



**CCGHR CCRSM**  
Canadian Coalition for Global Health Research    Coalition canadienne pour la recherche en santé mondiale

## **1<sup>st</sup> Annual Learning Forum on Global Health Research**

**Sunday, October 25<sup>th</sup> 2009**  
**Minto Suites Hotel**  
**Ottawa, ON**  
**Canada**

### **FINAL REPORT**

The Canadian Coalition for Global Health Research (CCGHR or “the Coalition”) is a not-for-profit organization with a mission to “...to promote better and more equitable health worldwide by...”:

- Mobilizing greater Canadian investment (and involvement) in global health research;
- Nurturing productive partnerships among Canadians and people from low and middle-income countries;
- Turning research into action.

Since its inception in 2003, the CCGHR has invested in capacity development as a main approach to achieving these goals. The CCGHR has organized six Summer Institutes for New Global Health Researchers, bringing together new health researchers from Canada and low-or-middle-income countries (LMIC’s) to strengthen capacity for knowledge translation and global health research. The Coalition has also organized several “Continuing Education Days”, which have involved workshops and training on numerous dimensions of global health research.

The 1<sup>st</sup> Annual Global Health Research Learning Forum is the Coalition’s newest capacity-building event. The goal of this year’s event was to provide an innovative learning forum in order to bring together new and experienced members of the global health research community to stimulate dialogue, build linkages, and foster strong capacities in global

health research. The event provided a special opportunity for knowledge sharing and exchange, involving various stakeholders including research partners from low-or-middle-income countries. As the name implies, the day was dedicated to *learning* about major challenges in global health research, and in particular about what Canada's role could be. The key questions for the day included:

- *What are the major global challenges (themes) that affect human health?*
- *What are the knowledge gaps on these themes that require further research?*
- *What are the "action" gaps—that is, how can available knowledge be more effectively translated into action?*

## **Preparation and Promotion**

The planning process for the Learning Forum began in January 2009 with the identification of Michael Hawkes and Shanthi Johnson as co-chairs for the event. The CCGHR secretariat was responsible for all details of the planning process over the next ten months, including: the identification of a venue, planning for content and structure of the day, identification of and correspondence with facilitators, fundraising, logistics, travel, coordination of pre-workshop and on-site materials etc. The planning process involved regular teleconferences between the secretariat and co-chairs.

Promotions for the Learning Forum began in June 2009, with the distribution of posters to relevant departments at all Canadian universities, government agencies and granting councils (including Global Health Research Initiative agencies, Environment Canada and SSHRC) and major NGO's with a presence in Canada and a mandate for health, education and/or development. In the weeks leading up to the event, special promotions were sent by email, highlighting individual workshops and events. These promotions were sent to targeted lists according to theme, and to the Canadian media.

## **The Day**

The 1<sup>st</sup> Annual Learning Forum on Global Health Research (Learning Forum) took place on October 25<sup>th</sup>, 2009 at the Minto Suites Hotel in Ottawa. The day opened with remarks from the Learning Forum's co-chairs: Michael Hawkes, a researcher and paediatrician from the University of Toronto and Shanthi Johnson, a professor at the Faculty of Kinesiology and Health Studies at the University of Regina. Both co-chairs are alumni of the CCGHR's Summer Institutes for New Global Health Researchers.

To a full room of Learning Forum attendees and facilitators from 18 countries, Dr. Kyoshi Kurokawa (Japan) made the first keynote speaker of the morning. Dr. Kurokawa delivered an eloquent and thoughtful perspective on global interconnectedness. Among the many intriguing ideas discussed, as Science Advisor to the Cabinet of Japan, Dr. Kurokawa drew on parallels between the Japanese and the Canadian situations (both next door to elephant economic powers), described the internet as the new "incunabulum" (Gutenberg's printing press being the earlier mode of mass communication), and highlighted the dual potential of nuclear technology (which has been harnessed for energy and warfare). His message that "the world is flat," (i.e., highly interconnected) implies that the potential to affect global change is now in our hands.

The second keynote address of the morning was provided by Dr. John Lavis, Director of the McMaster Health Forum and Canada Research Chair in Knowledge Transfer and Exchange (KTE). Dr. Lavis spoke about knowledge transfer and exchange as a purposefully linked process from research to action. He not only discussed the common challenges associated with KTE, he also highlighted some of the options available to address the challenges as well as the various resources and platforms available to enhance KTE in global health research in Canada and around the world.

