



**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 2018-2019

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

## Chair's Report

It is with great honour that I assumed the role of Chair of the Canadian Coalition for Global Health Research (CCGHR) Board of Directors at the beginning of 2019. Involved with the Coalition since 2014, I am looking forward to putting my global experience at the service of this key network for the future of Canadian global health research.



The Board election has brought both the continuity in leadership, as well as fresh ideas and perspectives through the addition of new members. It will add to the existing high level of expertise with the addition of new energy and ideas to enhance the further development of the CCGHR.

Together we have formed a new Management Committee that will be the heart of the future Coalition including: Christina Zarowsky, Director of the Department of Social and Preventive Medicine at École de Santé Publique de l'Université de Montréal and researcher at the Centre de Recherche du CHUM, who has been nominated as Board Vice-Chair and Matthieu Kamwa, new Board Treasurer and Founder/Senior Global Health Consultant for HDM Consulting and Adjunct Professor at York University.

Speaking on behalf of the new Boards of Directors, together we will continue to promote the strengthening of global health research locally and globally by advocating effective and sustainable partnerships through national and international collaboration.

In addition, I would like to thank the previous Chair Garry Aslanyan and also our current board dynamic team for the ongoing CCGHR board accomplishments that strengthened institutional support for CCGHR and promoted the Students and Young Professionals Network (SYPN).

To move forward our strategic agenda “Think Globally, Act Locally and Globally”, I am delighted to work together with our board and CCGHR membership to take up the challenge of its new strategic planning for 2020-2024. Our key strategies include capacity building through sharing diverse experiences within the CCGHR University Advisory Council (UAC), Students and Young Professionals Network and furthering our work in international cooperation and partnerships. We are also prioritizing knowledge translation to improve practice and policy advocacy for contemporary global health issues, including climate change, food security and nutrition, women's reproductive health and rights and emerging non-communicable diseases.

Finally, I am pleased to thank our support agencies, funders, memberships, board leaders, UAC-liaisons, SYPN members, CCGHR National Coordinator, and CCGHR Secretariat.

Always Moving Forward!

A handwritten signature in black ink that reads "Shafi Bhuiyan". The signature is fluid and cursive, with the first letter 'S' being particularly large and stylized.

*Dr. Shafi Bhuiyan, Chair of the Board of Directors*

# National Coordinator's Report

As always, I would like to thank our members who have volunteered their valuable time to strengthen the activities of CCGHR. We are a membership organization that cannot provide the valued deliverables to our members without your contributions. University memberships increased from 24 to 28 institutions this year. This is the highest number in our history. I would like to welcome the Université de Montréal, the Université du Québec à Montréal, Bruyère Research Institute, Carleton University and the University of the Fraser Valley who become first-time members. This past year our membership numbers have remained stable with over 400 individual members. Over half of the latter are represented by students and young professionals who continue to be represented on our Board of Directors and participate in all our programs and working groups.



This year we will be sharing with you our strategic plan for 2020 to 2024. The Strategic Planning Committee and the program contributors have done a terrific job in presenting focused, realistic goals and indicators of success. The latter are measurable and will be reported upon at subsequent AGMs. As mentioned at last year's AGM, CCGHR has made climate change (crisis) a flagship priority which is reflected in all CCGHR program planning. Membership on any of the program committees is open and you are urged to consider your participation in them.

At this year's AGM our Board vice-chair will be sharing with you the status of ongoing consultations with CSIH regarding closer collaboration. We have signed a confidentiality agreement with CSIH which limits our capacity to share with members the details of our discussions. However, all resulting recommendations that emerge from these discussions will be shared with our members with opportunity for feedback and clarification.

