

---

# CANADIAN YOUTH CONSULTATION SUMMARY: 59th PAN AMERICAN HEALTH ORGANIZATION DIRECTING COUNCIL



PREPARED BY: SURABHI SIVARATNAM, CANADIAN YOUTH DELEGATE 2021  
PREPARED ON AUGUST 21st, 2021  
REVISED ON SEPTEMBER 1st, 2021

---

# TABLE OF CONTENTS

4 - 5	—————	<b>Biography</b> Overview of Canadian Youth Delegate
6 - 7	—————	<b>2021 Youth Consultation Process &amp; Guiding Questions</b>
8 - 9	—————	<b>Youths' Passion for Global Health</b> Highlighting youths' voices
10 - 25	—————	<b>Summary Findings</b> <ul style="list-style-type: none"><li>• Informed Politicians</li><li>• Improvement of Knowledge Translation</li><li>• Critical Reflection of Successes and Failures</li><li>• Centering marginalized voices and populations</li><li>• Healthcare Access</li><li>• Transparency in Decision-Making</li><li>• Youth involvement</li></ul>
26 - 28	—————	<b>Acknowledgments</b>

---

*Incorporating the youth voice into policy decisions is essential, as it can help increase the trust youth have in these systems. Most importantly, when considering youth's voices it is also essential to incorporate the voices of those youth that are most vulnerable and marginalized. We need to extend these discussions beyond the university and privileged circles, trying to focus on including youth from lower income areas and youth with other marginalized identities.*

*The youth voice is the voice of tomorrow.*





# Biography of the Canadian Youth Delegate, 2021

## Canadian Youth Delegate, 2021: Surabhi Sivaratnam

Surabhi Sivaratnam is a Sri Lankan-Canadian, first-generation immigrant, grateful settler, woman of colour, child of refugees, and most importantly, an unrelenting advocate for equity. While working with Toronto District School Board Officials and Indigenous Elders in high school to create decolonizing policies, she learned about the health disparities faced by Indigenous peoples. She also saw inequities impact her low SES community, where many faced food insecurity and could not afford non-covered healthcare expenses. Hoping to mitigate health inequity, she pursued and completed her undergraduate studies at McMaster University in Health Sciences. She is currently completing her M.D. at McMaster University's Undergraduate Medical Program, and is concurrently taking open global health courses at Yale University. Surabhi is also humbled to be working on various international research projects, as a clinical research project assistant at SickKids Hospital. She is also grateful to have co-chaired the 2020-2021 TEDxMcMasterU Conference.

## A letter from the Canadian Youth Delegate:

*"Hello and Bonjour!*

*My name is Surabhi Sivaratnam (SUE-ra-bee SEE-vuh-rat-numb, she/her), and as the 2021 Canadian youth delegate to the 74th WHA and the 59th PAHO DC, I will be joining the rest of the Canadian delegation in representing Canada at these international meetings. This delegation consists of a civil society representative, and leaders and staff members from the Office of International Affairs for the Health Portfolio (Public Health Agency of Canada), Global Affairs Canada, and Health Canada.*

*As the Canadian youth delegate, it is my vision to inspire and evoke interest in global and international public health diplomacy, policy, and programming. I also hope to effectively and compassionately represent Canadian youth and the issues in global health that matter most to them. It is with this vision, that I ask you to please engage with the various ideas shared by youth in this document. I sincerely believe that there is great power and value in listening and incorporating youths' voices. I sincerely believe that the youth voice is the voice of tomorrow.*

*Thank you sincerely for taking the time and energy to be a part of this movement!*

*Kind regards,*

*- Surabhi Sivaratnam"*



# Youth Consultation Process Overview

Consulting with Canadian youth across the country on pertinent global health issues has been an incredible privilege. Youth truly are the leaders of tomorrow, and hearing the brilliant and thoughtful ideas they had to address the solutions of today brings immense hope and excitement for the future of Canada.

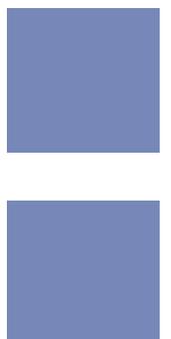
## **Some of the guiding questions and discussion points are as follows:**

### *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains*

- What are the critical components that must be considered when thinking about building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains?
- From a Canadian youth lens, what priorities or key messages would you like to see reflected in Canada's statement on the topic of post-COVID-19 pandemic recovery?
- What are the systemic and structural deficiencies within health systems and emergency preparedness and response that have been exposed by the pandemic?
- In what ways can youth be involved in revitalizing and envisioning the health care system within the eventual post-COVID-19 pandemic recovery?

