

The background features a series of overlapping dashed lines in a light olive green color, creating a complex geometric pattern. A solid horizontal line of the same color runs across the middle of the page, intersecting the dashed lines. A small solid olive green dot is positioned at the intersection of the horizontal line and one of the dashed lines.

Annual Report

2014–2015

CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH

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



President's Report

Garry Aslanyan

It is with a great pleasure that I am presenting my first ever Chair's report for CCGHR. CCGHR has a special meaning for me as it has been a Coalition that I have been part of from its early stages. While things change and evolve, the goals and the role of the Coalition remain constant for all those working in global health research in Canada or globally with Canadians. This past year, we had transition in leadership, Dr. Charles Larson, the Chair of the Board, was appointed the new National Coordinator and I agreed to serve as the Chair. This coincided with the election of the new Board who have jumped at the challenge of steering CCGHR into the future from the get go. We now have a truly global Board of Directors. With me currently not residing in Canada and three board members from LMICs (Tanzania, India and Guatemala) we probably have the most geographically dispersed Board in the history of the Coalition.

One of the most important initiatives of the Board this year has been the development of the new strategic plan that will be presented at this year's Annual General Meeting. Various working groups have dedicated a lot of hours of volunteer work to make the new plan realistic, reflective of the values of the members and sufficiently ambitious to maintain CCGHR's leadership role in the country.

The future of the Coalition will be influenced and shaped by our next 5 year strategic plan, 2015-19 and continued efforts to work in partnership with Canadian and international global health organizations (CSIH, CAN-MNCH, CUGH and others).

The success of the CCGHR is attributable to our exceptional staff and the volunteer work of our members serving on committees and working groups. It is these individuals that keep CCGHR dynamic, relevant and true to our vision as articulated in our strategic plan. I look forward to continue working with all of the members and the Board in the upcoming year.



National Coordinator's Report

Charles Larson

As noted by Garry, our Board Chair, this is also my first annual message to Coalition members as your National Coordinator. I have had to fill some very large shoes and would like to acknowledge the continued support of our past National Coordinators, Craig Janes and Vic Neufeld. I am certain none of you will be surprised to learn Vic is either Skyping or emailing me almost on a daily basis providing his sage advice. I also need to acknowledge the continued support of our members who continue to volunteer their time and expertise, without which the Coalition could not survive. Within the Coalition secretariat we have had some changes. This past July our incredible research officer, David Heidebrecht stepped down to pursue even greater opportunities in global health at McMaster. He will be sorely missed, however we are privileged to have found an equally impressive replacement, Emily Kocsis, who brings with her global health experience and her current leadership role in the CSIH mentorship network. In the limited space I have I would like to highlight a few of the key issues the Coalition has addressed this past year: membership, our strategic plan 2015-2019 and the student young professionals network (SYPN).

Membership: We are considering changes to both our institutional and individual membership categories. We currently have 22 university members, each represented through a liaison person. This individual then is asked to communicate Coalition activities to their respective campuses. This structure works with varying degrees of success, but remains a challenge and often does not reach key programs or individuals engaged in global health research. One example would be academic specialty departments (e.g. public health, pediatrics, internal medicine, surgery) with global health units with very active research programs. With this in mind, we are currently putting together a directory of global health research units within each of our university member institutions. This should lead to improved Coalition communication with its members. It may also lead to a reconsideration of annual membership renewals which would directly engage units rather than universities as a whole – an issue to be addressed this coming year. Also to be addressed in 2016 will be the inclusion of NGO members, a topic I hope to report on in the future. Regarding individual membership, we want to reach out to recent graduates and develop a better mechanism to maintain the engagement of these young professionals in the Coalition. This would involve the creation of a separate category of members at an adjusted membership fee. Finally, we will be instituting, pending Board approval this November, new membership categories that will allow for added financial support of the Coalition through “sustaining” or “sponsoring” members as examples.

Strategic Plan 2015-2019: You will have received the final draft copy of the Coalitions strategic plan (SP) to cover 2015 to 2019. Based upon feedback, this will be revised and a final document shared with members at our AGM this November. The SP has been structured around three “pillars”: Capacity Building, Advocacy and Policy, and Governance and (financial) Sustainability. A SP oversight committee was created to guide the planning process and sub-groups that addressed each pillar. These sub-groups were represented by board members, LMIC members, at-large and student or young professional members and the Coalition secretariat. Our vision, mission and core values remain much the same. Key features of the SP include harmonization of effort, greater engagement in advocacy and the creation of revenue streams which will allow the Coalition to expand its support team (secretariat) and planned activities.

