



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

*A knowledge network for global health equity*

# Annual Report 2017-2018

Canadian Coalition for Global Health Research (CCGHR)  
46 Cremona Crescent, Nepean, ON  
K2G 1A1 Canada

## Chair's Report

Over the last year we have used the talent and skills of our Board to guide the implementation of the CCGHR strategy. Board members enthusiastically contribute to various activities and serve the membership in their capacity. I would like to thank Peter Berti, whose term ended this year. We continue to engage an ex officio member from the Consortium of Universities for Global Health (CUGH) and now also have an ex officio representative from the Canadian Partnership for Women and Children's Health (CanWaCH). The 2018 Board election will aim to bring more specific skillsets to help the Board to advance our agenda even further.



We have made incredible progress with strengthening institutional support for CCGHR thanks to our 24 member universities, the most we've ever had—we started with 16 in 2010. We have also witnessed the tremendous growth of the Students and Young Professionals Network this year, now representing more than half of the Coalition's individual membership base!

The financial health of the CCGHR has also improved as the financial statements presented in this report show. The current business model is self-sustaining and we can operate without government funding or other major grants; however we are continuously exploring future funding opportunities.

CCGHR has been a key partner in the recent [CIHR-IDRC consultation](#) process on the future of global health. Not surprisingly, the process has highlighted the need for a coordinating body like the Coalition focused on capacity-building and equity-centred partnerships.

This is my last Chair's report as my term is coming to an end. It has been a pleasure to contribute to CCGHR in this capacity and help bring together those working in global health research in Canada or globally with Canadians. The Board and the National Coordinator spare no effort in making sure CCGHR remains viable and sustainable in Canada and benefits from a diverse Board and membership. I would urge you to get involved in the activities of the Coalition by volunteering in one of our committees, based on your interest and expertise. Thank you for all of your support.

A handwritten signature in black ink that reads 'Garry Aslanyan'.

*Dr. Garry Aslanyan, Chair of the Board of Directors*

# National Coordinator's Report

The 2017-2018 year witnessed continued growth, greater stability and strengthened impact locally and globally. Many of our members can share recognition for these successes, with special recognition given to those who have served on our Students and Young Professionals Network (SYPN) Executive, our Capacity Building and Policy and Advocacy Committees (CBC and PAC), and our University Advisory Council (UAC). Brief reports from each are found in this annual report. Special mention should also be made of those who have participated in the newly created Working Group on the Health Impacts of Climate Change.



## Membership

University memberships increased from 21 to **24 institutions** this past year and we are up from 16 in 2010. This is the highest number in our history. I would like to welcome back the School of Public Health at the University of Alberta and the Northern Ontario School of Medicine. In addition, Trinity Western University has become a first-time member. This follows their participation in the British Columbia Coalition Institute (BCCI). You can read more on UAC highlights in the note from the co-chairs also found in this annual report.

We currently have 360 individual members with paid subscriptions. New subscriptions increased more than two-fold in 2017, with the greatest increase in young professionals. Membership categories have been simplified and our free LMIC category phased out, however we do maintain free membership for LMIC members who are directly involved in Coalition activities, or who demonstrate a willingness to become more engaged. We now have four membership categories with 50% Regular/Retired/Sponsoring and 50% Students and Young Professionals. The latter is the fastest growing category, but there is a significant challenge in retaining new members when they complete their degrees. So we created more benefits tailored to their specific needs: travel bursaries for SYPs to attend our Student Forum, future Coalition Institutes, the Canadian Conference on Global Health and Global Health SYPs Summit (GHSYPS), thanks to a successful fundraising drive in December 2017. The Coalition also facilitates informal, in-person meet-ups in cities where we have a critical mass (e.g. Vancouver, Montreal and Toronto) and we have a dedicated Facebook group for SYPs as well as an upcoming webinar series, both focused on professional development. We encourage you to learn more about SYPN activities also featured in this report.

During this past year we conducted an online survey with members about their satisfaction with current services and expectations for the coming year, and weighed their interest in our proposed thematic focus on climate change. The survey informed the first meetings of our Working Group on the Health Impacts of Climate Change, which is open to any member to join.