### *Reinvigorating Immunization as a Public Good for Universal Health*

- From a Canadian youth lens, what priorities or key messages would you like to see reflected in Canada's statement on the topic of reinvigorating immunizations as a public good for universal health?
- What are the barriers and gaps within immunization programs? How can vaccine access be improved?
- In what ways can youth be involved in increasing immunization uptake? (e.g. tackling vaccine hesitancy, improving knowledge around vaccines, increasing vaccine equity)



## 2021 Youth Consultation Process Highlights

- [Youth global health forum](#)
  - This was a space for youth to have asynchronous discussions with one another on topics relevant to the 59th Pan American Health Organization Directing Council, via an online forum
- [Consultation form](#)
  - This was a form through which youth could asynchronously share their ideas and insight on topics that will be discussed at the 59th Pan American Health Organization Directing Council
- [Roundtable Discussions](#)
  - This was an opportunity for Canadian youth to participate in virtual roundtable discussions with other youth from across the country.
- Multiple Roundtable Discussion with various youth leaders from across Canada
- Written feedback via email, Facebook, Instagram, Twitter
- One-on-one exchanges via phone call meetings and discussions
- Engagement and updates via [www.canadianyouthdelegate.org](http://www.canadianyouthdelegate.org)

Home | Canadian Youth Delegation | +

canadianyouthdelegate.org

This site was designed with the WIX.com website builder. Create your website today. [Start Now](#)

Canadian Youth Delegate to the WHA and PAHO DC

Home Get Involved Youth Forum OIA Team Global Health Blog [Log In](#)

# Canadian Youth Delegate to the WHA and PAHO DC

REPRESENTING CANADIAN YOUTH VOICES

[Learn More](#)

## Youth's Passion for Global Health

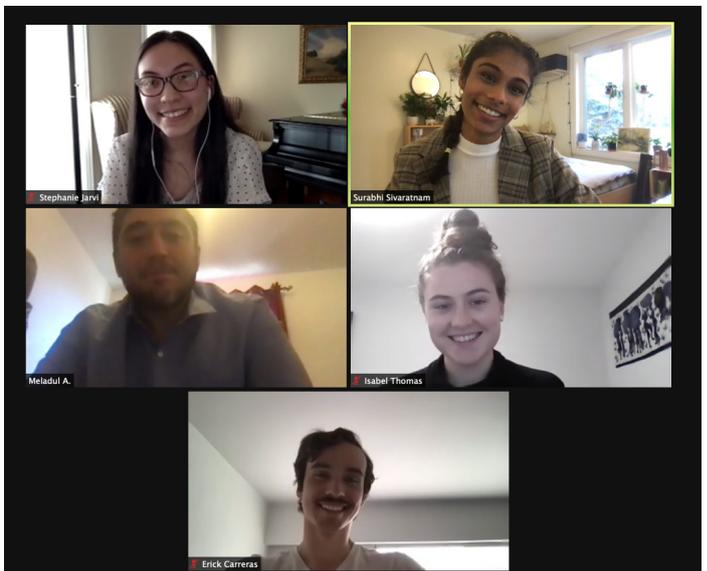
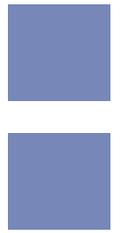
Multiple roundtable discussions and written feedback have led to the following findings shared by Canadian youth consulted in advance of the 59th Pan American Health Organization's Directing Council (PAHO DC). The discussions and consultations were grounded in the context of the history of the Canadian PAHO youth delegate role, the Pan American Health Organization, and PAHO Directing Council's purpose and function.

Canadian youth were asked to share their insights on what global public health issues mattered most to them, and also, why Canadian youth are passionate about global public health. Here are a few select

quotes for why Canadian youth are passionate about global public health from consultation attendees/participants:

- “I am really interested in global public health because of the impact policy and advocacy can have. **Having my understanding of health shaped by my experiences living in a low SES single parent household, I saw early on how the health care system really was set up for certain people, and not others. As well, supporting my brother and father who have complex mental, developmental, and physical health conditions I learnt about the non-linearity of health.**”
- “For a large portion of my life I lived in a low-income neighbourhood in the heart of downtown Toronto. The bustling streets may distract you but if you look closely, hidden behind the expensive sky-rises and modern architecture are large populations of homeless people. You will see Canadians who were forced to live in cardboard boxes and under garbage bins during snowstorms, Canadians with disabilities and mental illnesses neglected, and told to fight their own battles... **The current COVID-19 pandemic has only exacerbated the issues that homeless people face on a daily basis.**”
- “**Coronavirus is not the great “equalizer” it is made out to be.** Indigenous, Black and other people of colour constitute the neglected group that was hit the hardest during this pandemic.”
- “**Homelessness is a pandemic that there is no foreseeable end to.** My passion for Global Health stems from the desire to help address inequalities faced by low-income groups in Canada.”
- “I believe our **youth are our future** and by empowering them through knowledge can help us have a healthier society. Youth should learn about healthcare inequality, the importance of mental health and the issues of misdiagnosis. **Because they are the generation that can create change.**”
- “Social determinants of health are more clear than ever, as we see how the pandemic disproportionately affects BIPOC and low income communities. This is a sign that new health-related legislation should focus on prioritization of the working class in such communities.”

I believe that the context in which Canadian youth are able to bring forth their passions and interests into the global public health space is essential to understanding the Canadian youth lens. It is clear that Canadian youth have placed a particular emphasis on the interconnectedness of every global citizen. While we are each unique, and individual contributors to this world, we are also interconnected and mutually dependent on one another; we are not only connected to each other and our communities, but also to the environment and the land we are on.



*What are the critical components that must be considered when thinking about building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains?*



The pandemic recovery offers us an opportunity to critique the way our society has operated in the past. Indeed, youth are adamant that we should not return to our previous “normal”, as it was riddled with disparities in health. As such, it is critical that we address the social structures that perpetuate such disparities. It is also essential that we rebuild more resilient health systems, and implement evidence-based policymaking. In the process of rebuilding such systems, it is critical we target social, economic, and political determinants of health.

### **Informed Politicians**

The post-pandemic recovery must ensure that political figures have health experts and evidence informing their decision. Furthermore, amidst global emergencies, health should be prioritized over political gains. Youth stated that it was disappointing to see politics and self-interest be prioritized over the safety, health, and well-being of citizens amidst the pandemic.

### **Improvement of Knowledge Translation**

Amidst the pandemic, there was also a lack of adequate knowledge translation. Many citizens were not able to understand the decisions being made, nor the information being conveyed. Improved education of the public and knowledge translation is essential for future emergencies and it is critical that this is pro-actively addressed.

### **Critical Reflection of Successes and Failures**

The post-pandemic recovery plan must analyze the successes and failures of government responses to COVID-19. Youth suggested that systematic reviews and in-depth research projects should inform such an analysis. Furthermore, youth emphasized that the research conducted should not only be empirical in nature but also critically and meaningfully integrate the lived experiences of individuals, especially marginalized folks.

### **Centering marginalized voices and populations**

Amidst the vast healthcare disparities that were highlighted by COVID, it is essential that the voices of those most impacted are amplified and centered within the post-pandemic recovery. During the pandemic, there was an immense lack of support for individuals on the margins, especially individuals of low socioeconomic status. Indeed, the government’s refusal to pay

low-income workers adequately for sick leave, in the midst of a pandemic, was a moral crisis. When centering marginalized voices, it is also essential that response plans are constructed utilizing a cultural competence lens. Policymakers must understand the nuances of communities and cater to them accordingly. Tangible ways to implement such tailored responses would involve bringing community members to the policy-making table. Additionally, when talking about vulnerabilities and speaking about who is left behind, it is critical to take an intersectional lens, in which we focus on compounding inequities and vulnerabilities.

### **Healthcare Access**

The post-pandemic recovery must also restructure the methods of access to resources and health care to ensure it is more equitable. The pandemic underscored the vast disparities that exist — who had access to knowledge about vaccines? Who had health insurance? Who had health care coverage? Who had trust in the healthcare system, from previous positive experiences? Who was neglected by the health care system?

Tangible steps to improving access to the healthcare system include improving the cultural competence and linguistic competence of healthcare providers.

### **Transparency in Decision-Making**

Amidst this pandemic, the government and health care officials were able to build trust with the public by being transparent about the decisions being made and the reasoning that informed them. Youth found this a critical component to some of the success that was achieved in the pandemic response; as such, it is critical that this level of transparency is maintained in future decisions as well.