Following the opening remarks and keynotes, participants spent the morning in theme-based workshops:

- Contextual Challenges in Global Mental Health Research: Human rights and access to care;
- Global Child Health Research: Spotlight on HIV/AIDS, TB and Malaria;
- Integrating an Indigenous Lens into Global Health Research;
- Health, Climate Change and the G8;
- The Global Health Workforce Crisis: What evidence is available? What's needed? And what is Canada's role?

Following lunch, participants were able to spend the afternoon attending two consecutive workshops on "health research competencies" from a list of:

- Building Effective and Sustainable Partnerships for Health Research: Making Equity a Priority;
- Knowledge Translation: Bridging the "Know-Do" Gap. The Policy Brief Process;
- Ethical Issues in Global Health Research: The Role of the Research Community;
- Health Equity and the Right to Health: Research Challenges;
- Writing for Change: Strategies for Effective Writing in Science and for Advocacy.

The afternoon workshops were offered twice in a row in order to maximize the number of workshops the participants could attend. The "Writing for Change" workshop was offered once for the whole afternoon.

At the end of the afternoon, participants reconvened in the plenary room for closing remarks. A panel of workshop facilitators, including Chris Lalonde (Global Indigenous Health Research), Anthony Zwi (Writing for Change), Wendy Muckle (Health Equity), Lydia Kipiriri (Ethics) and John Kirton (Climate Change) made brief remarks in which they made reflections on the day and urged participants to use what they had learned to take action for global health equity. All panelists reflected on the spirit of the day, on the excellent quality of the workshops and on the enthusiasm of participants.

## **Preparing Participants for Workshops**

Participants were asked to select the workshops they would like to attend upon their registration for the Learning Forum and were encouraged to read ahead and prepare for the workshops to ensure the richest discussion possible. Workshop outlines, background resources and readings, and facilitator biographies were posted in advance on the CCGHR Online Collaborative Workspace. Participants were sent initial and reminder emails with instructions on how to access the workspace.

## The Workshops

### Morning Thematic Workshops:

#### ***Contextual Challenges in Global Mental Health Research: Human Rights and Access to Care***

*Lisa Forman, Sheila Harms, Ritsuko Kakuma and Victor Lopez*

This workshop aimed to highlight challenges for researchers within the field of global mental health as they relate to human rights and access to mental health care for individuals with mental illness in low and middle-income countries (LMICs).

Following introductions to the facilitators and the participants, literature addressing the challenge of access to mental health care was briefly summarized and reviewed to provide a context for the workshop. Following this introductory session, case studies were presented by two facilitators. The first, presented by Victor Lopez, outlined the mental health situation in Guatemala. Lopez provided the results of the Guatemalan National Survey on Mental Health. This survey indicated that while 28% of the population suffers from mental illness, only approximately 2% receive the treatment they require.

The second case study, on mental health and human rights law, was presented by Lisa Forman. Forman provided an overview of various human rights laws and treaties, detailing their relevance to mental health. Although some treaties explicitly mention mental health, it tends to be invisible throughout human rights documents. She also made note that although mental health accounts for 12% of the global burden of disease, it is neglected in calls to action such as the Millennium Development Goals. Both case studies highlighted how people suffering from mental illness remain largely neglected on a global scale.

Participants were then divided into groups where they were provided with three discussion questions:

1. Identify and describe the human rights influence in the Guatemalan health research case presented.
2. What were the human rights gaps in research?
3. How could human rights concepts be articulated and integrated into further mental health research in Guatemala?

Highlights from the groups discussions included:

- A discussion of the role of education in raising the profile of global mental health.
- A discussion of culture and community within human rights frameworks; the idea of community varies across cultures and therefore the way in which the frameworks are perceived would differ.
- A discussion of how the human rights framework itself may be used as a tool to decrease stigma and to enable advocacy for mental health.

The workshop concluded with an invitation to participants to sign up for the grassroots Global Mental Health Movement, and with the distribution of contact information for all facilitators.

## ***Global Child Health: Spotlight on HIV/AIDS, TB and Malaria***

*Michael Hawkes, Jason Brophy, Hani Kim, Robert Bortolussi and Claude Masumbuko*

Despite the effort to address Millennium Development Goals 4 and 6, millions of children continue to die each year from infectious diseases. This workshop explored global child health through the lens of the world's three greatest infectious disease threats: malaria, HIV/AIDS, and TB. The current research, case studies and key issues around global child health research were explored.