This past year CCGHR successfully received a Global Affairs Canada-Canadian Partnership for Children's and Women's Health grant titled Harmonized health impact & partnership metrics to accelerate knowledge sharing and utilization. This is a two year project being carried out in partnership with McGill University, HealthBridge, Université Laval, the Regroupement stratégique en santé mondiale of the Réseau de recherche en santé des populations du Québec, and University of British Columbia. This project's aims are twofold; 1. To encourage harmonization of congruent, consistent and efficient data collection tools and 2. To put more emphasis on the importance of partnerships that foster equity and outcomes that facilitate knowledge translation. The project will be developing a partnership valuation tool and address to women's, adolescent and child health (WACH) themes; male engagement in WACH and patient-provider interaction. As results emerge these will be shared with the membership.

As you will read, CCGHR is in stable financial shape with a small surplus which will, in part, allow us to continue with travel grants to our student members and cover expenses related to our program activities. We do plan to conduct our annual fund-raising drive this December with the proceeds used to support our Student and Young Professionals Network.

As most of you know our Program Manager, Madeleine Bélanger Dumontier, began her maternity leave in April. It is a pleasure to announce that she has given birth to a healthy baby boy named Lionel. We wish her well until her return this coming spring. In her absence, Alexandra Otis has filled in admirably in what has been a seamless transition.

A handwritten signature in black ink, appearing to read 'Charles Larson', with a stylized flourish at the end.

*Charles Larson, National Coordinator*

# Students and Young Professionals Network

The SYPN's growth trajectory continued this past year, with a number of new initiatives and services developed to meet the ever-growing contingent of student and young professional members.

The school-year began quietly for the SYPN Executive, with September marking a month of transition for the leadership team. The previous cohort of SYPN Executive leaders officially said goodbye to their roles, and a new group of [six dynamic young leaders](#) joined the Executive in the Events & Conferences, Professional Development, and Student Chapter Support roles in October.



In November, the SYPN, along with several other global health student organizations hosted the 5th annual Global Health Students and Young Professionals (GHSYPs) Summit. The SYPN Coordinator, and several CCGHR SYPs were involved in planning the Summit, ensuring that global health research was a central component of the event. Due in part to the Summit being held in Toronto for the first time in many years, and also the considerably discounted ticket price available to CCGHR SYPs, a large proportion of the event's attendees were CCGHR members. The SYPN assisted in the recruitment of speakers for the Summit plenaries, and also supported a workshop on the CCGHR Principles for Global Health Research.

Additionally, for the first time in the Network's history, 4 SYPs were able to attend the Canadian Conference on Global Health and preceding Summit thanks to bursaries provided by the CCGHR. More than 25 applications were received from across the country, with 4 outstanding SYPs from Vancouver, Montréal, Waterloo and Halifax selected. The 4 bursary recipients dutifully documented their learning experiences through a series of blogs written about [GHSYPs](#) and [CCGH](#). The bursary program was invaluable to SYPs, both for providing a unique learning opportunity to the bursary winners, and for demonstrating a tangible benefit of membership for the 150+ SYPs in the Network. Building on this momentum, an additional bursary was provided to a [PhD student from the University of Saskatchewan](#) to attend a 4-day short-course at UBC centred around the Principles in July 2019.

The year was also marked by the development of more robust reporting mechanisms for the Network's many activities. New processes and accompanying documentation were created for annual and mid-year reporting for the SYPN Executive teams. Similarly, the Student Chapter Support team developed standardized reporting requirements for the Coalition's 7 student chapters, including a terms of reference guide, and an end-of-year reporting process. Although only implemented recently, the effectiveness of these new procedures is already evident.

Unfortunately, this year marked the first time in 4 years that the CCGHR Student Forum did not occur. A culmination of factors resulted in this outcome, however, it should be noted that a commendable effort was put forth by the Western University student chapter to try to organize the Forum. More positively, the absence of the Forum created space for a global health group from Laurier University to host a one-day global health event, [GHALI](#). Several of the SYPN Executive team members assisted in the planning and execution of this event, facilitating a session on the CCGHR, and the Principles.

The SYPN Facebook Hub continued to serve as an anchoring point for the Network's activities this year. A variety of instructional resources were posted, including some that were produced 'in-house' by the SYPN Executive team, such as the [Q&A with Dr. Brian Cameron](#), the new and improved [SYPs benefits package](#), and a blog on [learning opportunities in global health](#).

