

**Strengthening global-local “listening and learning” through a novel virtual series  
on global primary care delivery**

**Presenter(s):**

\*Alayne M. Adams, PhD

Associate Professor and Population Health Director, Department of Family Medicine, Faculty of Medicine, McGill University

Professor, James P. Grant School of Public Health, BRAC University, Dhaka, Bangladesh

Adjunct Scientist and Urban Health Advisor, Health Systems and Populations Studies Division, icddr,b, Dhaka, Bangladesh

Brianna Cheng, MSc

School of Population and Global Health

McGill University

Marion Dove, MD, CCFP, FCFP

Associate Professor, Department Chair, Department of Family Medicine

Faculty of Medicine and Health Sciences, McGill University

Timothy G. Evans, DPhil, MD

Executive Director, COVID-19 Immunity Task Force

Director and Associate Dean, School of Population and Global Health

Associate Vice-Principal (Global Policy and Innovation)

Faculty of Medicine and Health Sciences, McGill University

**Abstract**

**Context:** The pandemic has illustrated the need for continued innovations in the organization and delivery of primary healthcare (PHC) services to address persistent health inequities. To energize efforts towards this goal, we developed a novel learning series to generate critical discourse around strategies to enable equitable PHC systems, with a focus on local-global sharing.

**Approach:** The “Global Primary Care (GPC) Delivery Series” was a virtual, synchronous six-month Webinar and Workshop Series developed collaboratively by the McGill University's School of Population and Global Health (SPGH) and the Department of Family Medicine. It engaged faculty, clinicians and students from across the university and broader Quebec community.

Via panel discussions, the Webinar Series examined innovative approaches to the delivery of primary care in both local and global settings featuring perspectives from industry, non-profit, and Indigenous partners. The Workshop Series explored pre-selected topics (i.e., mental health, chronic disease management, private-public partnerships) in greater depth through focused readings and guided informal discussions in small groups.

**Outcomes:** On average, 42 participants (range 25-71) attended the Webinar Series and 25 participants (range 13-37) attended the Workshop Series. Speakers from Canada (Ontario,

Saskatchewan, Quebec) and internationally (Bangladesh, Liberia, USA, and the UK) presented on a range of PHC delivery models leveraging community health workers, digital technologies, traditional Indigenous practices, and other novel approaches. A short post-series survey of attendees – response rate 22%) indicated that most participants (76%, 13/17) attended both webinars and workshops for at least one session (35%, 6/17). Participants agreed that the Series successfully achieved its various goals of intersectoral, interdisciplinary global-local learning (range 4.35-4.7/5.0 across 5 measures). Through post-workshop debriefings and email discussions, three ‘lessons learned’ were identified: (1) the importance of cultural and contextual sensitivity in PHC delivery; (2) re-imagining modalities of care through global-local discourse and partnerships; and (3) leveraging inter-sectoral perspectives to strengthen PHC in Canada and beyond.

**Conclusions:** The GPC Delivery Series highlights the demand for knowledge-sharing initiatives and the value of animating PHC principles in addressing health disparities exposed and amplified by the pandemic. Future educational initiatives should consider scaling up this collaborative learning model.