CCGHR CCRSM

Canadian Coalition for Global Health Research

Coalition canadienne pour la recherche en santé mondiale

Report on External Consultations for CIHR/IDRC Strategic Plan

In collaboration with:

SANTÉ MONDIALE

Réseau de recherche en santé des populations du Québec

Executive Summary

In late 2017, the Canadian Institutes for Health Research (CIHR) and the International Development research Centre (IDRC) invited the Canadian Coalition for Global Health Research (CCGHR) to contribute to strategic planning on the future of global health research in Canada. The Coalition's Secretariat provided input into the preparation of the four one-day consultations held between March and May 2018 in Quebec City, Vancouver, Toronto and Ottawa, and was represented at all events. Given the limited number of experts who could be invited for these meetings, during the same period seven "external" consultation events were held by the CCGHR involving 105 participants representing a mix of seasoned global health researchers, junior faculty, graduate students and young professionals with global health expertise. Organizers used the consultation questions provided by CIHR/IDRC but meetings were shorter than the formal ones, about two hours on average. Locations included Montreal, Ottawa, Vancouver, London, Saskatoon and St John's (see Appendix 1 for participants lists). This report synthesizes the proceedings from these external consultations, which CIHR and IDRC agreed to receive as a written submission to inform their strategic plans.

Researchers who took part in CCGHR external consultations stressed the **importance of Canadian values in the conduct of global health research** and the need to build these values into the critical review of funding proposals. The **"how"** and **"why"** research is done is as important as what the research is about. Global health research in Canada, and for many elsewhere, has emerged out of a commitment to increasing global health **equity** and **sustainable partnerships** that build local capacity around locally identified priorities. Social accountability and reflexive, critical practice are key to enacting these goals. This means ensuring project priorities and processes have at their core a commitment to engaging and responding to beneficiaries' priorities, concerns, understanding of equity and success.

In other words, the **'Canadian brand' of global health research is equity-centred**. Canadians involved in the field place a high value on the reason they do this work, regardless of thematic focus. This is because there are systematic and avoidable inequities, and because Canadian policies, activities and structures are entangled in these inequities both here and globally. The important caveat is that identifying priorities and measures of effectiveness for projects and interventions cannot simply be based on what Canadian researchers, funders or policy-makers think: it is crucial to **shift priority setting** to what the people we hope to serve think is important.

A recurring concern during the CCGHR external consultations was the importance of considering **cross-cutting themes addressed by inter-sectoral and transdisciplinary research teams** with the capacity to effectively address inherently complex problems—including social determinants of health, eHealth technologies, environmental and planetary health as examples—rather than using a disease-centred approach. Many stressed that there should be less emphasis on specific topics and more emphasis on equity-centred approaches; the challenge is working together to leverage research to **respond to problems entangled in health inequities**.

Three main axes emerged around our strengths and expertise in Canada:

a) what we do research on, the substantive or **thematic areas**;
b) how we do research, the **process** and implementation aspects (equity, inclusivity, language, culture);
c) **capacity**, how we prepare researchers for the future in Canada and within LMIC partners.

In line with the **consultation questions provided by CIHR/IDRC** the following findings emerged. It must be pointed out that these do not reflect all opportunities identified during the external consultations, but highlight shared priorities and recommendations on ways forward. A more comprehensive listing is found in the respective sections of this report.

1) Thematic Priorities for Global Health Research

There is general agreement that infectious diseases remain a priority, but it needs to be addressed within a health systems context and respond to social determinants. Specific topics include antimicrobial resistance as a global threat and continued Canadian leadership in vaccine development. The health impacts of climate change and mitigation strategies, and environmental/planetary health more generally, are viewed to be leading determinants of the future health of all populations. The rising burden of chronic conditions is of great concern, with mental health put forward as an area of great need and relative neglect. Further research in support of all elements of a health system, while cross-cutting, is also viewed to be a thematic priority. Other themes consistently cited are water and sanitation, reproductive and sexual health, equity and reaching marginalized populations (including First Nations) and implementation research.

2) Canadian Strengths and Top Opportunities in Global Health Research

The Canadian strengths that emerged are largely cross-cutting, with many individuals wishing to avoid singling out specific substantive areas of expertise. This includes equitable and sustainable partnerships, ethical conduct of research, capacity building, eHealth technologies and transdisciplinary research. Our work over several decades and lessons learned working with Indigenous populations demonstrates the need to pay attention to process. Community-based, participatory research is strong in Canada, as are patient-oriented research strategies. Expertise in evidence assessment and knowledge translation will also be essential as we move forward.

