



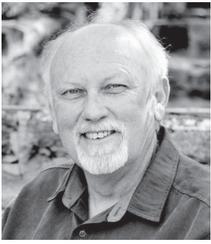
CCGHR CCRSM

Canadian Coalition for
Global Health Research

Coalition canadienne pour la
recherche en santé mondiale

*Promoting better and more
equitable health worldwide through
the production and use of knowledge*

2012 · 2013 annual**report**



President's Report

Craig James

The past year (2012-2013) marks the midpoint of our current strategic plan (see www.ccghr.ca/about/strategic-directions-2010-2014/). In this message I would like to take the opportunity to reflect on how well we are fulfilling the vision articulated in this plan, especially in light of a changing environment for global health research in Canada. Recall that our vision includes three broad strategic goals: to strengthen the capacity of global health researchers, institutions and systems; to develop and promote mechanisms to influence the policy process; and to promote collaboration among global health researchers, institutions, and systems.

In the past our signature capacity development initiatives have been of two kinds: the holding of topically-focused “summer institutes” (SIs) built on dyads (or triads) that included junior and senior researchers and/or policymakers; and global health research learning events. We continue to offer and support these events, though their formats and locations have changed as we have learned from experience about what works, and we have moved to support a variety of more “local” opportunities in Canada. For example, we have experimented with expanding the SI model in partnership with Canadian universities. At Queen's University in Kingston, Ontario this past June the Coalition partnered with the Queen's University Global Development Studies Department and the Office of Global Health in the Faculty of Health Sciences on a “Knowledge Translation (KT) for Global Health” Summer Institute. The experiment was successful and a learning experience for both partners. While the Coalition will continue to support the development of the more “traditional” international SIs, funding permitting, I believe that Coalition-University partnerships, like those we experimented with at Queen's, expand access to learning opportunities by the next generation of global health scholars.

A particularly important part of our capacity development initiative has been the continued development of a mentorship program. Building on an evaluation of our SI experience, we have created a mentorship project team and have implemented mentorship pilots at the Universities of Toronto, McMaster, York, and Calgary. For much more on mentorship please see our website: <http://www.ccghr.ca/members/working-groups/mentorship/an-introduction-to-the-mentorship-stories/>.

The past year has also seen the Coalition engage substantively with important policy initiatives. Of particular importance to us was the release in late 2011 of the Canadian Academy of Health Sciences report: *Canadians Making a Difference* (www.cahs-acss.ca). That report identified special opportunities for Canadians to contribute to global health. Our University members were

particularly interested in thinking about how the Coalition might respond to this report, particularly about its implications for the future of global health research in Canada. Partly in response to the CAHS report the Coalition has launched a series of dialogs across the country on the role of research in a Canadian vision for global health. This *Gathering Perspectives* project is ongoing, and I have been impressed with the level of engagement, the emergence of multiple, diverse perspectives, and the promise the project holds for better articulating Canada's role in global health. Please take a moment to review the project and many of the provocative blog posts on our website: www.ccghr.ca/programs/policy-influence/gathering-perspectives/.

The Coalition continues to play a critical role as a network hub for global health researchers. Our membership is growing steadily and we now have 20 University members. One particularly important dimension of the University Members' work has been the Coalition's *harmonization* project. Launched in early 2012, the goal of this project is to identify which Canadian researchers, and institutions, are working in low- and middle-income countries. The rationale for this project was drawn from the “Paris Declaration” of 2005, which calls for the harmonization, alignment, and better management of international aid. The harmonization project centers on creating e-dossiers on select countries where Canadian researchers and programs are prominent. The dossiers include a listing of Canadian health researchers and partners, institutions, research projects, publications, lessons learned reports, and print directories. The resulting website is fantastic; check it out at: www.ccghrharmonization.com.

Other indicators of ongoing success include the further development and support of “theme groups” organized around an issue or country partnership; and continued growth and development of knowledge translation and partnership tools and resources. Our website has been completely transformed and provides easier and more engaging access to information on our many programs, networking opportunities, and many useful resources and tools. Visit it!