The facilitators discussed challenges related to child health and major infectious diseases, including the impact of drug resistance on HIV treatment and the issue of home management of disease at the community level. Facilitators then made presentations about their specific research and work:

- Claude Masumbuko spoke about his work on Malaria in the war-torn Democratic Republic of Congo. He discussed a project using rapid diagnostic tests to improve diagnostic capacity for malaria among community health workers in rural DRC. Hani Kim spoke about global challenges in malaria control, and provided personal examples of her biomedical research related to malaria, identifying potential candidates for drug trials and to identify early warning signs of cerebral malaria with clinical biomarkers. Dr. Kim also provided some context related to the history of malaria prevention and treatment programs worldwide as a means of explaining the current challenges related to the disease.
- Jason Brophy discussed his work related to prevention of mother to child transmission of HIV in Canada and in Africa, providing a comparison of the two contexts. He also discussed successful research related to early treatment using ART and reduction in mortality, breastfeeding vs. formula feeding and the decentralization of care and training for community-based treatment.
- Robert Bortolussi shared his experience with research in Tuberculosis, particularly in relation to the Healthy Child Uganda Model, which has successfully trained and retained community health volunteers to promote healthy communities in Uganda.

Following the individual presentations, participants discussed key topics such as:

- The challenge of building research capacity in LMIC's
- Threats to equitable research partnerships, including research topics being identified in high income countries, lack of capacity development in LMIC's for proposal writing, and timelines for granting that are based on Northern schedules, lack of support for partnerships between Low and High income country researchers.

Following the discussion, the workshop concluded with a discussion of next steps. This included the need for a "team Canada" approach to champion global health research and global child health research. There was also a discussion of the potential role of the CCGHR in promoting support for more equitable research practices through a partnerships assessment tool (PAT) and incentives for recognizing equitable partnerships.

*This workshop was generously supported by the Canadian Institutes of Health Institute of Human Development*

*and Child Youth Health.*

### ***Integrating an Indigenous Lens into Global Health Research***

*Jeff Reading, Chris Lalonde, Francis Phiri*

The purpose of this workshop was to explore key concerns in global Indigenous health and research. In the introductory section of the workshop, the facilitators qualified the workshop's title, stating that, in a way, it was inaccurate as there is in fact no *one* indigenous lens. They clarified that it is important to recognize the importance of diversity in global Indigenous health research. The three facilitators provided case studies, based on their own work about: global Indigenous health research ethics, using Indigenous knowledge to develop and implement a successful youth initiative in Zambia for prevention of youth drug abuse, and global Indigenous health research overall. They underlined the similarities between the challenges and opportunities in Canadian and global Indigenous health research.

At the core of the discussion was the importance of understanding who should be part of the research process and how to engage the Indigenous community. The importance of using a participatory community approach in research, including creating a contract with the community to ensure that they benefit from any positive outcomes of the research, was emphasized. The facilitators also discussed the importance of continually advocating for alternative approaches to ethics review, in particular those that prioritize achieving community approval ("approval in principle") as a precursor to undergoing the formal ethics review process. They pointed out that ethics guidelines are not static and continue to evolve, making space for processes that are more appropriate for Indigenous health research.

There was also a discussion of the similarities and differences between Indigenous health research in Canada and globally. The facilitators asserted that, in Canada, the Indigenous community has a significant voice that contributes to pushing for change in health equity and in the health research process. Many Indigenous communities internationally, however, do not yet have a voice. For this reason, it is important that supportive environments be fostered in order to empower and engage communities in Canada and globally.

The workshop participants requested access to the case studies that were presented, in addition to other resources, so that they might draw upon and disseminate them in order to inform their research and advocate for best practice.

*This workshop was generously supported by the Canadian Institutes of Health Research Institute for Aboriginal People's Health.*

### ***Health, Climate Change and the G8***

*John Kirton, Margot Parkes, Sherilee Harper and Dominique Charron*

This workshop explored the climate change-health axis and how global health researchers can help to address the connections between these issues in a cohesive, comprehensive

and mutually beneficial way. It focused on the impacts of climate change on health, examining cases both within Canada and internationally.