Lastly, one of the most recent milestones that the SYPN is proud to report on is an exciting partnership with leading global health careers platform, [ThriveHire](#). Our two organizations have put together a webinar series that focuses on launching a career in global health. The two webinars to date - in June and August of 2019 - were very well received, with close to 75 SYPs in attendance.

The energy, optimism and growth around the CCGHR's youngest cohort of members continues. It has been a productive year, marked by some challenges and road-blocks, but a far greater number of encouraging milestones. With the release of the CCGHR's latest strategic plan on the horizon, the SYPN is looking forward to using this guiding framework to explore new and innovative ways to build capacity and connections among SYPs in global health.



*Emily Kocsis, SYPN Coordinator*

# University Advisory Council

Each year, CCGHR member universities assemble, and the University Advisory Council (UAC) meets for a day-long workshop just before the annual Canadian Conference on Global Health. On 12 November 2018, special guests and representatives from 17 universities (24 participants) met at the Dalla Lana School of Public Health at the University of Toronto 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. At this meeting, leadership for the UAC transitioned with Vic Neufeld and Jen Hatfield stepping into supportive roles as past co-chairs, and Katrina Plamondon (UBC) and Susan Elliott (Waterloo) stepping into current co-chair roles. We are grateful for the support offered through Susan's program of research and, in particular, coordinator Carise Thompson.



The overall goals of the UAC were renewed, including:

- *Advocate for equity-centred global health research (GHR) in Canada, speaking with “one voice” as a community of universities to support integration of the CCGHR Principles in anticipated GHR strategic plans;*
- *Strengthen contributions of Canadian universities and the UAC; and*
- *Address fragmentation.*

These goals are implemented by the UAC Executive Committee and several working groups, following a joint work plan. Highlights for 2018-19 include:

- Building on the success of the 2017 British Columbia Coalition Institute (BCCI), the second institute (BCCI2) was delivered in August 2019 at the University of Victoria with a focus on planetary health.
- A BC Community of Practice continues to involve a growing number of participants from universities and colleges across the province in collaborative activities:
  - A series of webinars, with support from Interior Health's research department and a coordinator (Nicole Spence).
  - Creation and delivery of an inter-university graduate course on global health under the Western Dean's Agreement (Spring 2019), featuring the CCGHR Principles, with leadership for the course provided by Co-Instructors: Annalee Yassi (UBC),

Barb Astle (TWU), Kate Tairyan (SFU), Teaching Assistant: Prince Adu (UBC); Contributing Faculty: Vic Neufeld (UVic), Jerry Spiegel (UBC); John Calvert (SFU); and Katrina Plamondon (UBC-O). 25 students completed the course.

- Establishment of a working group called BC & Beyond, now focused on planetary health, now pursuing a series of activities and grants to support community-based research and collaborative learning alongside rural and Indigenous communities in BC and partner countries (currently in Nigeria, Zambia, Ecuador). The group proposes bringing people with expertise in equity, climate change, and health together to first assess the research landscape in BC and partner countries, and then collaborate to design research studies focused on solutions. An application was submitted to the Fall 2019 CIHR Planning & Dissemination Grants competition.
- Conversations remain open with CIHR and IDRC about the anticipated release of their strategic plans, such that the UAC can respond in a timely and supportive way.
- UAC Executive and Co-Chairs designed a research project, now being led by postdoctoral fellow and Queen Elizabeth scholar Dr. Buba Manjang, Associate Director, Public Health, The Gambia, to explore governance for GHR at Canadian universities and colleges and the roles and needs of UAC liaisons.
- In response to calls for action from UAC members and leaders in GHR across Canada, UAC co-chairs submitted a CIHR Planning and Dissemination grant proposal to begin exploring the relevance of the CCGHR Principles for GHR beyond the field of GHR, and to scale-up their application in different domains of GHR leadership, administration, capacity building, ethics, and practice.