Top opportunities identified were mostly cross-cutting as well, with participants stressing that gender and climate change analysis and a partnership-based, transdisciplinary approach to global health research should be weighted highly in all funded proposals. There was also a high level of consensus on the need to focus on addressing health inequities and reaching the most marginalized populations. In terms of the specific themes identified by CIHR/IDRC for the consultations—infectious diseases, chronic conditions and health systems—participants felt that a focus on antimicrobial resistance and water-borne diseases would favour a systems approach, looking at the entire enabling environment or ecosystem including social determinants and inter-relational factors. Exceptional opportunities are also seen in universal health care, mental health, heart disease and diabetes research, and food security.

3) Measuring Success

This report concludes with recommendations addressing measures of success, health metrics, and general observations on the state of global health research in Canada and recommended future directions. Most participants would like to see stronger Canadian policy and funding commitments to global health research. Evidence of greater coordination between research teams and transdisciplinary work seem essential measures of success, as are the quality of partnerships and their sustainability. The research process should be driven by the communities we work with and informed by their own priorities. Key outcomes would be successful health promotion, behaviour change and demonstrated impact on health and well-being of the most vulnerable, leading to social change and a shift towards equity.

Acknowledgements

Section 1: Thematic Priorities for Global Health Research

Key discussion questions:

1. What are the current and emerging health challenges globally related to some or all of the themes listed in the table below (e.g. specific diseases/conditions, locations, populations…)?
2. What are the key knowledge gaps (i.e. research areas) that need to be filled in order to address these challenges?

	CURRENT CHALLENGES	EMERGING CHALLENGES	KNOWLEDGE GAPS	CONTRIBUTION SDGs
INFECTIOUS DISEASES	• **Infectious diseases remain a priority challenge globally** (including in Canada's Northern communities), particularly TB, HIV and malaria, but also neglected tropical diseases (NTDs). • Addressing the burden of infectious diseases within a **health systems context** and recognizing the influence of **social determinants, equity, and reaching vulnerable** groups. • **Anti-microbial resistance** (AMR) and antibiotic therapies in relation to health systems, access to essential medicines and regulatory processes. • **Vaccines for preventable NTDs.**	• Emergency preparedness: Understanding the **conditions that lead to epidemics/pandemics,** our response and the local capacity to deal with serious threats. • **Emerging infectious diseases** and the interaction between humans, animals and natural habitats (One Health, Planetary Health). • **Climate change** impacts on disease patterns and cycles**.** • **Point-of-care diagnostics and eHealth applications** for predictive modelling and improved decision-making.	• Impact of **climate change adaptation and mitigation policies** on infectious disease incidence/outbreaks. • Ways pathogens transmit between animals and humans and vice versa. • What kind of surveillance system is required for **monitoring AMR**? • Map of global health researchers/how to reduce research redundancies.	• Develop research capacity, especially with youth. • Canada leader in ethics and equity: CCGHR Principles. • Focus on health impacts of climate change to make improvements on multiple goals. • Strong contributions on technological research (e.g. Level 3 centers). • Research on monitoring, antibiotic stewardship practices; political leadership in development of antibiotics; transparency with providers.

	CURRENT CHALLENGES	EMERGING CHALLENGES	KNOWLEDGE GAPS	CONTRIBUTION SDGs
CHRONIC CONDITIONS	• **Continued rise of NCDs**: obesity, diabetes, cardio-vascular diseases, cancer, and arthritis. • Impact of **changing food systems and climate change** on NCDs. • The rising burden of NCDs within a **health systems context**, recognizing social determinants, equity, and reaching vulnerable groups.	• **Health access and health literacy.** • Impact of **pollution and air quality** on development, brain health, mental health, and other chronic conditions. • **Mental health**, examining the influence of stronger community support systems and approaches to reducing stigma. • **Self-care and prevention skills.** • **Addictions:** Tobacco, alcohol, illegal drugs, etc. • **Ageing societies**: isolation, long-term care, healthy ageing.	• **Gender impacts.** • Application of **traditional knowledge**. • Community **resilience** in relation to climate change, migration and conflict. • Ageing and potential impact of restructuring societal norms on health outcomes. • **Gap on quality data** applicable on global scale. • Sophisticated **modelling** data of the life-cycles of medically relevant pathogens on NCDs.	• We have a commitment to understanding **inequity** of disease and its social dimensions. • Canada could promote **environmental health** research. • Knowledge translation to strengthen **advocacy and policy** for chronic conditions.