The panel presentations by facilitators led to a fruitful discussion among participants about climate and health challenges and how the G8 might be able to address the issue when Canada hosts the summit in 2010. The discussants asked important questions such as:

- Where is Canada now in the area of climate change and health?
- How can Canada generally and the CCGHR specifically take a lead in this area?
- How can an Ecohealth approach be used to obtain better outcomes in both climate change and health?
- How can researchers utilize opportunities such as the G8 summit in Canada to move the climate change health agenda forward?

There was agreement among the panel and audience that the CCGHR members and global health researchers in general must seize the opportunity presented by Canada's role as host for the G8 and G20 summits. The participants and panel were very enthusiastic about continuing to discuss next steps to influence the G8 agenda and to adopt an Ecohealth approach in their own research.

### ***The Global Health Workforce Crisis: What Evidence is Available? What's Needed? And what is Canada's Role?***

*Gail Tomblin-Murphy, Corrine Packer, Annette Ryan (with contributions from Anthony Zwi and Demissie Habte)*

The goal of this workshop was to explore the global health workforce crisis and the efforts made to solve it by focusing on current research in several countries and exploring opportunities for an expanded Canadian contribution.

The workshop began with an introduction to facilitators and participants, followed by a discussion of definitions and key approaches in the field of Human Resources for Health (HRH). This included defining health workers, and an outline of the framework followed by the WHO Collaborating Centre on Health Workforce Planning and Research in Halifax, Nova Scotia.

Annette Ryan presented an overview of the available evidence and key resources in the field. She discussed challenges related to supply (including attrition, migration and lack of training for health workers) and demand (related to the global burden of disease, particularly HIV/AIDS), as well as issues related to equity. Next, Dr. Demissie Habte, an Ethiopian expert on global health, including human resources for health, spoke to the specific challenges of HRH in Ethiopia and throughout Africa. He spoke of pan-African challenges such as: the urban concentration of health workers, lack of pay for these workers, and the fragmentation of decision-making about health human resources. He also spoke about an Ethiopian initiative to train two community based health workers for each Ethiopian village, complimented by training for staff in health centres and an increase in training of medical students. Despite this large investment in health workers, he stated, migration poses a real threat to establishing a sufficient health workforce in the country. The question remains of how to motivate and retain health workers.

Following Dr. Habte, Anthony Zwi of the University of New South Wales in Australia spoke about his work on human resources for health largely in Timor-Leste. This work grew out of an interest in human resources in post-conflict settings, including the depletion of resources during conflict and subsequent strategies for retention. Zwi spoke about the role of Cuba in the health system in Timor-Leste and its implication for retention and training of an indigenous workforce and about the importance of context and history in health system planning.

Following these presentations, participants were presented with three case studies and divided into three groups accordingly. The case studies touched on issues of: migration and retention, substitution or community based health workers, and a Zambian health worker retention scheme. Participants discussed key questions related to the case studies and their implications for global health research. Following the presentation of feedback from small groups, Corrine Packer provided closing remarks on the following key questions:

- *How to ensure that future research is relevant?* Researchers must ensure that their research reflects the needs of communities and that it aligns with direct health outcomes.
- *How to ensure that research also builds necessary capacity?* Research should include capacity building components, such as support for community health workers and/or community participation.
- *How to ensure that future research is ethically sound?* Ethical protocols must be put in place, and researchers and institutions must ensure that they are appropriate and are followed properly.
- *How to ensure that research is ethically sensitive?* Research must take into account important disparities such as rural/urban and female/male.
- *Is there a role for Canada and the Canadian government?* Canadian policy makers look for evidence and for their opportunity to play a role in key debates. Researchers must ensure that their research is relevant and properly disseminated.

### **Afternoon Competency Workshops:**

Each afternoon workshop was offered twice to allow for participants to choose two out of the four. The “Writing for Change” workshop was offered once for the full three hours.

