the tools and resources they need to succeed in their roles. Finally, we will foster greater collaboration among our students, staff, and faculty within and across our graduate units to create a more cohesive and efficient academic environment.

### Goals & Objectives

#### **1. Make DLSPH the most sought-after School of Public Health for advanced public health education.**

- 1.1. Extend the reach and reputation of DLSPH and our programs to ensure DLSPH is consistently top of mind for graduate education for every public health employer, professional, student and potential applicant.
- 1.2. Develop and resource recruitment and re-recruitment strategies that ensure the strongest matching applicants with the most appropriate training, experience, and academic achievement apply to DLSPH programs.
- 1.3. Ensure every applicant accepted to a DLSPH program is set up for success and accepts our offer, because DLSPH is their first choice.
- 1.4. Increase opportunities for competency development that responds to the diverse needs of our learners.

#### **2. Continue improving inclusive environments and supports for faculty, staff, and student success and thriving.**

- 2.1. Integrate considerations of mental health and well-being wherever appropriate in program and curriculum updates, policy revisions, and the design of physical spaces.
- 2.2. Improve structure and accessibility of supports to help faculty, staff and students that are culturally relevant and responsive, especially in times of high need.
- 2.3. Increase financial supports to research students<sup>7</sup> above the current levels and expand support opportunities for professional students<sup>8</sup> in need.
- 2.4. Through workshops, professional developments, events and other supports, continue efforts to create a culture of dignity, respect, and belonging for all communities.

#### **3. Make meaningful progress in meeting the Truth and Reconciliation Commission of Canada Calls to Action**

- 3.1. Review the University's commitments to the TRC Calls to Action and assess the School's progress and opportunities to improve progress.

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<sup>7</sup> Students enrolled in research degree programs (e.g., PhD) and could include mechanisms to support publishing costs.

<sup>8</sup> Students enrolled in professional degree programs (e.g., MPH, MHI)

- 3.2. Develop a pathway for collective Indigenous decision-making at the School and to provide advice to the Dean.
- 4. Focus advancement efforts on long-term sustainability of the School.**
  - 4.1. Create a capital savings pool to support transition and consolidation of the School to a renovated or new building.
  - 4.2. Implement a program that enables donors to direct smaller gifts toward students or student projects they find meaningful.
- 5. Strengthen faculty complement to better match our peers.**
  - 5.1. Increase the number of core tenure stream faculty to ensure sustainability and viability of all education programs with a focus on graduate programs.
  - 5.2. Enhance the meaningful engagement of the School's alumni and status/adjunct faculty community through organizing more events, professional development opportunities, and continuing education and providing dedicated workspaces.
- 6. Accelerate and strengthen research execution.**
  - 6.1. Increase post-award research project management support.
  - 6.2. Offer professional development on research project management execution to students, staff, and faculty.
- 7. Improve supports for core faculty to ensure they can excel in their teaching, research, and service.**
  - 7.1. Increase access and uptake of professional development opportunities to support teaching quality for diverse learners and research productivity.
- 8. Improve supports for post-doctoral fellows and affiliated faculty to ensure they can engage meaningfully and are recognized for their contributions.**
  - 8.1. Create a community of practice for post-doctoral fellows and advocate for the ability to hold research dollars.
  - 8.2. Ensure affiliated faculty and post-doctoral fellows are aware of all DLSPH course and program offerings and U of T supports.
- 9. Enhance administrative processes to reflect up-to-date technology that will improve quality of service and efficiency.**

## Thinking Long Term

In 2027 we will celebrate a century of excellence in public health and healthcare systems education, scholarship, and impact at the U of T. Throughout this time, we have successfully responded to evolving needs and crises in public health and healthcare systems, including two world wars, global pandemics, and transformative advancements in health sciences and technology.

As we draft this plan, geopolitical uncertainties appear to be increasing. As we look ahead to 2030, maintaining a long-term perspective will help us and our partners successfully navigate the inevitable immediate and medium-term challenges and set the foundation for our second century of excellence.

## Goals & Objectives

1. **Establish a "Foresight and Resilience Leadership Simulation Lab."** This will serve as a collaborative space where faculty, students, staff, and leaders from various sectors, including partners like government ministries, the Canadian Armed Forces, and other Canadian Schools of Public Health can collaborate to monitor emerging changes and develop skills and knowledge to anticipate and respond to future public health and health system challenges, such as tabletop exercises and foresight initiatives.


## Executing the Plan

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This plan outlines the broad goals and objectives for the School from 2025 to 2030. Achieving these goals will require significant additional planning and commitment from all levels of the School. This will involve setting out the specific timeframes within which the goals and objectives will be pursued between 2025 and 2030, detailing the resources required, and where the required resources will be found. It will also involve using management tools that align with and enhance the School's existing administrative processes, including the following examples:

- **Senior Leadership** defining, prioritizing, sequencing, and resourcing major projects, by clustering goals and objectives in a way that supports organizational execution. Specifically, Chief Administrative Officer oversight of resources required and where they will be found.
- **Project Charters and project management processes** to clearly define the scope, roles, responsibilities, timelines, and resources. All project charters will be required to include considerations of the TRC Calls to Action.
- **Regular executive oversight meetings** for monitoring progress against project charters and identifying and resolving barriers to progress. This will include establishing and monitoring a project risks register.
- **Develop a Performance Measurement and Evaluation** framework and process to report on progress against the plan and adapt execution plans based on changes in the operational context. This will include assessment of the Schools progress and recommendations with respect to the TRC Calls to Action.



A photograph of a university campus. On the left is a large, multi-story brick building with arched windows. A paved walkway leads from the foreground into the distance, flanked by green lawns and mature trees. Several people are walking on the path. A semi-transparent white box with a thin black border is centered over the image, containing the title and date.

# DLSPH Academic Plan 2025-2030 **Academic Board**

May 29, 2025

# INPUTS

- **Background Research and Supporting Materials**
- **Internal Consultations**
- **Foresight Exercise**
- **External Engagement**
- **Community Updates**
- **Final Shaping Consultations**



# CHALLENGES

- **Financial Hurdles**

- Tuition is lower today than in 2018, despite high levels of inflation.
- Broader economic challenges threaten philanthropic and other sources of research support.
- The global research enterprise may be shrinking and retreating from core concepts in public health such as equity.

- **Environmental, geopolitical and economic shifts** and increasing risk of a **polycrisis**.

- Unchecked use of Artificial Intelligence (AI).
- Competition from outside of the University sector in public health training.
- A decline in trust in public health and health systems expertise.
- An overall decline in the capacity of the public sector.
- Uncertainty in international norms and academic relationships.

- **Meeting all the TRC Calls to Action remains a challenge**

# THEMES

- **Breaking Barriers**
- **Building Trust & Resilience**
- **Developing Leaders and Capacity for Impact**
- **Strengthening the School**
- **Thinking Long Term**