### **Youth involvement**

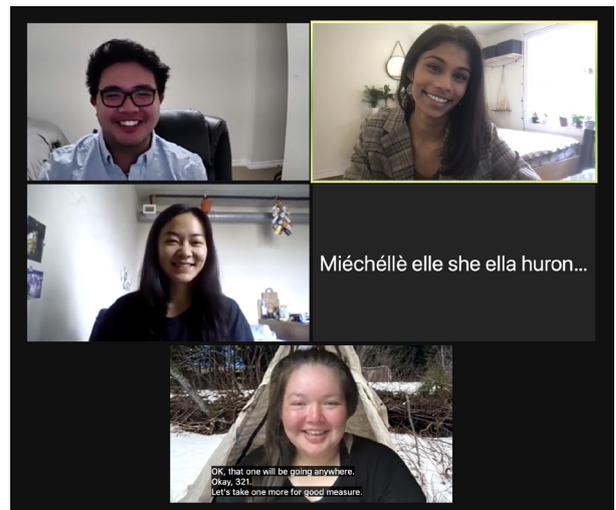
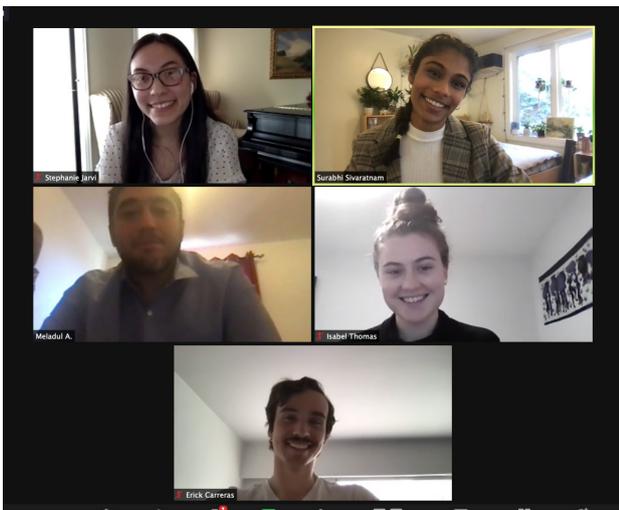
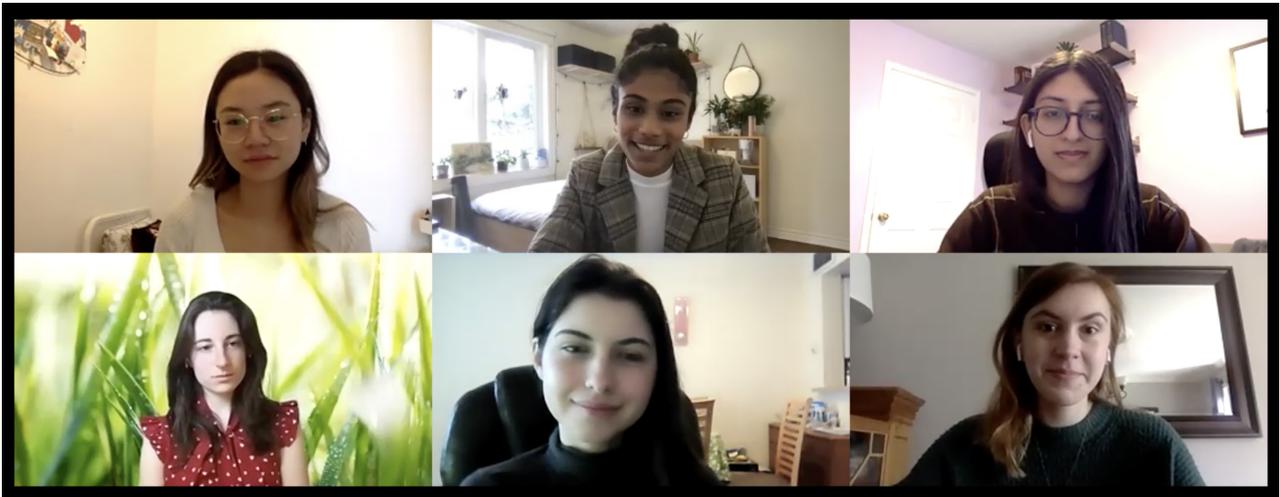
Youth played a critical role in information dissemination and knowledge translation. Oftentimes, youth would play the “middle man” role for parents and caregivers who may not understand the information overload nor have access to such information. Youth ensured the information was palatable, while also taking proactive steps in creating awareness campaigns. Given this critical role, the post-pandemic recovery should ensure there are tangible systems in place that support the innovative ideas and initiatives implemented by youth.