#### ***Building Effective and Sustainable Partnerships for Health Research: Making Equity a Priority***

*Koasar Afsana, Jennifer Hatfield, Jill Murphy, Harvey Skinner*

The purpose of this workshop was to introduce participants to the concept of “Research Partnerships Ethics” and the need for guidelines for best practice in ethical global health research partnerships. The facilitators began by presenting the results of a three-year, IDRC funded project, conducted by the CCGHR’s Task Group on Building Partnerships, on “Building Effective and Sustainable Partnerships for Global Health Research”. This project was developed largely as a response to the fact that most that has been written on North-South research partnerships: 1) has been produced in the North by Northern actors and, 2) is lacking in actionable steps to improve equitable practice in partnerships. The project involved three regional consultations in South Asia, Latin America and Africa with senior

researchers, donor agencies, members of civil society, and students. These consultations sought to elicit the “Southern voice” about research partnerships in global health research. The overall messages resulting from these consultations were: that inequity persists in global health research partnerships; that universal norms and values are needed for these partnerships and; that a mechanism is needed to provide an equity and action based Code of Conduct for health research partnerships.

Following the presentation of project results, the facilitators introduced a draft version of a Partnership Assessment Tool (PAT), which was developed in consultation with participants in the regional consultations. The PAT provides a mechanism for negotiation and monitoring and evaluation across the “lifespan” of a partnership. It includes questions and suggested steps to improve partnership equity across the Inception, Implementation, Dissemination and “Good Endings and New Beginnings” phases. Participants were then asked to reflect on their own partnership experiences, to break into small groups, and to nominate a group member to describe a partnership experience. The group then used this partnership “case study” to explore the Inception phase of the PAT. The group was asked to advance three key learnings or recommendations based on their case study. This was intended both to inform the participants about the PAT and also to gain feedback on the first draft, providing participants an opportunity to be involved in its development.

In both afternoon workshops, participants actively engaged in the small group discussions, readily providing their own experience and making productive suggestions about the PAT. These suggestions will be incorporated into a new draft that will be posted on the CCGHR website and piloted in 2010.

*This workshop was generously supported by the Special Initiatives Division, International Development Research Centre.*

### ***Knowledge Translation: Bridging the “Know-Do” Gap- The Policy Brief Process***

*Sandy Campbell, John Lavis*

The intention of this workshop was to allow participants to become more familiar with the issues and strategies of linking research to action and creating policy briefs. At the beginning of the workshop, participants introduced themselves and why they were interested in knowledge translation. Following an introduction by facilitators and an overview of the workshop objectives, participants were presented with two global health research scenarios and divided into groups in order to work through the challenges using a “policy lens”. The facilitators asked each small group to consider the key challenges in the scenarios, the policy options and considerations for implementation. The facilitators then presented the important elements of a policy brief, asking participants to make use of them in order to refine their responses to the scenarios.

The discussion during both workshops focused on the importance of policy briefs and ways in which to develop them so that their impact on communities might be maximized. Discussion also focused on the importance of multi-stakeholder dialogue and ways in which to disseminate policy briefs to relevant decision-makers.

The facilitators indicated that policy briefs and policy dialogues are an important avenue through which to advance the impact of global health research. They also indicated that the field of knowledge translation continues to develop; the knowledge base about the parameters of effective knowledge translation continues to expand. At the conclusion of both workshops, facilitators directed participants to a number of additional sources on knowledge translation and policy briefs.

*This workshop was generously supported by the Canadian Institutes of Health Research Knowledge Translation and Exchange Office.*

### ***Ethical Issues in Global Health Research- The Role of the Research Community***

*Kristiann Allen, Karine Morin and Lydia Kapiriri*

The purpose of this workshop was to use case studies to explore issues of power and vulnerability and the multiple dimensions and implications of doing global health research. This workshop was conducted in collaboration with the Canadian Institutes of Health Research (CIHR) Ethics Office.

The workshop began with an introduction to the facilitators and the participants. The facilitators then presented the case studies to be used for discussion. The group was divided into two small groups, each with a specific case study:

- Micronutrient Study (Foodlets): this case study examined the design of a micronutrient trial, including sampling and selection of participants. It was clear that the study lacked scientific rigour.
- First-in-Human Clinical Trials: this case study explored the issue of the vulnerability of LMIC populations in terms of participation in trials. It explored the issue of the need for care influencing the decisions of participants to participate in studies. It also touched on issues related to research priorities and research in LMIC's.
- Graduate Research Using Qualitative Methods: this case revolves around graduate student conducting research interviews in a low-income country in Africa. The student faces many challenges, from obtaining local ethics review, to issues related to compensation and other power imbalances between the researcher and the participants, and broader gender dynamics within the community.