*Katrina Plamondon & Susan J. Elliott, Co-Chairs*

## Member universities in British Columbia co-create course on CCGHR Principles

The [Principles for Global Health Research](#) developed by our Coalition figured prominently in the Practical Knowledge and Skills for Working in Global Health course offered as part as summer term of the School of Population and Public Health at the [University of British Columbia](#) in the Spring of 2019. This course introduced students to important practical knowledge, skills and attitudes required in the field of global health, covering planning delivery, evaluation and sustainability of projects and programs in low and middle-income countries. This is an impressive example of Coalition members collaborating across institutions to promote equity-centred global health research!

### A special guest from Saskatoon!



Congratulations to Harini Prabhakaran Aiyer on her CCGHR travel bursary to attend the in-person segment of this course. Harini is a first-year PhD student of Community and Population Health Sciences at the University of Saskatchewan. She received a Master of Health Science degree from the Johns Hopkins University in 2014. She later spent about 3 years working in Health Communications and Education in India. Harini's research focuses on the use of technology in health promotion and its patterned uptake across the different social

determinants (with the most vulnerable having the least access to technology). She was eager to gain practical skills in global health and learn more about the CCGHR Principles for Global Health Research, which is an important focus of this new course.

*My biggest takeaway was that my work as a graduate student could impact the lives of both individuals and populations. As such, I must reflect on my values and practices and proceed with humility.*

To learn more about her experience, consult her blog: “[Gaining Perspective in Global Health Research](#)” on our website.

## Policy and Advocacy Committee

The Policy and Advocacy Committee (PAC) has had a productive year, though perhaps falling a bit short on its policy mandate. Much more effort has been put into advocacy, especially through the newly created Working Group on Climate Change and Health (WGCCH). Also, I decided to step down as co-chair due to the competing demands of the working group.

We did, though, participate last year (mainly) along with many other Coalition members from coast to coast in the CIHR/IDRC consultative global health strategic planning process. In 2018 CCGHR submitted to CIHR/IDRC a report based on consultations held across Canada within our membership. Seven such consultations took place in six cities involving 105 participants from 17 of our member institutions, and from our Students and Young Professionals Network (SYPN). The [report](#) is on our website. Ultimately, some 37 Coalition members attended one of the four national consultations held by CIHR/IDRC.

Most of this PAC's work, though, in the past year has been with the WGCCH, which began in February, 2018. A whole series beginning in April, 2018 of webinars has been held with modest success. We perhaps get an average of about 40 people attending. But the topics have been timely and the presentations stellar.

So far, we have held webinars on:

- April 27, 2018 “[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 (organizer: Rosmond Adams, Caribbean Public Health Agency).
- May 31, 2018 “[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 (organizer: Nomusa Ngoma, Queen's University).
- Sept. 27, 2018 “[Impacts and Adaptive Strategies to Climate Change among Agro-pastoral Households in Tanzania](#)” with Dr. Ronald Ndesanjo, Lecturer at the Institute of Development Studies, University of Dar es Salaam (organizer: Hayley Mundeve, SYPN member and founder/CEO of ThriveHire).
- Nov. 1, 2018 “[Climate Change, Migration and Humanitarian Needs](#)” with Linn Biorklund Belliveau, Research Consultant at Médecins Sans Frontières and Affiliate at the Centre for Refugee Studies, York University (organizer: Prativa Baral, SYPN member and Research Fellow, Global Strategy Lab).
- Dec. 4, 2018 “[Webinar on Climate Proofing Maternal and Child Health Initiatives](#)” with Dr. Ronald Siemens, Clinical Assistant Professor, Department of Pediatrics and Assistant Professor, Department of Community Health and Epidemiology, University of Saskatchewan (organizer: Corinne Schuster-Wallace, U of Saskatchewan)
- March 27, 2019 “[Wildfires in BC: Health effects and system implications in a global perspective](#)” with John Lavery, Executive Director of Health Emergency Management British Columbia (HEMBC) and with Sarah Henderson, Associate Professor, University of British Columbia and Senior Scientist, Environmental Health Services, BC Centre for Disease Control (organizer : Nicole Spence, Health Emergency Management BC, CCGHR Working Group on the Health Impacts of Climate Change).