	CURRENT CHALLENGES	EMERGING CHALLENGES	KNOWLEDGE GAPS	CONTRIBUTION SDGs
HEALTH SYSTEMS	• **Health services:** financing, access, quality, human resources, equity, availability of diagnostics and drugs. • **Health system financing,** including universal health coverage • **Health information systems,** better access to data human resource planning and allocation, and management of scarce resources. • **Implementation science** and comparing lessons learned in health system strengthening and sharing those across contexts. • **Health literacy** and promotion in low-resource areas. • **Task shifting/sharin**g of healthcare providers and impact health care delivery. • **Integrating traditional knowledge** into health systems. • Role of primary care in enhancing access and fostering community-based approaches to **wellness.** • Population movement, **migration and refugees.** • **Emergency preparedness.**	• **eHealth innovations** that improve quality of care, reduce manpower requirements and costs. • **Point of care and continuity of care**; personalized care or treatment versus socially based care. • **Professionalization** of healthcare providers, support and continuing education. • Strengthened political will through better dissemination of evidence on **health system influence on health.** • Commitment to **primary health care** system with the capacity to be responsive and flexible.	• Lack of **comparable impact assessment methodology** that assesses the outcomes of investments in health systems. • Health workforce **training**: who, how and what. • How to take **interventions to scale**. • Understand the impact of the political cycle on health policy. • Health professionals with knowledge of Indigenous health practices. • Need for broader, more inclusive mechanisms to **identify priorities** for GHR in Canada and abroad.	• Integrated data systems. • Advocacy for innovative funding models that focus on health systems instead of specific diseases. • Health systems management: implementing universal health care. • Ways of knowing and alternative healing models that overlap with Western medicine. • Implementation science.

	CURRENT CHALLENGES	EMERGING CHALLENGES	KNOWLEDGE GAPS	CONTRIBUTION SDGs
OTHER THEMATIC PRIORITIES	• **Safe water, sanitation and hygiene.** • Gender equity and **sexual and reproductive health rights** (including in adolescents). • Indigenous health, **traditional practices** and acceptability of other ways. • **Environmental health** and its impact on poverty (women in particular); urbanization and population movements; food security.	• **Mental health** • **Migration** impact on health and social and cultural infrastructures. • **Impact of industries** such as extractives on health and wellbeing. • **Big data/AI** (incl. analytics on environmental health)	• How and why **violence** becomes normalized; both violence towards the self and others.	

	CURRENT CHALLENGES	EMERGING CHALLENGES	KNOWLEDGE GAPS	CONTRIBUTION SDGs
CROSS-CUTTING ISSUES	• **Health equity.** • **Equitable partnerships** and efforts to engage communities. • **Planetary health.** • **Income and gender inequality.** • Intersectionality**, gender transformative interventions.** • **Vulnerable populations** – how to find them and reach them. • **Project monitoring and evaluation.** • Effective **coordination strategies** among various public organizations who work in global health.	• **Climate change** (including impact on pathogens' ranges and zoonosis). • **Robust surveillance** programs in remote, low-resource communities. • **Knowledge translation.**	• How can we drive **methodological innovation** and encourage **research on research**? • How can we move away from strictly evidence-based approaches and set up a research culture/system that values **other types of evidence?** • **How to shift the predominant paradigms** that work against equity, including the dominance of reductionism, biomedical conceptualizations of health, preoccupation with target populations, and economization of health.	• Range mapping, behavioral monitoring, and human–pathogen integration especially in the context of habitat destruction.

Section 2: Canadian Strengths in Global Health Research

Key discussion question:
What are the strengths in global health research in Canada both in terms of individual and institutional expertise (thematic, methodological or other)?

Sub-questions:
- Are there emerging gaps in capacity that need to be addressed through future strategic investments?
- Are there upcoming areas of importance in global health research where Canada should invest in building capacity (e.g. planetary health, integrative health, big science)?

STRENGTHS / EXPERTISE	UPCOMING AREA OF IMPORTANCE	CAPACITY NEEDS
The 'HOW' • **Partnerships** • **Focus on marginalized communities, work with indigenous, coastal, remote populations** • **Global health ethics** and equity-centered research (including CCGHR Principles) • **Capacity building**—both use of and research in global health, expertise as educators. • **Transdisciplinary programs and research.** • **Multilingual** students and researchers who can work with diverse country partners. Generally not seen as a colonial power on the global scene. • **Community-based, participatory research**; strong **patient-oriented** research strategy. • **Evidence Assessment and Knowledge Translation**: This aligns with priorities in evidence-based decision-making (e.g. Cochrane/Campbell collaboration). **The 'WHAT'** (not listed in order of importance) • **Equity: gender** and female empowerment; human rights. • **Environmental health:** Climate change and air pollution • **Global child health** • **Epidemiology:** mixed methods and implementation research	• **SDGs**: role of Global North. • **Application of reverse innovations** • **STEM, AI, IT** – Big data: ethics, protection, rights, and privacy. • **Fragile political environments and conflict**. • **Ecohealth implementation research.** • **Planetary health** (incl. measurable, universally accessible **indicators for planetary health)** • **Canada's Arctic.** • **Technology** impacts on global health systems, its integration and regulation, and ethical implications of health technologies. • **Evidence-based, pedagogic research.** • Translating capacities built up in **quality assurance and process innovation** in healthcare to low-resource settings. • Canadian equity-based **emergency management** framework.	• **Transdisciplinary teams and inter-sectoral research networks** (linking NGOs, universities, governments and LMICs). • We have lots of **quality data** but it is often poorly managed or used. Need to better mobilize global health research. • Bridge **divide between policy and practice** (i.e. how are vulnerable populations identified? how can they be included in planning?). • **Enabling environments** for enhancing health research **capacity within LMICs**. Research funding should not encourage migration of skilled professionals out of LMICs. • Support, core funding **for civil society engagement** in global health research, e.g. CCGHR, civic/youth participation. • Build capacity for GHR in Canada – there is a need for a critical mass of GH