Student Young Professionals Network (SYPN): As student membership continues to grow, with 48 new student-members in 2015, capacity building, networking, and collaboration among this subset of the CCGHR membership has become a strategic priority for the Coalition. Through the Coalition’s 2015-2019 strategic plan, the need for strengthened SYP engagement has been realized, with several capacity building activities focused on preparing the “next generation” of global health researchers. CCGHR Student Chapters will play a central role in SYPN

capacity building, with new resources and events being developed to help promote collaboration and networking within the Coalition and between universities. To further support the growth and development of SYPs within the Coalition, we have made this network a major component of our new Research Officer position. Our new Research Officer will support the SYPN in its activities, while also acting as a crucial link between the CCGHR Secretariat, and other project teams. Over the past year, we have placed SYPN members on all Coalition committees and have added a second member to the Board of Directors. Moving forward, the SYPN hopes to continue to diversify and grow its influence within the Canadian global health research landscape. Over the upcoming year, initiatives that promote mentorship and leadership between groups in the SYP network (i.e. graduate and undergraduate students, young professionals, etc.) will be central to SYP programming. With the growth of these collaborations, the SYPN will continue to equip students and young professionals with the competencies and skills needed to build capacity within the Canadian global health research community.

Speaking on behalf of the Coalition secretariat, we look forward to a productive, rewarding coming year and the opportunity to continue to interact with our members.

Harmonization Initiative (HI)

The Coalition’s Harmonization Initiative (HI) has had another busy year. Created four years ago to enhance efficiency in global health research by facilitating the exchange of information among researchers this database now involves eight countries: Cameroon, Ethiopia, Honduras, Mongolia, Nepal, Tanzania, Uganda and Zambia. For each of these countries there now is up-to-date information about people, projects and institutions, along with summaries of the research environment and research ethics processes. In addition, there is background information about Canada’s foreign aid policy, and related documents.

Knowledge sharing (communication) is seen as first step toward improved coordination and collaboration among groups working in the same country. An example is the new “Tanzania-Canada Research Partnership” that was launched in December 2014.

The past year has also seen an independent assessment of the HI by a Masters student doing a summer practicum, and the creation of a new database for Bangladesh soon to go “live”. Keep an eye on the harmonization database in the “Resources” tab of the Coalition’s website: www.ccghr.ca

CCGHR’s University Advisory Council

Jennifer Hatfield & Vic Neufeld

This has been another great year for the University Advisory Council, since the CCGHR introduced its “institutional membership” initiative about four years ago. There now are twenty (20) Canadian member universities from coast to coast.

The UAC featured strongly in the Coalition’s strategic planning analysis as an important component of what the Coalition is all about. There was general agreement that the UAC should continue and expand its key “added value” contributions to the work of the Coalition in the coming years. These contributions include:

- Advocacy (“speaking with a unified voice”): an example is the role of universities within the CCGHR *Gathering Perspectives Study* (GPS);
- Mentorship and leadership development: with a special interest in supporting students and new faculty members who see global health research (GHR) as a major career interest.
- Harmonization: sharing information about projects and initiatives of member institutions in situations where there is potential for “value-added” coordination and collaboration. For example, see: www.ccghr.ca/resources/harmonization
- Supporting issue-specific working groups: current examples are working groups on “Trans-disciplinary GHR Collaboration” and “Internationalization and Global Health”

CCGHR Policy Influence Program

Katrina Plamondon

The second phase of the CCGHR Gathering Perspectives Study continued this year, with notable achievements. Three major objectives guided this phase of the study: (1) to support researchers' in navigating a changing funding landscape; (2) to elaborate principles to guide global health research; and (3) to facilitate knowledge translation related to results and products of these objectives.

Drawing upon reviews from expert stakeholders, a policy analysis of Canadian funding practices prepared last fall went through revisions. A brief report (8 pages, plus references) is now available, featuring evidence-informed recommendations on steps that researchers, universities, and funders can take to foster more equitable global health research. This document is being circulated among CCGHR University Advisory Council representatives and to the membership. An in-depth companion document is also available upon request and a manuscript is under review for an open-access publication.