- Sept. 24, 2019 “What (on earth) is Planetary Health? Learnings from BCCI-2” with Zeena Yesefu, Master of Public Health student at the University of British Columbia and with Catherine Smith, Assistant Professor at the University of the Fraser Valley and a casual RN in ICU at Fraser Health (organizer: Tasha Kara, Health Emergency Management BC and CCGHR-BCCI Community of Practice).

If you are interested in this and other types of advocacy and in global health research policy, please consider joining our committee. We also welcome members of the SYPN. 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, Chair*

# Capacity Building Committee

This year the Capacity Building Committee (CBC) has focused mainly on the work of two joint projects; one for Coalition Institutes (CI) and the other for Harmonization with an emphasis on Country Partnerships. CBC also continues to participate as a Non-African Partner in the Consortium for Advanced Research Training in Africa (CARTA).

## Coalition Institutes

The Second British Columbia Coalition Institute (BCCI-2) was held on August 8-11 at the University of Victoria, with a theme of Planetary Health. The Toronto and (Southwestern) Ontario CI remain in planning stages and were again postponed.

## Country partnerships

[Ghana](#): A meeting of the Ghana-Canada Research Partnership members took place at the Global Health Research conference in Toronto on 20 November 2018. Bernard Boakye-Afram joined the CCGHR team as the Ghana Hub Manager in January 2019. He has updated the membership list and 2019 Work Plan for the Ghana Hub and is working on updating the Ghana Country Database. Bernard together with Lauren Wallace and Nana Efua have reviewed and updated the Ghana Research Environment document, which is available on the Ghana country database.

[Tanzania](#): The fifth annual symposium of the Tanzania-Canada Research Partnership was hosted by the [Catholic University of Health and Allied Sciences](#) (CUCHID) in Mwanza on March 6-7. With an overall theme of “Knowledge sharing and collaboration,” the 33 participants developed a 2019 action plan with four topic-specific working groups. Dr. Sana Naffa, IDRC Senior Program Specialist, was a keynote speaker and active participant.

[Zambia](#): A special feature of the past year’s Zambia-Canada Research Partnership story was the launch of the [National Health Research Authority of Zambia](#) (NHRA). Over the past several years, the CCGHR has been involved in the development this agency. Dr. Godfrey Biemba, Executive Director and CEO of the NHRA was a special guest of the CCGHR at the Canadian Conference on Global Health last October. We are in the process of developing a CCGHR–NHRA Memorandum of Understanding to facilitate future collaboration.

## The Consortium for Advanced Research Training in Africa (CARTA)

The Capacity Building Committee has also been very active in our partnership with the Consortium for Advanced Research Training in Africa (CARTA). The CARTA program has reached its tenth year, a point they consider to be a midpoint. The secretariat and partners from around the world are currently doing a midpoint evaluation to take stock of accomplishments and plan for the future. CCGHR has contributed to this process with responses to surveys and attendance at workshops. We took part in a number of partner activities including the CARTA research Meeting and Northern Partners' Forum in Nairobi, Kenya on September 16-19, where Jill Alisson and Alexandra Otis represented CCGHR (see picture below). As a Non-African Partners, we have contributed a significant amount of support to the academic work of CARTA by recruiting faculty to be grant and PhD proposal reviewers. There are ongoing opportunities to host

post-doctoral fellows and to develop new research collaborations with partners in CARTA institutions.



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.

*Jennifer Liu & Kofi Barimah, Co-Chairs*

## BCCI-2: Coming Together for Planetary Health

Over 40 members of the global health community recently came together in beautiful Victoria for the second British Columbia Coalition Institute (BCCI-2), an innovative and localized learning institute for new global health researchers to expand their understanding of CCGHR Principles for Global Health Research launched in 2017. This year the special focus was Planetary Health: Local and Global and built upon the Community of Practice established at the inaugural institute.