• **Infectious diseases** (Canada's laboratory facilities)
   • HIV/AIDS, TB
   • Vaccines, immunology
   • NTDs
• **Mental health** (including expertise on cultural psychiatry)
• **Nutrition**
   • Micronutrients
   • Microbiota and food systems
• **Quality of care**
• **Tobacco control**
• **Indigenous populations** research, indigenous rights, principles of collaboration in work with Indigenous communities.
• **Social determinants.**
• **Health promotion and Ottawa charter.**
• **Health systems research, universal access to care.**
• **Health informatics and health economics.**
• **Agriculture and health.**
• **One Health, Planetary Health, Ecohealth.**
• **Health impact of trade policies and multilateral agreements.**
 	
ASSETS
• **Mobile, eHealth, diagnostic technologies**
• **Numerous WHO Collaborating Centres**
• **CCGHR**: connect global health researchers and practitioners in Canada and partners abroad.
• **Microbiology Lab** (Winnipeg), outbreak management.
• **Innovative Education**: Canada's health professional education systems are well placed to provide research skills and capacity support in the area of innovative education and interdisciplinary training. Also Included here are "other ways of knowing", balancing technology-driven medicine with social medicine or medicine with a social dimension.
	• **Canadian network to address global health diagnostics** related to infectious diseases, especially sub-Saharan Africa. These infections traffic around the world and include highly drug-resistant pathogens we deal with on home soil. Of note, this also ties into work on immigrant populations from these LMICs in Canada. Need for such a program in Canada (UK has DFID, EU has EDCTP, and US NIH has ICME programs).	researchers in Canada in universities and NGOs, plus lifetime career path options for these researchers.
		• Improvement in **respecting other ways of knowing** (e.g. Indigenous knowledge).
		• More capacity is needed in the area of **data visualization.**

What do you see as top opportunities for Canada in the field? Recognizing research budgets are limited, can you build "best opportunity cases" for investment under each of the themes?

Please consider the following criteria when responding:
- Canadian global health research strengths (see Session 2)
- Alignment with strategic efforts, including Government of Canada priorities, global initiatives, partner leveraging, civil society and focus where Canada's impact/added value will be greatest
- Degree of feasibility, acceptability, scalability and sustainability

*CCGHR members have varied priorities as reflected in the 7 external consultations. The following is a synthesis of prevailing themes.

INFECTIOUS DISEASES	**Antimicrobial resistance:** Lead global cooperation in this area and build on the already identified importance of the microbial lab facilities in Canada.
	Neglected Tropical Diseases: Vaccines, diagnostics and management of preventable NTDs, which are responsible for a large proportion of the global disease burden. Given Canada's laboratory facilities, vaccine development capacity and critical mass of researchers, this is an important area of priority for Canadian researchers and funding.
	Tuberculosis: Canada is a leader in TB diagnostics plus the scaling of preventive and curative intervention programs.
	Human–animal interaction: Interrupting the cycle of transmission of emerging diseases.
CHRONIC CONDITIONS	**Diabetes and Heart Disease**: Canada has a broad range of expertise that addresses this in multiple contexts, e.g. Aboriginal, marginalized, and urban populations.
	Mental health: Over the past decade Canadian researchers, in partnership with LMIC country institutions, have become leading advocates and knowledge generators in global mental health research.
	Food security/Malnutrition: This also involves the cross cutting themes of climate change, and economic development as well as globalization/migration. There is an opportunity to align this expertise with a transdisciplinary approach to addressing SDHs and building on Canada's strength as an innovator in agricultural development and food security. This also offers opportunities to build capacity with existing university partnerships in the agricultural sector and to leverage support from industry in a positive way.