In addition to these products, a series of stories focusing on issues and promising practices from a variety of funded research partnerships are near completion. These stories will be presented on the CCGHR website as a casebook that could be used by researchers, educators and students, and administrators to explore how issues of ethical, equitable engagement in global health research are being navigated. We are looking forward to releasing these stories early in 2016!

Efforts to elaborate principles to guide global health research were intense this year! Inspired by a preliminary document created at a deliberative dialogue last November, we launched a six-month period of dialogue and consultation in March. The response was robust, with six dialogues held across the country and thirty-eight individuals offering their perspective through an online form. Our team integrated these results with earlier data and our environmental scan (conducted last year) to create the evidence-informed CCGHR Principles for Global Health Research. We are pleased to be presenting these to our membership at the CCGHR Annual General Meeting. Further dissemination of these principles (and other products from the Gathering Perspectives Study) will be explored during a knowledge translation planning meeting following the Canadian Conference on Global Health.

CCGHR Building Capacity Program | Jill Allison & Shafi Bhuiyan

The Capacity Building Committee dedicated most of its energy this year to contributions to the Strategic Plan. The committee looks forward to working on the objectives for the coming five years and building a stronger relationship with the Student and Young Professionals Network. Our plan for the coming year includes finding new ways to foster linkages between and within institutions through regional networking opportunities. The committee's strength has become one of identifying and building on local hubs for facilitating discussion and collaboration whether it is through the SYP groups or the development of new research groups such as the Research Group recently formed at Memorial University of Newfoundland with the help of the Newfoundland and Labrador Centre for Applied Health Research.

Capacity Building to Manage Public Health Impacts in an Extractive Sector: a Mongolia-Canada Partnership

Oyun Lkhagvasuren & Craig Janes

The resource sector is booming in Mongolia, with some referring to the country as the "Asian El Dorado". Regulatory processes to protect community health and safety have not kept pace with this level of development. Beginning in 2009, a Mongolia-Canada team has been working to build capacity within the country to manage the social and health impacts of mining. This work has produced or supported a number of significant accomplishments and milestones, the most important of which were the establishment of a mining and health international working group, the collaborative development and review of a Mongolia-specific health impact assessment guidance document, and the amendment in 2012 of the environmental impact assessment law to include health impacts. Given these rapid changes, capacity building to support and strengthen the inclusion of health in Environmental Impact Assessment (EIA) was determined to be a priority. In

May 2015, an intensive 10-day Health Impact Assessment Learning and Development Program was undertaken in the South Gobi region of Mongolia with the support of the Canadian Coalition for Global Health Research, Canadian International Resources and Development Institute and Leading Researchers NGO (Mongolia). It focused on health in EIA and action for change. Participants included 25 government and academic representatives from Mongolia, as well as eight international participants from Canada, Tanzania, South Korea and Zambia.



Our Supporters

The CCGHR would like to thank the following individuals and organization for their generous support in 2014-15:

Individual Donors

Jean-Pierre Chanoine

Craig Janes

Ronald Labonte

Charles Larson

Vic Neufeld

Government of Canada

Canadian Institutes of Health Research (CIHR)

Global Health Research Initiative (GHRI)

International Development Research Centre

Our Volunteers

The Canadian Coalition for Global Health Research would like to thank the many individuals who have made a generous contribution of time and energy to the many activities undertaken in 2014-15.

Governance

Board of Directors

Lisa Allen

Scientist Lead Community & Workplace, Alberta Cancer Prevention Legacy Fund, Population, Public and Aboriginal Health

Garry Aslanyan, Chair

Manager, Partnerships and Governance, Programme for Research and Training in Tropical Diseases – TDR, WHO, Geneva

Peter Berti

Nutrition Advisor and Deputy Director, HealthBridge, Canada, Ottawa

Colleen Davison

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

Walter Flores

Director, Centro de Estudios para la Equidad y Gobernanza en los Sistema de Salud (CEGSS) Guatemala

Jennifer Hatfield

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

Anant Kumar

Assistant Professor, Xavier Institute of Social Service, Ranchi, Jharkhand, India

Charles Larson, National Coordinator (ex officio)

Senior Associate Clinician Scientist, CFRI, Clinical Professor, Department of Pediatrics, University of British Columbia