All things considered, I believe we have made great progress in meeting the goals we set for ourselves three years ago. In each area – *capacity development*, *policy influence*, and *networking support* – we have been able to sustain ongoing projects and start new initiatives. We have been successful in several grant competitions, and most of the projects I have discussed here have received some kind of external funding. The future looks brighter from the vantage point of 2013 than it did when I wrote my last annual report in 2011.

President's Report cont'd on Page 4



Message from the National Coordinator

Vic Neufeld

From its beginnings, the CCGHR has placed priority on its membership. This commitment can be seen in the following statement from our current strategic plan document:

“We envision a connected and vibrant global health research community in which members network, plan, produce, evaluate, exchange and champion policy-relevant and equity-sensitive research and knowledge”.

In this reflection on this past year, I want to focus on aspects of the Coalition’s membership—both individual and institutional membership.

We currently have more than 500 individual members, of which just over 200 are “regular” members, 100 are students, and 200 are members from low and middle-income countries (LMICs). The “regular” members and students are Canada-based and for the past several years have demonstrated that CCGHR membership represents both benefits and responsibilities—the latter including a modest annual financial contribution. It is important to report that the renewal rate of regular member is more than 90%. I see this as a significant indication that for most members, the CCGHR represents an important influence in their professional work.

Of course, we are pleased to have more than 100 student members, because the Coalition is highly committed to supporting and nurturing the next generation of global health research leadership in Canada and beyond. The renewal rate of students (less than 75%) is not as high as that of regular members. To some extent this is explained by student mobility, as they complete specific training

programs and move on to the next stage of their professional careers. I believe we need to be more intentional and strategic about serving the needs and interests of our student members. An important step in this direction is the work of Lisa Allen, the student representative on the Coalition’s board of directors who is creating a student “sub-network” that involves key students from each of our institutional member universities.

A couple of years ago, the Coalition’s board of directors added an institutional members initiative to our membership system. As described in Craig Janes’ report, we now have twenty Canadian universities that are CCGHR institutional members. Representatives from these institutions have agreed upon the “added value” of membership—that is, there are some things that can be done more effectively as a collective than we could as unconnected individual institutions. Three things have been identified: advocacy (speaking with a “unified voice”); special mentorship arrangements for upcoming global health researchers; and “harmonization”. At the same time, many universities are strengthening their institutional capacities to support and conduct global health research. I imagine an increasingly effective institutional network that combines distinctive strengths of individual universities with strategic collective actions.

I want to close by thanking all our members who have supported the Coalition in the past year, and contributed in so many ways to the life and work of our community.

President’s Report cont’d from Page 3

Challenges remain, of course. While we are more stable financially than we were a year or two ago, the funding environment in Canada for global health research remains both difficult and highly competitive. We remain dependent for long-term financial sustainability on our individual and institutional members. We hope that our new website, opportunities for networking, and increasing level of local programming provide the kinds of services that members find useful, and worth our modest dues. If not, please let us know what else we might do.

Finally, I remain committed to building effective partnerships with other global health groups and organizations, both in Canada and worldwide. Together with the Board I have launched a dialog with the Canadian Society for International Health about how we might work more closely together, even perhaps to integrate some of our programs and services. This effort is ongoing, but to date has been positive and constructive. I believe that bringing our two organizations, with their complementary missions

and overlapping memberships, even closer together best serves the goals of Canadian global health scholars and their international partners.

Let me conclude by offering thanks to all those who have supported the Coalition and its many projects. I continue to be grateful and indebted to the commitment and hard work of our National Coordinator, Vic Neufeld; and to Roberta Lloyd who, though having recently retired, continues to provide critical support to the Coalition. Vic and Roberta are the glue that hold us together. Thanks are also due to the many program leaders, including especially Donald Cole, Lesley Beagrie, Katrina Plamondon, Ian Graham, Shawna O’Hearn, Lisa Allen and Theresa Gyorkos. Dave Heidebrecht has been a magician in transforming our website and enhancing our social media presence, and is the force behind our harmonization initiative. Finally, thanks to the Board and our many funders. I look forward to another great year!