## Vulnerable Groups & People in Vulnerable Situations

- BIPOC - Black, Brown, Indigenous, and those aligning with the global marginalized diaspora
- Refugees and immigrants
  - Immigrants and refugees who may face language barriers — these make it more difficult to navigate the system
- LGBTQ+ groups
- Women
  - Especially single mothers
  - New mothers experiencing poverty, especially those in shelters and those experiencing homelessness
- Children
- Sex workers, as this group is often not protected nor considered
- Elderly populations
- Front line workers and health care workers - Especially women in health care
- Incarcerated individuals
- Individuals and children with disabilities, including invisible disabilities and individuals on the neurodiverse spectrum
  - Hard of hearing
  - Low vision
  - Vision impaired folks
- Individuals living in retirement homes and long term care homes
- Individuals living in a negative at home environment (e.g. those facing domestic abuse or unsafe home environments, or people with an unsafe family dynamic)
- Individuals who are not covered by social protective schemes (i.e. forms of income that come from the government)
  - “Undocumented” people
  - People in the informal sector
  - Migrants
- Individuals engaging in contract based work
  - When individuals have to engage in contract work, they may not have the time nor money to access health and mental health services. Thus, it is important to incorporate mental health into mandates and within bureaucracies (e.g. working and education environments). Furthermore, employment benefits should include mental health.
- Individuals experiencing homelessness or precarious housing situations
- Individuals without access to technology or internet connection
- Individuals facing language barriers
  - This is applicable not only for people who may not understand English, but also the “technical” pieces of language
  - E.g. people may lack the linguistic capacity to access vaccine signs ups
- Individuals with trauma experiences, including intergenerational trauma
- Individuals living in close housing
- Individuals who do not have social supports

### *Intersectionality:*

When talking about vulnerabilities and speaking about who is left behind, it is critical to take an intersectional lens. We all fall into multiple categories and there are so many layers to classifying these groups of people. In policy briefs, there should not be a “tick box groups of lists” but rather there should be an intersectional lens, where we focus on compounding inequities and vulnerabilities. For example, when speaking about the racial injustices faced by Black people, we must consider how such racism may impact one differently if they are both Black and disabled.



*Thank you for bringing youths' voices to the international stage.*



## Acknowledgements:

Thank you sincerely to all those that have contributed to this process thus far - I am so very grateful for the time, energy, and guidance of so many Canadian youth to help shape these ideas and reflections.

**Past Canadian Youth Delegates to the World Health Assembly:** Charles-Antoine BarbeauMeunier, Ayah Nayfeh, Nicola Toffelmire, Ramya Kancherla, Yipeng Ge

**Canadian youth engaged in the consultations process (not an exhaustive list):** Aaron Wen, Alexa Gee, Alexandra Schuster, Allison Haggart, Ananya Inaganti, Angela Wei, Anika kuhnert, Anika Spasov, Anna Socha, Annie li, Antoaneta Alexandrova Todorova, Anya bhopa, Betsy Leimbigler, Chris Choi, Connie Li, Dana O'Brien, Devika Singh, Erick Carreras, Erik Ge, Fatemeh Matin Moradkhan, Hajar Seiyad, Isabel Thomas, Jacqueline Cheung, Jeffrey McLean, Joelle Li, Julian Vincent Dychiao, Kaitlynn Hester-Moses, Kanish baskaran, Kathleen Mae I. Nebre, Kathy Huang, Kennedy Graham, Kyobin Hwang, Lara Murphy, Matin Moradkhan, Maya Mikutra-Cencora, Meladul H. Ahmadzai, Melika Safa, Michelle Ma, Nicholas hamzea, Nitish Dhingra, Raeesha Rajan, Rafael Paolo Lansang , Rishi Bansal, Sam Yee, Shania Bhopa, Shazeeda Gafoor, Shubhreet Johal, Sloane Kowal, Sofia Ivanisevic, Sophie Campbell, Stacie Smith, Stephanie Jarvi, Stephanie Li, Suffia Malik, Tatenda Masama, Vipul Gupta, Vivian Li, Yassen Atallah, Zara Ahmed, Catherine Andary, Mika'il Visanji, Lunan Zhao, Anika Spasov, Maya Mikutra-Cencora, Natasha Dhingra