HEALTH SYSTEMS	**Universal Health Care:** Researching innovative ways to promote and sustain both universal health care and primary health care. Since Canada is a leader in providing universal health care, having enshrined it in the Canada Health Act, we can be a model for others to build upon while at the same time recognizing new and innovative ways to deliver, set priorities and maintain a universal system. **Social Determinants of Health & Health Systems Transdisciplinary Thinking:** Canada has been a leader on social determinants. Transdisciplinary approaches will enable any research investment to touch a number of themes and incorporate a broader dimension of social determinants. A systems approach allows for the entire enabling environment or eco-system to be explored including social determinants and inter-relational factors. **Health services delivery, coverage and quality**: This includes care delivery systems, equity in access to services, access to essential diagnostics and medicines and human resources for healthcare systems.
OTHER THEMATIC PRIORITIES*	**Climate Change**: Now known to be a major contributor to morbidity and mortality worldwide. Of direct relevance in Canada to protecting the Arctic environment. Canada has a number of very strong research programs in addressing climate change in partnership with Indigenous populations and LMICs. Canadian researchers are at the forefront of working with knowledge keepers to collect and utilize Indigenous knowledge in strategies to adapt and to be safe. **Equity & Marginalized Populations** - There is an opportunity to build on Canadian strengths in terms of: how do we reach them, access to health care, engagement, how do we define equity, how do we apply it in program implementation. For example, this applies to infectious disease control issues currently targeted in the SDGs (NTDs, STI, etc) and aligns with strategic priorities such as safe water and adaptation to climate change (with intersectoral links). **Water-borne illnesses and access to safe water:** This is based on Canada's own interest in water as a resource, in water quality and safety research; this theme is relevant abroad and at home as many Indigenous communities in Canada's North lack access. It also aligns with the cross-cutting themes of gender and climate change. Water quality represents a way of touching on infectious disease, gender, food security, climate change, health systems, and economic development. Defining water quality and access to clean water as more than just the water system itself, this theme shapes the daily activities of women, of healthcare providers, and farmers or fishers. It also can be explored from the perspective of economic impact and changing climate, political stability and emergent disease. It

	seems like the perfect bell weather for so many factors in a systems approach to wellness and health research. Water quality and reduction of infection can also be explored from the perspective of its impact on anti-microbial resistance as the need for antibiotics can be reduced. **Sexual and Reproductive Health Rights:** SRHR allows for an exploration of multiple topics related to health equity, gender equity, political and social inclusion and economic development. It also facilitates creative ways of looking at economic development as women's uptake of services and increased overall health may represent a changing enabling environment for women's health and human rights. SRHR also includes access to and uptake of education.

CROSS-CUTTING ISSUES	**Gender and women's empowerment**
	   o There is an opportunity to frame this theme in a broad sense as it relates to its application in multiple areas of Canadian strength – i.e. research on gender and women's empowerment in:
	      ▪ implementation
	      ▪ indicator development
	      ▪ disease elimination (e.g. TB, NTDs)
	      ▪ nutrition
	      ▪ health systems
	      ▪ intersectionality
	   o Aligns with GOC strengths, e.g. GBA+
	   o Aligns with Feminist Agenda and years of Muskoka reproductive health funding – BUT we need to better define 'on what' to guide CIHR / GAC; importantly, we need to think beyond MNCH, sexual and reproductive health and be gender-inclusive (need to include men and boys).
	   o Ways to promote education and autonomy for women in both sexual and reproductive health and in the politics of daily life. This is an important extension of Muskoka to explore the enabling environment for gender equity more broadly.
	   o A research agenda can collaborate with local NGOs, community organizations and INGOs that have already built partnerships, strengthening the opportunity to understand what works and why.
	
	Partnerships: link academia, GOC, NGOs, private sector, LMIC government sectors
	
	   o Canadian strengths in this area, but need more opportunities for linkage
	   o Aligns with SDGs, e.g. sustainability

Do you have further advice for CIHR and IDRC in terms of how we could best contribute to Canada's response to these issues?

- There is a need for a national policy on GHR (possible broker role for the CCGHR).
- We should identify strategies that will strengthen both global health institutions and investigators in LMICs as well as provide a mutual benefit to Canadian investigators and institutions.
- CIHR/IDRC could leverage opportunities with the UN or other organizations (e.g. FAO for gender and food security).
- CIHR/IDRC could seek mechanisms to incorporate non-health sectors in global health research (recognizing Canadian strengths in multiple sectors such as education, social welfare, transportation, governance, agriculture).

On how to fund the GHR community:

- Based upon this and ongoing consultations, CIHR/IDRC can prioritize research that is geared to tackling global health problems at the micro, meso and macro levels simultaneously: interdisciplinary research projects on the above themes and others.
- Concern was expressed that setting theme priorities may further limit access to funds for out-of-the-box thinkers, or individuals who are not working in areas that have historically been well-funded in Canada.
- Recognizing standards and measures are not the same for all disciplines or projects, all global health research projects funded by the Canadian government should, nonetheless, be able to demonstrate potential for tangible benefits to human health.
- It is ethically troubling to some that so much CIHR funding is allocated to mechanistic, molecular, and modelling research that is high cost and provides limited or no measurable improvement in health outcomes.
- Start-up funding opportunities (e.g. $25,000) to develop full protocols. This would lead to more contextually appropriate, equitable research with more potential for impact.
- Six-month visiting GH scholar grant program: funds for Canadian researchers/professors in GH to develop their partnerships, research, and exposure to alternative ways of working by acting as a visiting scholar in a university in the Global South.
- A funding model that allocates funds to a specific university, where there is robust and feasible proposal to develop a program of research in one needed area of GHR.
- We need to incentivize change within LMIC research institutions, such that the researchers in universities have the time and support to do research. A good example to draw on is the IDRC research chairs program from a few years ago.
- Increasing links between project funding and potential for research accompanying them (CIHR – Global Affairs Canada). Need for linking of pots of funding (e.g. CIHR, NSERC, GAC/Muskoka, GCC, IDRC).
- Need for reviewer training to support funding calls including cross-cutting themes.