## Finances

As shown in our Financial Statements, the Coalition has emerged from two years in deficit with a positive balance. Membership fees have increased by almost 30% over 2017-2018, largely attributable to our new institutional membership fee structure (\$2,000/year for research-intensive universities and \$1,000/year for all others). Donations tripled this year, reaching over \$6,000. Lastly, administration costs were cut by 32%. Total revenues are down, reflecting the fact that the Coalition currently does not hold any major grants.

## Board of Directors, Committees and UAC

This past year Peter Berti stepped down from the Board of Directors after six years of greatly valued and appreciated service. Elections will be held this fall, with several additional members completing their terms (to be recognized at the 2018 Annual General Meeting). Sadly, our UAC co-chairs, Vic Neufeld and Jennifer Hatfield, will also be stepping down. Needless to say, they are irreplaceable and leave behind a legacy of strengthened engagement with our LMIC partners through the Coalition's Country Partnerships and Harmonization Initiatives. The UAC Executive will ensure a smooth and transparent transition process this Fall, culminating with our in-person workshop with university liaison persons in Toronto on November 18, 2018. Similarly, the SYPN will be nominating and voting on a new Executive team this fall. The CBC, PAC and Working Group on the Health Impacts of Climate Change will all be accepting new members, stay posted for updated Terms of Reference.

## CIHR-IDRC Consultations

We would like to thank the Canadian Institutes for Health Research (CIHR) and the International Development Research Centre (IDRC) for the opportunity to provide input into the planning of their national consultation process on the future of global health research and to act as rapporteur at all five events (March 27 to Sept. 7, 2018). Thirty-seven Coalition members attended one of the formal consultations held by CIHR-IDRC (out of a total of 86 researchers).

We also greatly appreciate CIHR and IDRC's willingness to incorporate a wider range of expertise from our members in their strategic planning exercise through external consultations in other regions and involving the younger generation of researchers ([read the report](#)). Thanks to our contributions to the formal process and side events **we ensured representation of views from 22 of our 24 member institutions**. We wish to thank the external consultations planning teams who volunteered their time to bring together a total of **105 researchers** representing a mix of seasoned global health researchers, junior faculty, graduate students and young professionals with global health expertise from a wide variety of disciplines. We could not have produced such a useful report without their contributions. We also wish to acknowledge the support of the *Réseau de recherche en santé des populations du Québec (RRSPQ) – Regroupement stratégique en santé mondiale* for assisting with the organization and financing of the Montreal event.

*“The success of these consultations is thanks in part to the breadth of support provided by CCGHR. (...) We are especially grateful to CCGHR for organizing seven independent meetings and developing a comprehensive report of the additional consultations. These numerous efforts, along with the expertise and input that your members provided, have significantly strengthened the development of our global health research strategy.”*

— Steven J. Hoffman, Scientific Director, CIHR Institute of Population & Public Health, and CIHR’s Scientific Lead for Global Health

## **Coalition Institutes & Partnerships**

A British Columbia Coalition Institute was held September 29 to October 1, 2017, with 24 participants from five universities, two colleges and BC Interior Health. As a follow up to the institute a BC Community of Practice has been created and an online course announced (refer to p. 10). Coalition Institutes at the University of Guelph and York University are planned for 2019.

In September 2017 one SYPN post-doc was selected to take part in the Consortium for Advanced Research Training in Africa (CARTA) Graduate Workshop in Nairobi, a unique opportunity to meet extremely talented fellows from across Africa. This year 3 more members of the SYPN will live such an experience, with a full bursary (read more in the CBC report). The Coalition is represented on the Consortium of Universities for Global Health (CUGH) Board of Directors and our members participate on their Capacity-Building, Research and Finance committees. We also have participated in the planning of their annual meeting ([Chicago in 2019](#)). Country Partnerships with Zambia, Tanzania and Ghana also continue to flourish thanks to the leadership of Coalition members. Please refer to the example of the Zambezi Ecohealth Partnership presented in this report (p. 17).