**Special thank you to:** Henry Annan, Eva Slawecki, Yassen Tcholakov, Donald Sutherland, Kimberly Williams, Jeff Blackmer, Minister Catherine McKenna, Minister Carolyn Bennett

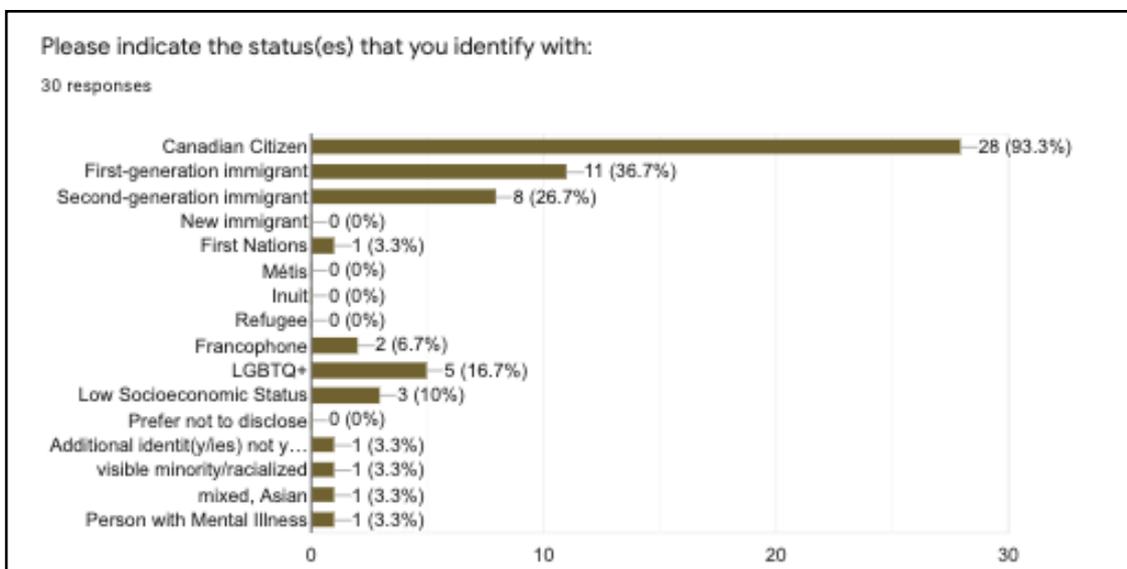
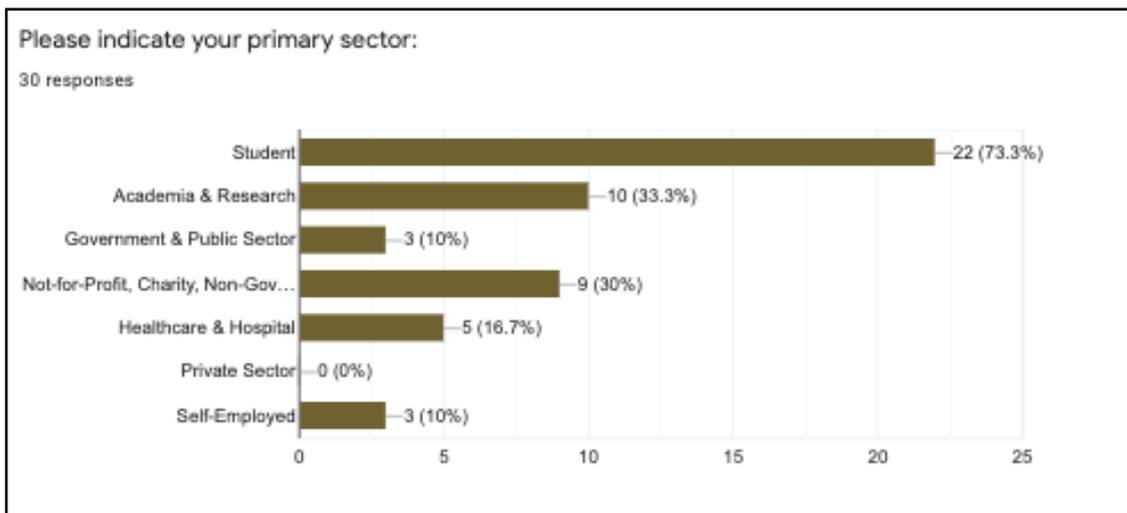
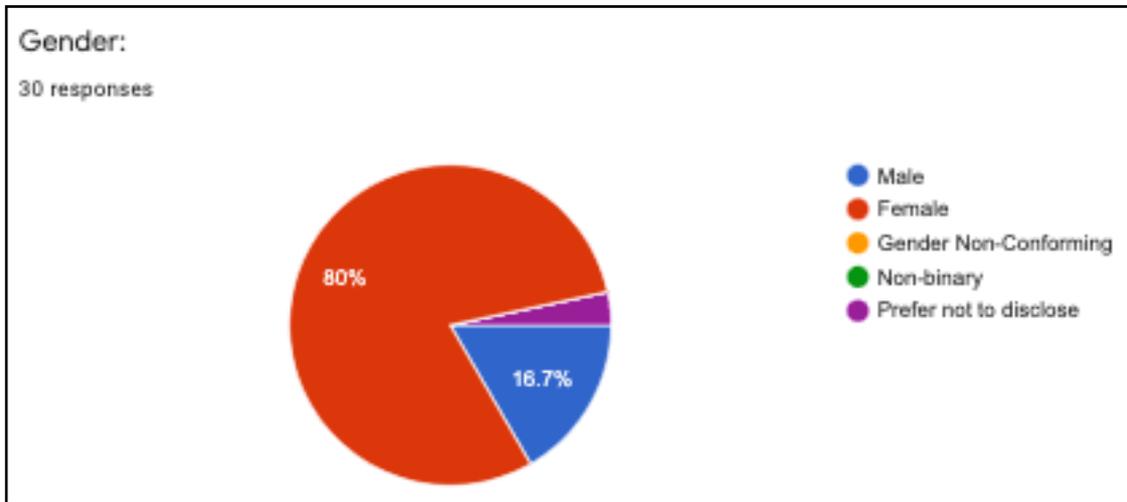
Finally, a tremendous thank you to the Office of International Affairs for the Health Portfolio team (Public Health Agency of Canada) for taking the time to show me the beauties and power of Public Health. **Thank you not only for the incredible amount of time you dedicated to teaching me, but also for sustaining this youth delegate position and valuing youths' voices on an international level.**