Discovering Global Health in your future

Discovering Global Health in your future. This was the theme of the Brock-McMaster Undergraduate Forum for Global Health that took place on January 26th at Brock University, St. Catharine's, Ontario. The CCGHR was a facilitating partner in this event that brought together more than 150 enthusiastic undergraduate students from the two collaborating universities. The day opened with presentations by invited guests Dr. Luis Gabriel Cuervo (Senior Advisor, Research, Promotion and Development, Pan American Health Organization) and Marilyn McHarg (President and CEO, Dignitas International). Students had the opportunity to participate in workshops with titles such as: Careers and Pathways to Global Health: How to Select a Graduate Program; Ethics of Global Health Placements; Global Health Competencies; and Knowledge Translation. A special feature was a 2-part panel discussion on "Migrant Workers Realities" using as a case study agricultural migrant workers in the Niagara region. Another highlight was the poster session with 17 poster presentations by students from the two universities. Materials from the Forum are posted on the Coalition's website: www.ccghr.ca.



Participants at the Brock McMaster Undergraduate Forum for Global Health

Mining and Health



Mining in Mongolia, photo by Craig Janes

In recent years, Canada has emerged as a global leader in resource extraction activities, though not without some controversy. There remain serious questions about whether the economic benefits of mining, oil, and gas production are distributed equitably, and whether the risks – to communities, to the environment, and public health – are effectively managed. To address these questions the CCGHR hosted a 2-day forum in Vancouver in January 2013. Led

by CCGHR Chair Craig Janes, the Canadian Institutes for Health Research (CIHR) supported forum brought together researchers from Canada, Ecuador, Mongolia, and Zambia to discuss the current state of knowledge on mining and population health. Given Canada's emerging role as a global leader in resource extraction industries, the CCGHR's ultimate goal was to organize a Canada-based global working group to identify the steps needed to build a more robust international research program on mining and health.

Focusing on both country-specific and global challenges, the group came away from the workshop with a better understanding of common challenges, helping to inform the development of an international framework on the health impacts of mining. Challenges include a need to standardize international health impact assessment (HIA) practices, improved governance structures that take a systems-level approach, and a need for international health standards for mining. Having outlined these challenges within an international framework, the workshop ended with the proposal to create an international working group on Mining and Health—confirming collective activities and developing plans for upcoming research projects. Next steps for the working group going forward include: the creation of country-specific teams, a knowledge paper on mining and health, and exploration of funding for cross-cutting and country-specific issues.

Supporters

Individual Donors

The CCGHR would like to thank the following individuals for their generous support this year:

- Douglas Barber
- Jacqueline Gahagan
- Sheila Harms
- Cathy and Dennis McCluskey

Foundations

- Alberta Health Innovates – Health Solutions

Government of Canada

- Canadian Institutes of Health Research (CIHR)
- Global Health Research Initiative (GHRI)

Governance

Board of Directors

Lisa Allen

PhD candidate, Vanier Canada Graduate Scholar -University of Calgary

Garry Aslanyan

Manager, Portfolio Policy, Special Programme for Research and Training in Tropical Diseases – TDR, WHO

Francisco Becerra-Posada

Head, Projects & Programmes - Council on Health Research for Development (COHRED)

Peter Berti

Nutrition Advisor and Deputy Director, HealthBridge Canada

Colleen Davison

Research Scientist, Kingston General Hospital; Adjunct Assistant Professor, Department of Community Health and Epidemiology, Queens University

Jennifer Hatfield

Associate Dean, Global Health and International Partnerships - Faculty of Medicine, University of Calgary

Craig Janes

Chair, Director of Global Health, Faculty of Health Sciences, Simon Fraser University