## **Website and social media**

Our revamped website launched in July 2017 has attracted a great deal of interest. The site has been visited by colleagues in 52 countries with over 22,000 hits (70% Canada and US). There have been over 35,000 unique page views and 3,394 downloads. The most popular resources found on the website are the Principles of Global Health Research and the Partnership tools. Our Facebook and Twitter presence continues to expand, with 1,481 Likes and 2,225 Followers respectively. Many thanks to our SYPs who continue to feed global health discussions on our various platforms!

In the year ahead we’ll continue to strengthen work on our flagship initiative on the health impacts of climate change, to advocate for global health research priorities among Canadian funding agencies, and to pursue collaborations with other key actors including Canadian Society for International Health and CanWaCH. And most importantly, we’ll strive to bring yet more value to our institutional members and concrete benefits to our individual members.



*Charles Larson, National Coordinator  
with Madeleine Bélanger Dumontier, Program Manager*

# Students and Young Professionals Network



It has been another productive year for the SYPN, with continued focus and attention spent on further cultivating the Coalition's youngest community: students and young professionals (SYPs). Having settled into the improved governance structure implemented in late 2016, the [SYPN Executive](#) flourished in 2017, realizing new SYP-specific projects, as well as continuing to support pre-existing offerings.

The [SYPN Facebook Forum](#) was launched in March 2017, and continues to gain momentum. Employment opportunities, calls for abstracts, and advice on conducting and navigating the field of global health research, education and the job market are posted regularly. In the past year, the Forum has grown to include over 95 members and engagement has increased. Two blogs compiled some popular posts: [5 "How To" Resources for SYPs](#) and [5 Essential Global Health Reads](#).

The first British Columbia Coalition Institute (BCCI) occurred later in September, and the SYPN took a more active role than ever in its development both as members of the planning committee and as contributors to the content for the Institute. As a result of the BCCI, a number of new SYPs joined the network, and continue to meet, network and learn from each other through online and in-person meetings. This new hub for SYPs in BC has been a tremendous asset as they have opened many online events to the wider network. Read our [Q&As](#) with two participating long-time members, Jerry Spiegel and Annalee Yassi, as another example of SYP contributions.

Also in September, the Student Chapter Support Executives assisted with building two new student chapters at Memorial University and University of Alberta. Throughout the year all [10 student chapters](#) hosted a variety of events and initiatives that brought together their student community around discussions related to global health.

In October, the SYPN along with several other global health student organizations hosted the 4th annual Global Health Students and Young Professionals Summit (GHSYPS) in Ottawa. Similar to past years, several SYPN Executives and the Coordinator were instrumental in planning the event, and executing it on the day of. They facilitated "[Open Space Sessions](#)", an unconventional workshop piloted at previous Coalition Institutes. This session was extremely well-received by participants, and continues to be championed by our Events Executives at other conferences.

The Winter term was also a busy time for the SYPN's [Professional Application Service](#). A marketing blitz to promote the service was conducted and the Professional Development Executives provided detailed feedback on CCGHR members' graduate school applications, cover letters, CVs and resumes. The service has been highly praised by users. One member wrote:

*I realize that the first drafts of my statement were very weak; this service helped me identify those weaknesses. I was accepted into my first choice of graduate program, and I believe that this was in part due to the feedback I received on my statement of intent.*

— SYPN member and survey participant

In March 2018 the SYPN re-strategized its social media presence, and re-launched its Twitter account. The Marketing and Communications Executives continue to share information on all things global health and provide essential network updates. The launch of the [SYPN Twitter](#) also coincided with the 5th Annual CCGHR Student Global Health Forum that took place at McMaster University. This year's theme "Research to Reality" set the stage for stimulating conversations, and once again, this forum allowed students from universities across Ontario to come together to learn and share their experiences. One student attendee wrote of her experience at the forum:



*As a student who has taken global health courses, I appreciated that the workshop included not only global health knowledge, but some pedagogical content as well. I also loved that the conference was largely run by women – in such a male-dominated field as global health, it was motivating for me to hear from women excelling in their field. — Undergraduate student from McMaster University*

Another milestone for the network occurred more recently, when the SYPN coordinated participation in the CIHR-IDRC national consultations on the future of global health. The SYPN hosted a virtual consultation to discuss priorities for Canada in global health, following a similar structure to the in-person consultations. The SYPN brought together a group of 11 individuals from various regions and backgrounds, and three SYP members provided feedback through email. This did not only provide SYPs the opportunity to have their voices heard in a high-level, strategic space, but was also a fantastic opportunity to network and discuss key global health issues.