Section 3: Prioritizing Investments and Measuring Success

Key discussion question:

When thinking 10 years down the road, how will we know we had success in the areas we have discussed today? How are we going to measure this?

MEASUREABLES IN TERMS OF SUCCESS	INDICATORS/ METRICS OF SUCCESS
- Canada's policy and funding commitments to global health research. - Matched funding from Canadian and non-Canadian private or public sources. - Process driven by the communities we work with and informed by the priorities of those it purports to serve. - Evidence of greater coordination between research teams and transdisciplinary work; e.g. funding allocated to researchers, teams, and projects that adopt a One Health approach. - The impact on health and well-being of the education of girls/women provides key insights into social change and the shift towards equity, access to economic independence and political participation. This also provides a window into the daily lives of women in the community. - Indicators of success in health promotion, behavior change. - Informed changes in health policy and governance: public policy implementation. - How does the quality of partnerships influence research outputs/success? Is the research sustainable?	- Amount and percentage of funding allocated to GH, number of projects funded. - A published global health research national strategy and measures documenting implantation and annual benchmarks. - Equity integration into funding policies (e.g. metrics documenting the CCGHR Principles) - Measures directly addressing the causes of global health inequities. - Impact on SDGs. - Gender equality index improvements; number of girls finishing high school and entering post-secondary education; measures of domestic violence. - Maternal, newborn, infant and under-five mortality. - Reproductive and sexual health measures. - The Hunger Index: a measure of food security, clean water and economic development. Also an indirect indicator of climate change. - Morbidity and mortality due to infectious and non-communicable diseases and injuries. - Access to health services. - Water, sanitation and hygiene metrics. - Measures of well-being. - Live expectancy and life course measures. - Social accountability indicators. - Measures of knowledge translation - Measures of public awareness and engagement. - Research capacity building, e.g. number of student trained in country, professional development and supportive infrastructure. - Number of co-authored publications led by LMIC partners; grants obtained by LMIC partners. - Metrics related to sustainability of projects.

Opportunity case #1 *Canada has the capacity to take a leadership role in research on **responsiveness to the causes and health impacts of climate change.***

EXISTING CANADIAN ASSETS AND STRENGTHS	ALIGNMENT WITH STRATEGIC EFFORTS	UNIQUENESS OF THE OPPORTUNITY
• Ecosystem approach to health and IDRC's role, linking social and environmental determinants of health • Canadian Academy of Health Sciences consultations (~2011): focus on Indigenous and circumpolar health • CIHR Institute of Aboriginal Peoples' Health – link with climate change - global Indigenous health research • BC strength: technology appropriate approaches for low-resource setting • CCGHR University Advisory Council (UAC) - 25 universities collaborating on advocacy, harmonization, and capacity building, specifically for the "next generation" of GHR leadership (i.e. the regional model of Coalition Institutes - OCI, BCCI, etc.)	• Aligns with multiple SDGs (10, 11, 13) • Aligns with 2017-18 Government of Canada departmental plan: Public Health Agency of Canada • Harnessing technology aligns with the Centre for Chronic Disease Prevention: Strategic Plan 2016-19 • Collaborate with colleagues in CCGHR in country partnership initiatives, e.g. Zambia, Ghana, Tanzania	• Pay more attention to how GHR positions itself to causes of global health inequities • Create structures and systems in place that enable more critical and collective dialogue that shifts us towards more responsive research • Further emphasize prioritizing global community needs

Opportunity case #2 *Canada has the capacity to take a leadership role in the creation of a* **Canadian policy/strategy for global health research***.*

EXISTING CANADIAN ASSETS AND STRENGTHS	ALIGNMENT WITH STRATEGIC EFFORTS	UNIQUENESS OF THE OPPORTUNITY
• CCGHR Principles for GHR → values towards a strategy • Key publications: *Promoting equitable global health research: A policy analysis of the Canadian funding landscape*; *Canada's Role in Global Health: Supporting Equity*, K. Plamondon; *Global Citizenship as a Middle Power,* S Nixon; • Graduate courses on CCGHR principles	• Ottawa Charter of 1974 • Develop a strategy of GH program within each CIHR institute; Networks of Centre of Excellence; add credit coursework • Feminist policy; gender analysis; at-risk populations - women & child health • Indigenous Health; decolonization • CIHR and IDRC could jointly take the lead	• Our world view explicitly recognizes the relationships between power dynamics, equity, Indigenous health and colonization • 'Canadian brand' of global health research is equity-centred • Consider appropriate practice (CCGHR principles); well positioned to evolve a strategy • Monitoring impact of initiative; accountability