Following the small group work, discussions focused on major ethical issues such as:

- Vulnerability in population health research, especially in low-income settings.
- The importance of scientific rigour in research design.
- The importance of sharing the benefits of research with populations and communities that are involved.
- The importance of cultural norms and values.

The workshops concluded by urging participants to continue using a questioning and analytical frame of mind when considering ethical issues in global health research.

*This workshop was generously supported by the Canadian Institutes of Health Research Ethics Office.*

### ***Health Equity and the Right to Health: Research Challenges***

*Colleen Davison, Wendy Muckle, Ronald Labonté*

This workshop explored issues around integrating an “equity lens” into global health research. The workshop began with introductions to participants and facilitators, and with a review of key terms such as equity, equality and health equity. There was also a review of when these terms began to be incorporated into health discussions.

The facilitators then presented practical tools related to adding an equity lens to research. These included:

- The Equity Oriented Toolkit (World Health Organization)
- The Equity Checklist (Campbell and Cochrane Collaboration)
- Social Justice Gauge (Canadian Nurses Association)

There was also a discussion of the Right to Health framework, and the position of health within international law and its central role in human rights. This was discussed in the context of the challenges raised by pharmaceutical companies. Ottawa Inner City Health was presented as a case study of the implementation of a health equity approach and using research to build this approach.

The key messages from these workshops included:

- It is important to use a moral argument to frame research evidence.
- There is a need to take an innovative approach to equity-based health and health research in order to achieve buy-in from non-supporters.
- It is important to look “outside the box” for solutions, but to maintain a basis in equity.
- Collaboration is a key way in which to achieve momentum.

At the conclusion of the workshops, participants were asked to summarize what they had learned for the group. This was helpful for participants to understand the various dimensions of learning and the impact of the workshop on each participant.

### ***Writing for Change: Strategies for Effective Writing in Science and for Advocacy***

*Firoze Manji, Anthony Zwi*

This three-hour interactive workshop provided participants with the opportunity to discuss and ask questions about writing effective scientific articles, policy briefs, op-ed pieces, media releases and more. Participants were required to prepare a short summary of a health story prior to the workshop, enabling the facilitators to provide them with individualized feedback.

The workshop began with an introduction to the fahamu-IDRC “Writing for Change” learning document. Facilitators discussed the importance of audience and of developing tactics and strategy when writing to create momentum for change. They provided an overview of how different audiences should be approached and ways in which to communicate based on audience. They advised participants to use a single, powerful case as a means of drawing attention to a broader issue and discussed tactics for developing powerful and succinct messages for the audience, as a means of provoking questions and grabbing attention.

Using a writing sample about Indigenous health inequity as an example, participants broke into groups to discuss what approach they should take to writing for policy makers, academics and the general public. This was followed by extensive discussion between participants and facilitators about their writing experiences.

*This workshop was generously supported by the Writing, Translation and Publishing Section of International Development Research Centre.*