It has been a year of milestones for the SYPN, as the network continues to grow and define its identity in the global health landscape. With an exciting transition ahead that will see seven of the eight current executives leaving their roles, and a new executive team selected, the SYPN is looking forward to further developing the CCGHR's burgeoning network of young talent.

*Emily Kocsis, SYPN Coordinator*

# University Advisory Council

Each year, CCGHR member universities assembled in the University Advisory Council (UAC) meet for a day-long workshop just before the annual Canadian Conference on Global Health. On October 28, 2017, representatives from 19 universities met at Carleton University to review our collective performance over the previous year, to listen to key developments at member universities, and to look ahead to priorities for the coming 12 months.



The overall goals of the UAC were reaffirmed at this workshop:

- *advocate for global health research (GHR) in Canada, speaking with “one voice” as a community of universities;*
- *nurture the next generation of GHR leadership (capacity development); and*
- *work toward increased efficiency of efforts among universities (harmonization).*

These goals are implemented by the UAC Executive Committee and several working groups, following a joint work plan. Highlights for 2017-18 include:

- Following a successful British Columbia Coalition Institute in September 2017, a BC Community of Practice continues to involve participants in collaborative activities, from webinars to an inter-university course on global health, featuring the CCGHR Principles.
- Two Coalition Institutes are planned in Ontario for 2019, with preparation under way.
- The working group on Educational Resources is preparing a repository of readings.
- The working group on Country Partnerships is re-structuring the CCGHR’s Harmonization Database. In addition, a new Ghana-Canada Research Partnership has been created.
- Most of our 24 institutional members contributed actively to the national consultation on Canada’s global health research strategy led by the CIHR and IDRC. External consultations hosted by the Coalition in Montreal, Ottawa, Vancouver, London, Saskatoon and St John’s also fed into this process and involved 17 member universities.

At the UAC workshop next Nov. 18, there will be a leadership transition as we step down, to be determined by the Executive Committee and with support from the Secretariat.

*Jennifer Hatfield & Vic Neufeld, Co-Chairs*



## British Columbia Coalition Institute

Following the methods of its earlier Summer Institutes, CCGHR has launched an innovative and more localized model – the British Columbia Coalition Institute (BCCI). This is a collaborative venture involving several universities, all of whom are CCGHR institutional members, and in partnership with Interior Health. Implemented over three phases, the theme is “Equity-Centred Practices for Connecting Knowledge with Action” using the CCGHR Principles for Global Health Research as a framework.



The inaugural on-site event in Kelowna saw 10 facilitators and 24 participants from five universities, two colleges, and local and provincial health authorities, including a mix of young professionals, PhD candidates, Master’s level students, junior faculty, and post-doctoral researchers. The Institute has provided a capacity-building forum for practicing teaching, and mentoring about equity-centred research and knowledge translation, and will continue to do so, particularly through the newly formed BC Community of Practice. Building on these successes, there are hopes to host another regional event in spring of 2019. [Read the full report](#)

Highlights of the Institute include:

- Dedicated platform to encourage and support networking, engagement and dialogue
- Webinar series to support continued learning and sharing
- Institutional follow-up activities, including the development of a multi-institutional hybrid course built on the CCGHR principles and open to BC university partners and other provinces through the Western Deans Agreement
- Essential contributions to the CCGHR report to CIHR-IDRC on the future of global health

## Policy and Advocacy Committee

The Policy and Advocacy Committee (PAC) has had a busy and productive year, though remains with much to do and many challenges ahead to advance the goals and profile of CCGHR and contribute overall to global health research in Canada. But during the year April 2017 to March 2018 we accomplished a lot by publishing and disseminating a paper analyzing the current funding environment; advising on the cross-Canada global health research consultation led by the Canadian Institutes for Health Research (CIHR) and the International Development Research Centre (IDRC); and initiating a new strategic direction for engagement with members and the public – our flagship on the health impacts of climate change.