Opportunity case #3 *Canada has the capacity to take a leadership role in* **strengthening capacity building systems for young Canadians.**

EXISTING CANADIAN ASSETS AND STRENGTHS	ALIGNMENT WITH STRATEGIC EFFORTS	UNIQUENESS OF THE OPPORTUNITY
• CCGHR as a resource; network; tools & processes - response to the needs of students and young professionals, also resonates with people who are not members; • Combine complementary sources of expertise • CCGHR and CSIH Students and Young Professionals Networks	• Create strong and vibrant mentorship systems in Canadian universities • Create special funding sources (via GCC, IDRC, CIHR) • Public engagement and population awareness	• Coalition could provide + training on research/KT from an equity centered practice • Operationalize university partnerships for cooperation and development - institutional strengthening • Capacity building in terms of KT, extend work we have done with mentoring, KT, principles

APPENDIX 1 – Lists of participants

<u>Montreal</u>
March 28, 2018
Planning team: Theresa Gyorkos, Charles Larson

Name	Organization*
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Kariane St-Denis (rapporteur)	RS-SM (RRSPQ)
Madeleine Belanger (rapporteur)	CCGHR
Kristin Hendricks (rapporteur)	GHP, Faculty of Medicine, McGill University
Christine de Santis (observer)	GHP, Faculty of Medicine, McGill University
Charles Larson (co-lead)	EBOH/GHP/McGill University/CCGHR
Theresa Gyorkos (co-lead)	EBOH, McGill University/CORE, RI-MUHC/ RS-SM (RRSPQ)

*CHUM = Centre hospitalier de l'Université de Montréal; CORE = Centre for Outcomes Research and Evaluation; EBOH = Department of Epidemiology, Biostatistics and Occupational Health, McGill University; ESPUM = Ecole de santé publique de l'Université de Montréal; CORE = Centre for Outcomes Research and Evaluation; GHP = Global Health Programs; RI-MUHC = Research Institute of the McGill University Health Centre

<u>Vancouver</u>
April 9, 2018 (in-person)
May 2, 2018 (webinar)
Planning team: Nicole Spence, Jerry Spiegel, Vic Neufeld, Nisrine El Amiri

First Name	Last Name	Position Title	Department	Organization	City
Prince	Adu	PhD Candidate	Population and Public Health	UBC	Vancouver
Rebecca	Houweling	Graduate Student	Centre for Equity and Global Engagement	TWU	Langley
Celestin	Hategeka	Vanier Scholar, Centre for Health Services and Policy Research	School of Population and Public Health	UBC	Vancouver
Jacqueline	Denison	Instructor - Tenure track	Health and Social Development	UBC	Kelowna
Nathan	Lachowsky	Post doctorate		UVIC	Victoria
Grace	Potma	Clinical Product Manager		New Hippo Health	Vancouver
Bjorn	Stime	PhD Candidate	School of Population and Public Health	UBC	Vancouver
Barbara	Astle	Associate Professor & Director	Centre for Equity and Global Engagement	TWU	Langley
Vic	Neufeld	Professor	Centre for Global Studies	UVIC	Victoria
Jerry	Spiegel	Professor, Co-director of Global Health Research Program	School of Population and Public Health	UBC	Vancouver
Gina	Ogilvie	Professor, Senior Public Health Scientist, Senior Research Advisor	School of Population and Public Health	UBC, BCCDC, BC Women's Hospital	Vancouver
Mark	Ansermino	Director	The Center for International Child Health	PHSA	Vancouver
Nicole	Spence	Program Advisor	HEMBC	PHSA	Vancouver
Annalee	Yassi	Professor, Tier 1 Canada Research Chair in Global Health and Capacity-Building	School of Population and Public Health	UBC	Vancouver
Bella	Hwang	Program Manager	Centre for International Child Health	PHSA	Vancouver
Anshu	Parajulee	Research Coordinator	Family Practice	UBC	Vancouver
Betty	Brown	Community Research Lead	Research	Interior Health	Kelowna
Bonnie	Fournier			TRU	
Katrina	Plamondon	Co-Chair	Policy Influence Program	CCGHR	Kelowna
Kim	Peake	Research Navigation Coordinator	Research	IHA	Kelowna
Nisrine	El Amiri	Research Coordinator	Family Practice	UBC	Vancouver
Roshni	Desai	Data Analyst	Community Health & Wellness	FNHA	Vancouver