Pierre Ongolo-Zogo (2014)

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, Dalhousie University, Halifax, Nova Scotia

Senga K. Pemba

Director, Director, Tanzanian Training Centre for International Health Ifakara, Tanzania

Bilkis Vissandjée (2014)

Professor, School of Nursing, University of Montréal

Kishor Wasan

Professor and Dean, College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, Saskatchewan

Sonia Wesche

Assistant Professor, Department of Geography, University of Ottawa, Ottawa, Ontario

Program Leaders

Capacity Development Program Area Co-Chairs:

Jill Allison, Global Health Coordinator, Global Health Office, Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland (2014)

Shafi U. Bhuiyan, Distinguished Visiting Scholar and Adjunct Professor, Ryerson 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, Faculty of Health Sciences, University of Ottawa and Senior Social Scientist, Clinical Epidemiology Program of the Ottawa Hospital Research Institute

Networking Program Co-Chairs:

Shawna O’Hearn, Director, Global Health Office, Dalhousie University, Halifax, Nova Scotia

Lisa Allen, Alberta Health Services

Student and Young Professionals Network (SYPN) Executive

Clarke Cole

Kristy Hackett

Rebecca Love

Charlene Ronquillo

Nicola Toffelmire

Sarah Topps

Christine Wang

Secretariat

Roberta Lloyd, Project Manager

Dave Heidebrecht, Research Manager

Charles Larson, National Coordinator

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

University of Victoria	University of Waterloo	Queen's University
University of British Columbia	University of Guelph	University of Ottawa
Simon Fraser University	McMaster University	Université de Sherbrooke
University of Calgary	York University	Dalhousie University
University of Saskatchewan	Ryerson University	Memorial University
University of Manitoba	University of Toronto	
Northern Ontario School of Medicine	Brock 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, 2015 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, 2015, current assets and net assets as at March 31, 2015.

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, 2015 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.

Ottawa, Ontario
October 4, 2015

Canadian Coalition for Global Health Research

Statement of Financial Position

As at March 31, 2015

Assets	<u>2015</u>	<u>2014</u>
Current		
Cash	\$18,205	\$7,440
Accounts receivable	12,288	21,217
Prepays	<u>1,533</u>	
	<u>\$32,026</u>	<u>\$28,657</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	4,981	20,941
Deferred contributions	26,970	6,813
	<u>31,951</u>	<u>27,754</u>
Net assets	<u>75</u>	<u>903</u>
	<u>\$32,026</u>	<u>\$27,754</u>

**Statement of Cash Flows
For the year ended March 31, 2015**

	<u>2015</u>	<u>2014</u>
Operating activities		
(Deficiency) Excess of revenue over expenditure for the year	\$(828)	\$359
Net change in non-cash working capital		
Accounts receivable	8,929	(8,113)
Prepays	(1,533)	0
Accounts payable and accrued liabilities	(15,960)	(1,971)
Deferred contributions	<u>20,157</u>	<u>(52,665)</u>
Net increase in cash	10,765	(62,390)
Cash, beginning of year	<u>7,440</u>	<u>69,830</u>
Cash, end of year	<u>\$18,205</u>	<u>\$7,440</u>

**Statement of Operations and Changes in Net Assets
For the year ended March 31, 2015**

	<u>2015</u>	<u>2014</u>
Revenue		
Grants	\$97,317	\$102,043
Project Funding	55,288	27,411
Membership fees	41,005	42,030
Donations and other	<u>1,629</u>	<u>7,146</u>
	<u>195,239</u>	<u>178,630</u>
Expenditure		
Administration	11,599	17,283
Personnel	138,940	109,982
Professional fees	3,151	4,397
Program delivery	<u>42,377</u>	<u>46,609</u>
	<u>196,067</u>	<u>178,271</u>
(Deficiency) Excess of revenue over expenditure for the year	(828)	359
Net assets, beginning of year	<u>903</u>	<u>544</u>
Net assets, end of year	<u>\$75</u>	<u>\$903</u>

Canadian Coalition for Global Health Research

Notes to the Financial Statements

March 31, 2015

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

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following 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.

Membership revenue are recognized as revenue in the fiscal year received.

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. Deferred Contributions

Deferred contributions are comprised of grant funding for projects continuing into the 2015- 2016 fiscal year.

4. 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, 2015.

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.