Building on the Gathering Perspectives Studies, co-chair Katrina Plamondon published "Promoting Equitable Global Health Research: A policy analysis of the Canadian funding landscape" in *Health Research Policy and Systems* with Dylan Walters, Sandy Campbell and Jennifer Hatfield. The article was used as preparatory reading material circulated to all CIHR-IDRC consultation participants. This series of one-day events held between March and September 2018 aimed to inform national priority-setting for global health research. PAC also provided some strategic advice on CCGHR contributions ahead of this strategic planning exercise, and co-chair David Zakus participated in the Ottawa consultation. The Committee will continue to disseminate the [Coalition report](#) synthesizing the proceedings from our seven external consultations (with 105 participants) from across Canada, which CIHR and IDRC received as a written submission in June 2018 to inform their strategic plans.

Following discussions within the Board and University Advisory Council, it was decided to launch a new Working Group on the Health Impacts of Climate Change. It was strongly felt that this is an extremely important national and global topic and one that particularly resonates with students and young professionals. The Working Group's inaugural meeting took place on February 15, 2018 with 10 members, including 3 SYPs, and it delivered quick results:

- Carried out a membership survey on expertise within the Coalition and thematic interests;
- Developed 3 policy briefs focused on climate change to inform CIHR-IDRC consultations on chronic conditions, infectious diseases and health systems;
- Engaged SYPs in the development of an annotated bibliography;
- Planned a first webinar for April 27, 2018 on "[Building Climate Resilience in the Caribbean: A Health Lens](#)" with Lyndon Forbes-Robertson, Head, Environmental Health and Sustainability at the Caribbean Public Health Agency (CARPHA) and the Coalition's Corinne Schuster-Wallace as discussant (PAC volunteer: Rosmond Adams, CARPHA);
- Held a second webinar on May 31 on "[The Water Crisis in Cape Town](#)" with Dr. Kevin Winter, Senior Lecturer, Environmental & Geographical Science Department at the University of Cape Town, South Africa; and with Brett Walton, Circle of Blue as discussant (PAC volunteer: Nomusa Ngoma, Queen's University).

We look forward to another productive year to come, and continued close collaboration with the Program Manager and National Coordinator from whom we receive great support.

*David Zakus & Katrina Plamondon, Co-Chairs*

## Capacity Building Committee

This year the committee has focused mainly on the work of two joint projects; one for Coalition Institutes and the other for Harmonization with an emphasis on Country Partnerships. Kofi Barimah, Beryl Pilkington and Vic Neufeld have worked to bring together a new country partnership with Ghana. The Joint Working Group on Coalition Institutes has supported the planning of workshops in Toronto and Guelph, although both of these were postponed until 2019, and the BC community of practice is planning a second institute to build on the success of their first one. A Coalition Institute Manual is in production and will be available on the website soon.

The Capacity Building Committee has also been very active in our partnership with the Consortium for Advanced Research Training in Africa (CARTA). We sent four facilitators to Joint Advanced Seminars (JAS) in Nairobi and Johannesburg; Coalition members provided mentorship through participation in the inter-JAS writing and literature activities, and support to the Graduate Workshop held in Nairobi in October 2017. We also took part in a number of partner activities including the Vice Chancellors Meeting where Charles Larson represented CCGHR, the Partners Forum in Nairobi and a Northern Partners Planning Meeting in Basel (see picture below). In addition we will be sending three more SYP members to the Graduate Workshop in Nairobi this year and will continue to develop opportunities that build research skills.

*“As a junior researcher who just started a tenure-track position, the workshop was a great opportunity to develop a research proposal and to receive feedback from a group of seasoned researchers... I also met a great group of fellow young, emerging researchers with whom I could potentially collaborate with in the future! It was a great experience overall!”*

— Lisa Merry, Université de Montréal (2017 CCGHR Participant)

Overall the contributions of CCGHR members to CARTA’s activities and programs are very much appreciated. Looking forward we will continue to explore innovative ways to build capacity and will be revisiting the committee’s mandate and membership for continued impact.