**Thank you:** William Wang, Chantele Sitaram, Elisabeth King, Francesca Verhoeve, Kate Trotter, Jennifer Izaguirre, Karina Elias, Lucero Hernandez, Nicolas Palanque

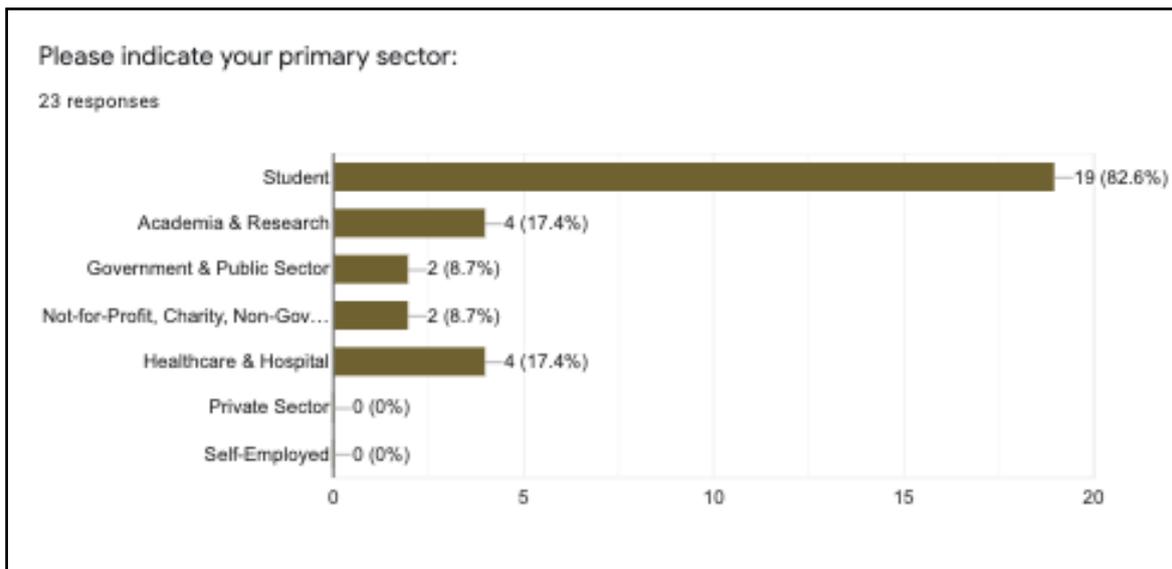
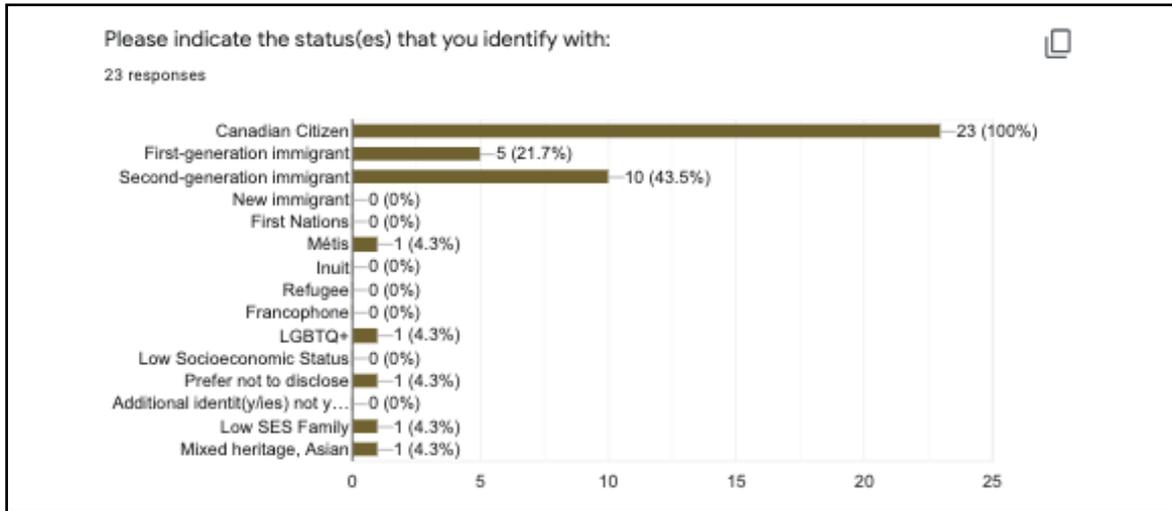
## Special thank you to the following organizations:

- Aesculapian Society, medical student society of uOttawa
- Association of Faculties of Medicine of Canada
- Canadian Coalition for Global Health Research Students and Young
- Professionals Network
- Canadian Federation of Medical Students
- Canadian Federation of Medical Students HEART (Health and Environment
- Adaptive Response Task Force) Committee
- Canadian Global Health Students & Young Professionals Summit
- Canadian Medical Association
- Canadian Partnership for Women and Children's Health
- Canadian Public Health Association
- Canadian Society for International Health
- Fédération des médecins résidents du Québec
- Global Health Office uOttawa
- Global Health Programs, McGill University
- IFMSA-Québec
- IFMSA (International Federation of Medical Students Associations)
- McMaster Global Health Symposium
- McMaster University Bachelor of Health Sciences (Honours) Program
- Public Health Physicians of Canada (PHPC) Residents' Council
- Resident Doctors of Canada
- ThriveHire
- UBC Faculty of Medicine Global Health Initiative
- Universities Allied for Essential Medicines
- University of Waterloo Student Chapter, Canadian Coalition for Global Health Research
- Young Diplomats of Canada
- Youth Grand Chief/Cree Nation Youth Council
- Biology Student at University of British Columbia, Youth Branch Manager at Misdiagnosis Association and Research Institute
- McMaster University - Global Health Program
- Toronto Youth Cabinet's Urban Health Working Group
- Bachelor of Health Sciences, Western University
- Bachelor of Health Sciences, McMaster University
- Bachelor of Science, University of Alberta
- Canadian Commission for UNESCO
- University of Toronto - MD Program
- Bachelor of Science, British Columbia
- Misdiagnosis Association and Research Institute
- Bachelor of Science, Queen's University
- Global Health Program, McMaster University
- Global Strategy Lab
- Toronto Youth's Cabinet Urban Health Working Group
- Young Canadians Roundtable on Health
- BMA/MSc, Queen's University
- Bachelor of Science, University of Guelph
- The Canadian Courage Program
- Mental Health Studies and Political Science, University of Toronto
- Women's College Hospital
- Ontario Council for International Cooperation
- Masters in Bioethics, Western University
- Queen's University - MD Program
- Université de Montréal - MD Program
- uOttawa - MD Program
- Global Mental Health Peer Network, Qwest University
- Cree Nation Youth Council

# Demographics



# Demographics





SURABHI SIVARATNAM | CYD 2021