Ottawa
April 23, 2018
Planning team: Manisha Kulkarni, Alison Krentel

First name	Last name	Organization
Jamie	Lundine	Gender, Work and Health Research Unit, Telfer School of Management, University of Ottawa
Erin	Tansey	Independent
Alison	Krentel	Bruyere Research Institute
Manisha	Kulkarni	University of Ottawa
Nicole	Bergen	University of Ottawa PhD student
Alison	Riddle	University of Ottawa PhD student
Petra	Heitkamp	Independent, previous work with WHO
Raywat	Deonandan	Faculty of Health Sciences, University of Ottawa
Vivian	Welch	Faculty of Medicine-SEPH, University of Ottawa
Janet	Hatcher Roberts	Retired Adjunct, University of Ottawa
Alice	Zwerling	SEPH, University of Ottawa
Peter	Tugwell	Faculty of Medicine-SEPH, University of Ottawa

London (ON)
April 19 and April 27, 2018
Planning team: Melanie Katsivo (Western International) & Elysee Nouvet (Western U School of Health Studies)

Participants (Anonymous):
Western University Global Health involved faculty and staff (100+ as identified in 2017 mapping exercise)
Windsor University faculty and staff
South Western Academic Health Network
Northern Ontario School of Medicine
A total of 11 individuals provided input: 9 from Western, 1 from Windsor, and 1 from the Northern Ontario School of Medicine. Participants brought to the table a range of perspectives based on level of experience (1 junior faculty, several individuals involved in medical education, 3 administrative staff members, 5 senior researchers, 1 professor Emeritus) and training (Nursing, Medicine, Business, Social Sciences, Western International, and one Research Services officer).

Calgary
Written submission:
Dylan Pillai MD, PhD, Associate Professor, Cumming School of Medicine, University of Calgary

Saskatoon (University of Saskatchewan)

May 10, 2018

Planning team: Erin Wolfson, Erin Walling, Carla Fehr

Participants:

Dr. Vivian Ramsden, Faculty, Department of Academic Family Medicine, College of Medicine

Cara Spence, International Research Specialist, Office of the Vice President Research

Le Li, International Research Specialist, Office of the Vice President Research

Dr. Nazeem Muhajarine, Faculty, Community Health and Epidemiology, College of Medicine

Vikram Misra, Professor, Department of Veterinary Microbiology, Western College of Veterinary Medicine

Pammla Petrucka, Professor, College of Nursing (Regina)

Claire Card, Professor, Department of Large Animal Clinical Services, Western College of Veterinary Medicine

Erin Wolfson, Community Engagement Specialist, Division of Social Accountability, College of Medicine

Erin Walling, Social Accountability Strategist, Division of Social Accountability, College of Medicine

Carla Fehr, Global Health Manager, Division of Social Accountability, College of Medicine

St John's (Memorial University of Newfoundland)

May 14, 2018

Planning: Dr. Jill Allison, Memorial University of Newfoundland (MUN)

Participants:

Dr. Peter Daley – Infectious Disease and Microbiology

Dr. Atanu Sarkar – Environmental Health, Community Health & Humanities

Dr. Atam Gill – Chair of Obstetrics and Gynecology

Erin Marshall – Medical Student

Dr. Reza Tabrizchi Associate Dean, Research and Grad Studies

Dr. Cathy Donovan – Community Health & Humanities

Aduei Riak – MPH student

Dr. John Weber – Faculty of Pharmacy

Sonja Knutson – Director of the Office of Internationalization

Written feedback:

Dr. Russel Dawe – Family Medicine

Dr. Kevin Chan – Chair of Pediatrics

<u>Students and Young Professionals Network</u>

May 9, 2018

Virtual consultation planning team: Emily Kocsis, Gertrude Omoro, Nicola Toffelmire

First name	Last name	Organization	Title	Location
Aaron N.	Yarmoshuk	University of the Western Cape	Consultant	Toronto, ON
Deborah	DiLiberto	McMaster University	Instructor	Hamilton, ON
Vijit	Sunder	Noora Health	Consultant	Toronto, ON
Stuart	Davidson	Tula Foundation	Project Coordinator	Toronto/Guatemala
Charles-Antoine	Barbeau-Meunier	Université de Sherbrooke	MD/PhD cand.	Sherbrooke, QC
Alice	Guo	WHO	MSc candidate	London, UK
Manish	Kar	U of T	MSc candidate	Toronto
Nicola	Toffelmire	London School of Economics	MSc candidate	London, UK
Gertrude	Omoro	University of Alberta; CUSO International	SYPN executive	Waterloo, ON
Emily	Kocsis	CCGHR	SYPN coordinator	Toronto, ON
Madeleine	Bélanger	CCGHR	CCGHR Program Manager	Montreal, QC