*Jill Allison & Kofi Barimah, Co-Chairs*

## The Zambezi Ecohealth Partnership (ZEP)

ZEP is a partnership involving the Zambian Ministry of Health (through the Western Province Health Office), the University of Barotseland and the CCGHR. The CCGHR has been managing the funding for the coordination and communication component of the ZEP program since 2016.

The ZEP currently has several active research projects:

1. The UK-funded 'FLOODMAL' project to determine malaria vector "hot spots" in the Barotse floodplain, through partners based at the University of Aberystwyth, Wales;
2. The "Cashew project" based at the University of Barotseland, funded by the African Development Bank (ADB);
3. A project focused on healthcare access for women and children in the flood plain, funded by the Queen Elizabeth Scholarships program;
4. Gender and Food Security in the Barotse flood plain (SSHRC funded);
5. Impacts of Mining and Health in the Northwestern Province (SSHRC funded).

We are pleased to share highlights from visits to Zambia by CCGHR members (November 2017 and June 2018):

- Through discussions with ZEP partners and under the leadership of Drs. Sakala and Liywalii, the Western Province Health Office has established a research capacity strengthening committee, which involves the provincial-level Lewanika General Hospital and the Lewanika College of Nursing. It is currently the only active provincial research committee in Zambia. The committee established three areas of research: evaluating curriculum changes at Lewanika College of Nursing; establishing prevalence of diabetes at a district level; and investigating the increase in neonatal HIV infections of HIV positive women.
- ZEP had collaborated with the University of Barotseland (UBL), particularly the Director of Consultancy and Research Mukelabai Ndiyoi, to create this research capacity strengthening committee.
- The University of Waterloo, supported by the *Queen Elizabeth II Diamond Jubilee Scholarships*, has accepted Zambian colleagues Douglas Singini and Mwimanenwa Njundu for PhD studies.
- In their most recent visit ZEP members met with the National Director of Public Health and Research, the Executive Director of the National Health Research Authority, and a research team from the Centre for Primary Care Research at the University of Zambia.
- ZEP members also discussed the revitalization of the Zambia Forum for Health Research (ZamFOHR) at a meeting of the Zambia-Canada Research Partnership, focusing on knowledge translation, capacity building and mentorship of young leaders.

ZEP partners have submitted several additional proposals to further support this collaboration, and other projects are in development.

## Our Institutional Members *(West to East)*

University of Victoria  
University of British Columbia  
Simon Fraser University  
Trinity Western University  
University of Calgary  
University of Alberta  
University of Saskatchewan  
University of Manitoba  
Western University  
Northern Ontario School of Medicine  
University of Waterloo  
University of Guelph

McMaster University  
York University  
University of Toronto  
Ryerson University  
Brock University  
Queen's University  
University of Ottawa  
McGill University  
Université de Sherbrooke  
Université Laval  
Dalhousie University  
Memorial University

## Our Student Chapters *(West to East)*

University of British Columbia  
University of Alberta  
University of Calgary  
Western University  
University of Guelph (coming soon)  
University of Waterloo  
McMaster University

York University  
University of Toronto  
Queen's University (coming soon)  
Brock University  
McGill University (coming soon)  
Memorial University of Newfoundland

## 2017 Vic Neufeld Mentorship Award in Global Health Research

Congratulations to Professor Michel Alary for receiving the annual [Vic Neufeld Mentorship Award in Global Health Research](#). The award was presented by the CCGHR on October 30, 2017 in honour of its founding National Coordinator, considered a leader in the development of mentorship opportunities and structures for global health researchers worldwide.

“I had the opportunity to read all 20 letters submitted in support of my nomination and I can tell you that I was really deeply touched by all of them,” said Alary, a Professor of Epidemiology at Université Laval since 1992 and Director of the Population Health and Optimal Health Practices Research axis at *Centre de recherche du CHU de Québec* – Université Laval.

Professor Alary’s career has been devoted to epidemiological and prevention research on HIV and other sexually transmitted and blood-borne infections among the most vulnerable populations, particularly female sex workers and their male sexual partners in West Africa and India, as well as injection drug users and men who have sex with men in Canada.

A former doctoral student explains:

“As a result of his mentorship, I have learned to design my own work to look ‘outside of the box’ of traditional epidemiological studies, always considering how my research can firstly improve the health of individuals within communities, rather than asking people to fit a research agenda. I believe that the openness of Michel in support of diversity in intellectual development for maximum community health gain is worthy of recognition.”