Pierre Ongolo-Zogo

Senior Lecturer, Faculty of Medicine and Biomedical Sciences, University of Yaoundé and Head, Centre for Development of Best Practices in Health, Yaoundé Central Hospital, Cameroon

Gail Tomblin Murphy

Professor, School of Nursing and Director, WHO/PAHO Collaborating Centre for Health Workforce Planning and Research

Vic Neufeld

Professor Emeritus, McMaster University, Hamilton, Canada and National Coordinator, Canadian Coalition for Global Health Research (ex officio)

Bilkis Vissandjée

Professor, School of Nursing, University of Montréal

Kishor Wasan

Professor, Associate Dean of Research and Graduate Studies, Faculty of Pharmaceutical Sciences, Distinguished University Scholar; Director, Neglected Global Diseases Initiative, University of British Columbia

Sonia Wesche

Assistant Professor, Department of Geography, University of Ottawa

Program Leaders

Capacity Development Program Area Co-Chairs:

Donald Cole

Associate Professor, Dalla Lana School of Public Health, University of Toronto

Lesley Beagrie

Associate Dean, Professional & Global Programs, Faculty of Health, York University

Policy Influence Program Co-Chairs:

Katrina Plamondon

Nurse Research Facilitator, Interior Health and Adjunct Professor, School of Nursing, University of British Columbia Okanagan

Ian Graham

Professor in the School of Nursing, University of Ottawa and Senior Social Scientist in the Clinical Epidemiology Program of the Ottawa Hospital Research Institute

Networking Program Co-Chairs:

Shawna O’Hearn

Director, Global Health Office, Dalhousie University

Theresa Gyorkos

Professor, McGill University

Lisa Allen

PhD candidate, Vanier Canada Graduate Scholar -University of Calgary

The following universities are CCGHR Institutional Members (listed from west to east):

University of Victoria	McMaster University
University of British Columbia	York University
Simon Fraser University	Ryerson University
University of Calgary	University of Toronto
Grant MacEwan University	Brock University
University of Alberta	Queen’s University
University of Saskatchewan	Carleton University
University of Manitoba	McGill University
Western University	Dalhousie University
University of Waterloo	Memorial University

Auditor's Report

McKechnie & Co.

Suite 500, 1390 Prince of Wales Ottawa, Ontario, K2C 3N6

To the Board of Directors of Canadian Coalition for Global Health Research

We have audited the accompanying financial statements of the Canadian Coalition for Global Health Research, which comprise the statement of financial position as at March 31, 2013 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

In common with many not-for-profit organizations, the Canadian Coalition for Global Health Research derives revenue from donations, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of the Canadian Coalition for Global Health Research. Therefore, we were not able to determine whether any adjustments might be necessary to donation revenue, excess of revenue over expenditure, and cash flows from operations for the year ended March 31, 2013, current assets and net assets as at March 31, 2013.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of the Canadian Coalition for Global Health Research as at March 31, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Comparative Information

Without modifying our opinion, we draw attention to Note 3 to the financial statements which describes that the Canadian Coalition for Global Health Research adopted Canadian accounting standards for not-for-profit organizations on April 1, 2012 with a transition date of April 1, 2011.

These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2012 and April 1, 2011 and the statements of operations, changes in net assets and cash flows for the year ended March 31, 2012 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

Ottawa, Ontario
September 2, 2013

Canadian Coalition for Global Health Research

Statement of Financial Position

As at March 31, 2013

	Assets		
	<u>2013</u>	<u>2012</u>	<u>2011</u>
Current			
Cash	\$69,830	\$3,095	\$0
Accounts receivable	<u>13,104</u>	<u>25,794</u>	<u>25,289</u>
	<u>\$82,934</u>	<u>\$28,889</u>	<u>\$25,289</u>
	Liabilities and Net Assets		
Current			
Bank overdraft	\$0	\$0	\$8,127
Accounts payable and accrued liabilities	22,912	30,924	10,930
Deferred contributions	<u>59,478</u>	<u>0</u>	<u>0</u>
	<u>82,390</u>	<u>30,924</u>	<u>19,057</u>
Net assets	<u>544</u>	<u>(2,035)</u>	<u>6,232</u>
	<u>\$82,934</u>	<u>\$28,889</u>	<u>\$25,289</u>