## **Overall Feedback and Evaluation**

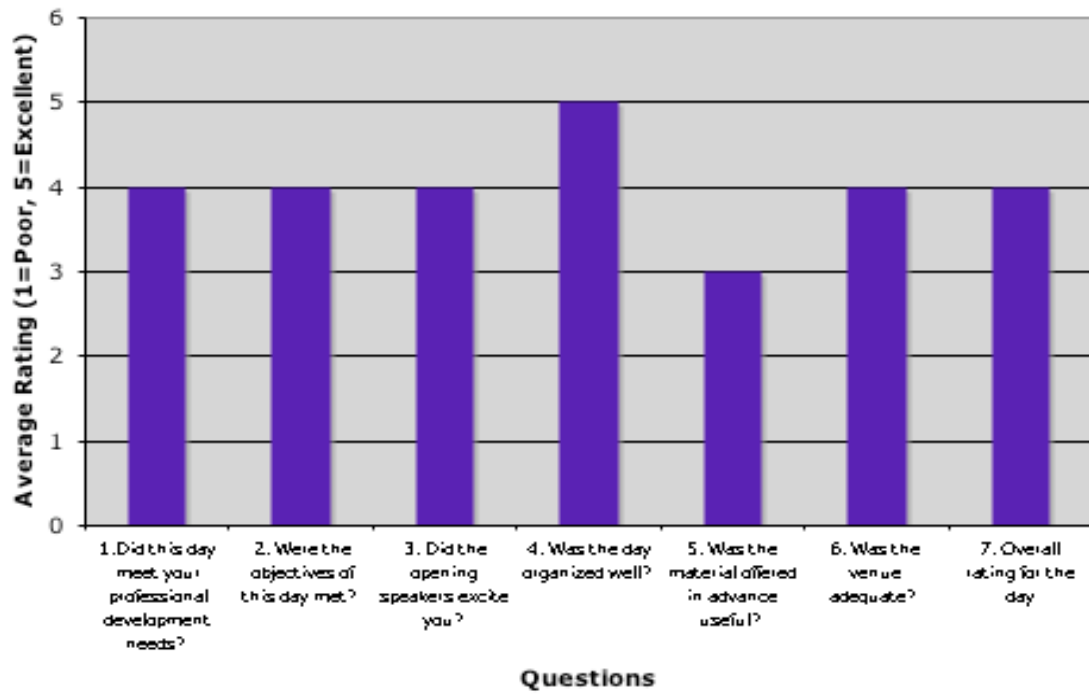
Evaluation forms were distributed to all participants and asked for ratings on the three workshops attended as well as the overall day. The day received a high rating from participants. The quality of presenters was considered excellent and participants appreciated the diversity of workshops offered. Participants identified the opportunity to network and the professional development opportunity as some of the highlights from the day. Ninety percent of respondents indicated that they would recommend the Learning Forum to their colleagues and 82% indicated that they would attend the event again. Participants included graduate students, medical students, medical professional, government representatives, academics and others. Overall comments provided on the evaluation forms include:

“Great opportunity to network...Very positive, vibrant environment and participants. Great day.”

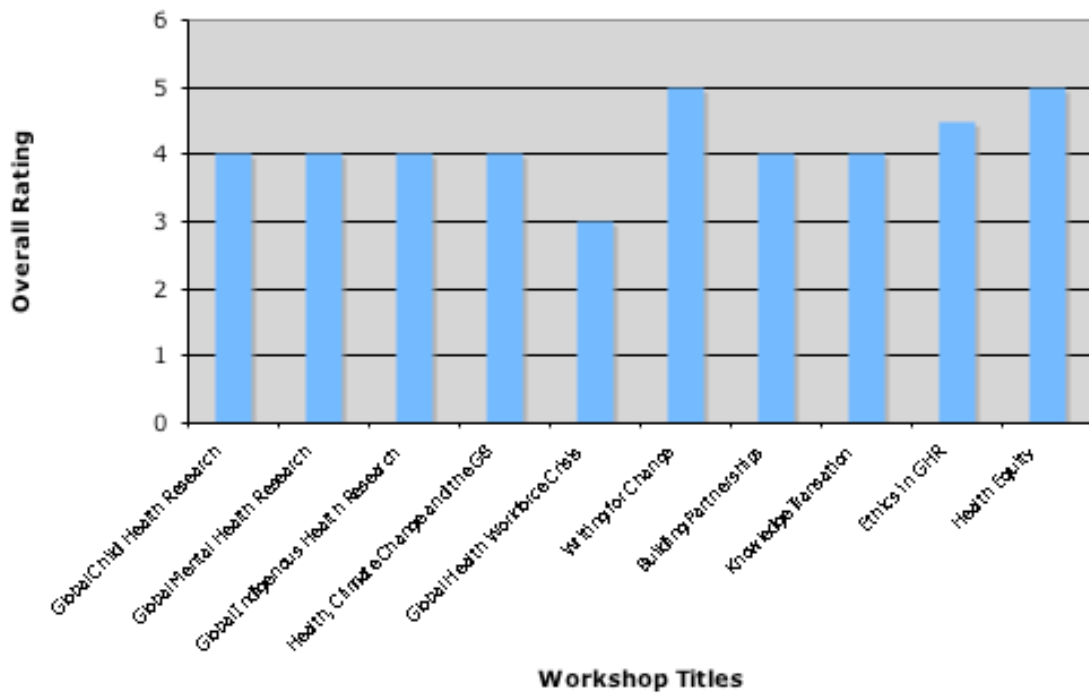
“Excellent idea- very glad that I came even though it was on a Sunday!”