Over the years Dr. Alary has obtained funding for 93 research projects for a total of over \$75 million, including 64 projects as principal investigator. He has published 236 peer-reviewed scientific articles, and over 650 conference abstracts. He has produced major reports for the World Bank and UNAIDS on the HIV epidemiologic situation and response for the most vulnerable populations in sub-Saharan Africa.

In total, Michel Alary has supervised over 40 graduate students and postdoctoral fellows, in addition to acting as co-director/evaluator for an additional 15 graduate students. Almost all of them completed their Master’s or PhD thesis on topics related to global health and approximately 80% were from LMICs. The vast majority of his research projects also include knowledge transfer components toward communities, clinicians, public health practitioners and decision-makers.

A Faculty Dean concludes: “Dr. Michel Alary embodies mentoring in its most accomplished form, a mixture of humility and generosity, despite the stature of the character. He has instilled in those who have worked alongside him a desire for personal improvement, excellence in scientific production, competitiveness for scholarships and research grants, transfer and sharing of knowledge for ever more creativity, innovation and results for vulnerable populations.”



# Our Supporters

The CCGHR would like to thank the following individuals and organization for their generous support in 2017-18:

## Donors

Colleen Davison, Lesley Johnston, Doug McMillan, Beryl Pilkington

## Supporters (\$250 and over)

Bob Bortolussi

## Champions (\$500 and over)

Jacques Girard, Sheila Harms, Craig Janes, Ron Labonté, Charles Larson

## Innovators (\$1,000 and over)

Vic Neufeld, Katrina Plamondon

## International Grants

Consortium for Advanced Research Training in Africa (CARTA)

## Our Volunteers

The CCGHR would like to thank the many individuals who have made a generous contribution of time and energy to the many activities undertaken in 2017-18.

## Board of Directors

**Garry Aslanyan** (Chair), Manager, Partnerships and Governance, Programme for Research and Training in Tropical Diseases – TDR, WHO, Geneva, Switzerland

**Kofi Bobi Barimah**, Director of Research and Consultancy at Ghana Technology University College, Accra, Ghana

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**David Zakus**, Adjunct Professor, Dalla Lana School of Public Health, University of Toronto



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David Zakus

## Working Group on the Health Impacts of Climate Change | Members

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Schuster-Wallace, Nicole Spence, David Zakus

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Naeem, Gertrude Omoro, Nicola Toffelmire (2017), Erica Westwood

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Marie-Anne Xhignesse, Université de Sherbrooke

# Independent Auditor's Report | McKechnie & Co.

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

We have audited the accompanying financial statements of Canadian Coalition for Global Health Research, which comprise the statement of financial position as at March 31, 2018 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 statements 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, 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 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 expense and cash flows from operations for the year ended March 31, 2018 and March 31, 2017, current assets and net assets as at March 31, 2018 and March 31, 2017 and net assets as at April 1 and March 31 for both 2018 and 2017. Our audit opinion for the year ended March 31, 2017 was modified accordingly, because of the possible effects of this scope limitation.

*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 Canadian Coalition for Global Health Research as at March 31, 2018, 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.



Chartered Professional Accountants, Licensed Public Accountant

Ottawa, Ontario  
July 4, 2018

**Statement of Financial Position  
As at March 31, 2018**

**Assets**

<b>Current</b>	<u>2018</u>	<u>2017</u>
Cash	\$ 8,668	\$ 12,618
Accounts Receivable	6,536	10,934
Prepays	<u>1,258</u>	<u>1,270</u>
	<u>\$ 16,462</u>	<u>\$ 24,822</u>

**Liabilities and Net Assets**

<b>Current</b>		
Accounts payable and accrued liabilities	\$ 7,713	\$ 24,454
Government remittances payable	1,617	2,116
Deferred contributions (note 3)	<u>3,930</u>	<u>4,000</u>
	<u>13,260</u>	<u>30,570</u>
<b>Net assets (deficiency)</b>	<u>3,202</u>	<u>(5,748)</u>
	<u>\$ 16,462</u>	<u>\$ 24,822</u>