Statement of Cash Flows
For the year ended March 31, 2013

	<u>2013</u>	<u>2012</u>
Operating activities		
Excess of revenue over expenditure for the year	\$2,579	\$(8,267)
Net change in non-cash working capital		
Accounts receivable	12,690	(505)
Accounts payable and accrued liabilities	(8,012)	19,994
Deferred contributions	<u>59,478</u>	<u>0</u>
Net increase in cash	66,735	11,222
Cash, beginning of year	<u>3,095</u>	<u>(8,127)</u>
Cash, end of year	<u>\$69,830</u>	<u>\$3,095</u>

Statement of Operations and Changes in Net Assets
For the year ended March 31, 2013

	<u>2013</u>	<u>2012</u>
Revenue		
Grant revenue	\$55,922	\$24,915
Project Funding	21,029	52,760
Membership revenue	42,623	27,475
Donation revenue	<u>7,295</u>	<u>1,000</u>
	<u>126,869</u>	<u>106,150</u>
Expenditure		
Administration	21,870	17,947
Personnel	72,985	59,218
Professional fees	2,518	3,062
Program delivery	<u>26,917</u>	<u>34,190</u>
	<u>124,290</u>	<u>114,417</u>
Excess of revenue over expenditure for the year	2,579	(8,267)
Net assets, beginning of year	<u>(2,035)</u>	<u>6,232</u>
Net assets, end of year	<u>\$544</u>	<u>\$(2,035)</u>

Canadian Coalition for Global Health Research

Notes to the Financial Statements
March 31, 2013

1. Operations

Canadian Coalition for Global Health Research was incorporated under Canadian letters patent issued November 6, 2003. The Coalition is a registered charitable organization effective December 31, 2011.

The Coalition was established to promote better and more equitable health worldwide by:

- a) mobilizing greater Canadian investment in global health research,
- b) nurturing productive research partnerships among Canadians and people in low and middle-income countries and
- c) translating research into action

2. Significant Accounting Policies

Revenue Recognition

The organization follows the deferral method of accounting for contributions. Externally restricted contributions related to expenses of future periods are deferred and recognized as revenue in the period in which the related expenses are incurred. Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured.

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Contributed Services

The Organization relies on the voluntary services of its Board members to maintain its public profile and to undertake its activities. Because of the difficulty of determining the fair value of contributed services, these services are not recognized in the financial statements.

Financial Instrument Measurement

The Organization initially measures its financial assets and financial liabilities at fair value. It subsequently measures all its financial assets and financial liabilities at amortized. Financial assets subsequently measured at amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

3. Impact of the Change in the Basis of Accounting

These financial statements are the first financial statements for which the organization applied Canadian accounting standards for not-for-profit organizations. First-time adoption of this new basis of accounting had no impact on the organization's excess of revenue over expenditure for the year ended March 31, 2012 or on net assets as at April 1, 2011, the date of transition.

4. Deferred Contributions

Deferred contributions are comprised of grant funding for projects continuing into the 2013-2014 fiscal year.

5. Financial Instruments

Canadian Coalition for Global Health Research is exposed to various risks through its financial instruments. The following analysis presents the Organization's exposures to significant risk at March 31, 2013.

Credit risk

The Organization is exposed to credit risk with respect to the accounts receivable. Accounts receivable were received soon after its fiscal year end.

Liquidity risk

Liquidity risk is the risk of being unable to meet cash requirements or fund obligations as they become due. It stems from the possibility of a delay in realizing the fair value of financial instruments.

The Organization manages its liquidity risk by constantly monitoring cash flows and financial liability maturities.



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