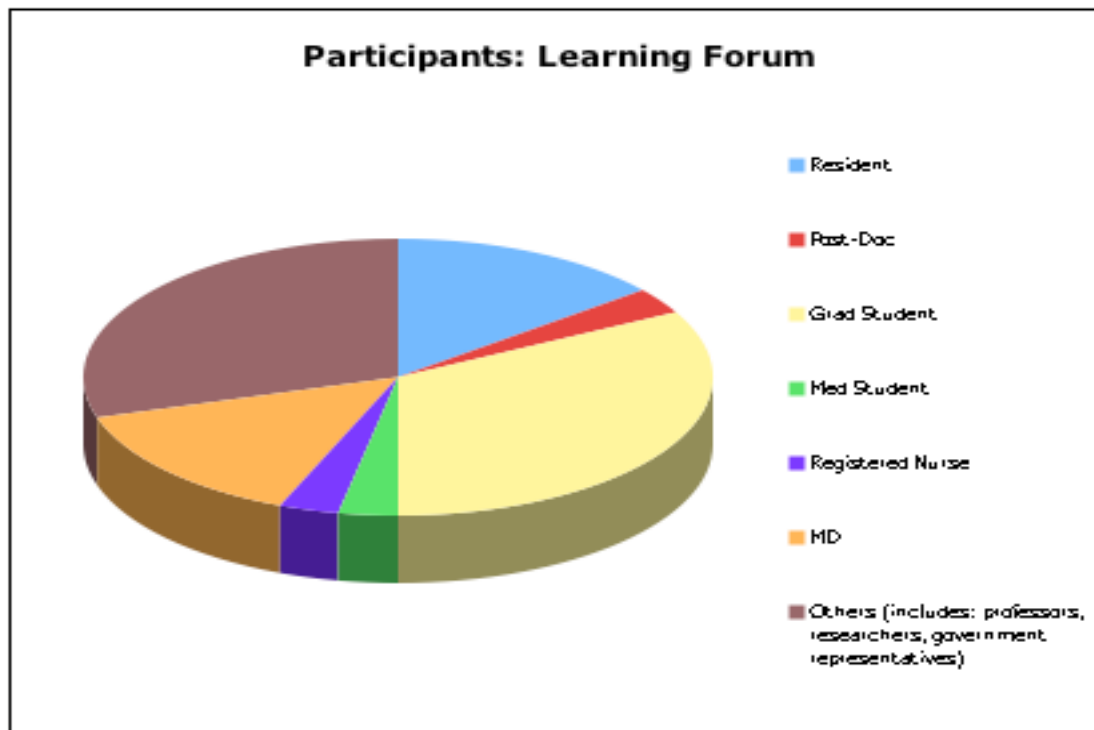
“Loved Writing for Change and Indigenous Health was great. Liked the health systems opening speech.”

### Overall Evaluation: Learning Forum



### Learning Forum Workshops





As part of the final evaluation, participants were also given the opportunity to provide suggestions for future years. These included:

- Global health and global health research as a tool for peace;
- Connecting decision-makers, granting agencies and academic researchers;
- Increased emphasis on human rights and global health;
- Building on success of Writing for Change by including workshop for the development of other skills including publishing and effective presentations;
- Workshops on: sanitation and access to water, the MDG's, maternal and child nutrition, advocacy, activism and environmental health.

## Reflections for the Future

Overall, the experience of the Learning Forum and the feedback from participants was very positive. Considerations for future events include:

- Workshops that included direct skill building and practical components were overwhelmingly popular. This should be considered when planning for future workshops.
- Participants commented on the lack of time for discussion in some workshops. Suggestions to remedy this problem include limiting the number of facilitators in each workshop (and therefore the number of presentations), and providing

guidelines to facilitators that include suggestions about time allocations for workshop components (introductions, case studies, group work, discussion).

## **Acknowledgements**

*The CCGHR would like to thank the following organizations for their generous support during 2008-2009:*

### **Canadian International Development Agency (CIDA)**

- Multilateral and Global Programs Branch

### **Canadian Institutes of Health Research (CIHR)**

- Ethics Office
- Institute of Aboriginal Peoples' Health
- Institute of Human Development, Child and Youth Health
- Institute of Neurosciences, Mental Health and Addiction
- Institute of Population and Public Health
- Knowledge Translation and Exchange Branch

### **Centre for Aboriginal Health Research at the University of Victoria, British Columbia**

### **Global Health Research Initiative**

### **Heritage Canada**

### **International Development Research Centre (IDRC)**

- Communications
- Special Initiatives Division