**Statement of Operations and Changes in Net Assets  
For the Year Ended March 31, 2018**

	<u>2018</u>	<u>2017</u>
<b>Revenue</b>		
Grants	\$ 0	\$ 10,931
Project Funding	25,515	40,534
Membership Fees	49,850	37,100
Donations and other	<u>6,877</u>	<u>2,310</u>
	<u>\$ 82,242</u>	<u>90,875</u>
 <b>Expense</b>		
Administration	8,383	12,289
Personnel	47,332	59,698
Professional development	312	0
Professional fees	7,708	3,326
Program delivery	<u>9,557</u>	<u>17,934</u>
	<u>73,292</u>	<u>93,247</u>
 <b>(Deficiency) excess of revenue over expenditure for year</b>	 8,950	 (2,372)
Net assets, beginning of the year	<u>(5,748)</u>	<u>(3,376)</u>
 <b>Net assets, end of year</b>	 <u>\$ 3,202</u>	 <u>\$ (5,748)</u>

**Statement of Cash Flows**  
**For the Year Ended March 31, 2018**

<b>Operating activities</b>	<u>2018</u>	<u>2017</u>
(Deficiency) of revenue over expense for the year	\$ 8,950	\$ (2,372)
Change in non-cash working capital		
Accounts receivable	4,398	(4,826)
Prepays	12	54
Accounts payable and accrued liabilities	(16,741)	6,737
Government remittances payable	(499)	2,116
Deferred contributions	<u>(70)</u>	<u>3,754</u>
<b>Increase (decrease) in cash during year</b>	<b>(3,950)</b>	<b>5,463</b>
Cash, beginning of year	<u>12,618</u>	<u>7,155</u>
<b>Cash, end of year</b>	<b><u>\$ 8,668</u></b>	<b><u>\$ 12,618</u></b>

## Notes to the Financial Statements March 31, 2018

### 1. Operations

Canadian Coalition for Global Health Research was incorporated under Canadian letters patent issued November 6, 2003. The Coalition was granted a Certificate of Continuance under the Canada Not-for-profit Corporations Act on December 6, 2013. The Coalition is a registered charitable organization effective December 31, 2011 and is exempt from income tax.

The organization 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

These financial statements have been 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 are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when they are received or receivable if the amount to be received can be reasonably estimated and collection reasonably assured.

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

#### Use of Estimates

In preparing the organization's financial statements in conformity with Canadian accounting standards for not-for-profit organizations, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenue and expense during the period. Actual results could differ from those estimates.

#### Foreign Exchange

The organization uses the temporal method to translate assets, liabilities, revenue and expense denominated in a foreign currency. Monetary items, such as cash, are adjusted to



reflect the exchange rate in effect at the date of the statement of financial position. Non-monetary items are translated at the exchange rate in effect at the transaction date. Revenues and expenses are translated at the rate of exchange on the date they occur. Exchange gains and losses arising on these foreign currency transactions are recognized in the statement of operations.

### Deferred Contributions

Deferred contributions are comprised of grant funding for projects continuing into the next fiscal year.

### 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 cost.

Financial assets subsequently measured at amortized cost include cash and accounts receivable. Financial liabilities subsequently measured at amortized cost include accounts payable and accrued liabilities.

### 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.

### 3. Deferred Contributions

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 4,000	\$ 246
Amount recognized as revenue in the year	(2,625)	(246)
Amount received related to future years	2,555	4,000
Balance, end of year	<u>\$ 3,930</u>	<u>\$ 4,000</u>

### 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, 2018.

#### Credit risk

The organization is exposed to credit risk with respect to its accounts receivable. The 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.

## **5. Capital Management**

In managing capital, the organization focuses on liquid resources available for operations. The organization's objective is to have sufficient liquid resources to continue operating despite adverse financial events. The need for sufficient liquid resources is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to the budget. As of March 31, 2018, the organization has met its objective of having sufficient liquid resources to meet its current obligations.

The organization's future operations are dependent upon continued support by contributors and members, and the organization's ability to negotiate program funding. The Board and management are working to increase contributions, reduce costs and generate positive cash flows over the next few years.