Coming from ten universities, two colleges and local and provincial health services organizations, twenty-eight participants and fifteen facilitators came together from August 8-11 to better understand the systems approach to health that addresses planetary boundaries and linkages between human well-being and the state of the natural systems on which it depends. The on-site component consisted of workshops, guided sessions, dialogues, and open spaces focused on participants' self-directed learning objectives.

Special features of BCCI-2 included the following:

- A special dialogue with Elizabeth May, Leader, Green Party of Canada, about the climate emergency that we are facing, how self-governance and sovereignty are critical to land stewardship, and what we can do as citizens.
- Student presentations from SPPH 581K, a course that came out of BCCI-1 to build practical knowledge, skills, and attitudes required in the field of global health, covering planning, delivery, evaluation and sustainability of projects and programs in low and middle-income countries.
- Opening and closing ceremonies from Songhees Old One (elder) Joanie Morris offered a significant opportunity to reflect on how colonization and associated attitudes, policies and institutions have significantly changed Indigenous peoples' relationship with this land - and health care - and how we can do better.
- Dedicated platform for BCCI building on the resources for the principles, with specially designed session guides prepared by facilitators to help inform discussions at the workshop and carrying forward.
- Small groups and open sessions focusing on participants' self-directed learning objectives.

- Special contributions by Trevor Hancock from the University of Victoria School of Public Health and Social Policy, who conducted a Q&A with dinner and facilitated a workshop on the theme *Planetary Health at a Local Level*.
- A new form of participation with satellite groups connecting from across the country. This remote participation aligns with the theme of planetary health, removing unnecessary travel and any geographical barriers to participating.
- A special session introduced a proposed program (tentatively called "BC and beyond") where research on the health impacts of climate change conducted in BC, would be linked to research on this theme conducted by partners in low and middle-income countries (LMICs).

Looking forward, the follow-up phase (Phase 3) includes several activities to ensure a commitment of knowledge to action:

- Support continued learning and sharing through our on-going webinar series, including a national webinar on the outcomes of the BCCI focus on planetary health co-hosted by the national Working Group on the Health Impacts of Climate Change.
- Build on the momentum established by the regional BC global health research community of practice, including creating a long-term strategy, including establishing “nodes” at BC institutions, supporting regional meet-ups, and strengthening institutional capacities for global health research.
- Synthesize new material to encourage and support networking, engagement, and dialogue, including opinion pieces, policy briefs, blogs, and articles to publish.

The BCCI planning team will continue its work to oversee and support the various follow-up plans. A more detailed BCCI report will be available in the coming months. For further information, please contact Phase 3 coordinator Tasha Kara at [tashakara@gmail.com](mailto:tashakara@gmail.com).

## The Consortium for Advanced Research Training in Africa



The Consortium for Advanced Research Training in Africa (CARTA) is a collaboration jointly led by the African Population and Health Research Center (APHRC), Kenya, and the University of the Witwatersrand, South Africa to rebuild and strengthen the capacity of African universities to locally produce well-trained and skilled researchers and scholars. The consortium consists of nine universities and four research institutes in Sub-Saharan Africa, and six academic institutions in Europe, Canada and the US.

For several years, the Canadian Coalition for Global Health Research has been coordinating Canadian participation, including as facilitators in seminars and as volunteer reviewers. In 2018-19 over 20 of our Canadian members supported this important initiative.

Five of our younger members also took part in the Graduate Workshops that were held in Nairobi in October 2018 and February 2019. The workshop is a great opportunity to enhance skills related to developing a successful research grant proposal. It's also an opportunity to interact with other researchers and develop and consolidate international professional networks.

*"Just as one tree standing alone would soon be destroyed by the first strong wind, working in silos is detrimental to an academic career. The 2019 CARTA Workshop allowed me to interact with wonderful people from many countries (colleagues) who will soon become my partners on projects in Africa."*

*- Georges Danhouno, PhD, Division of Community Engagement, Faculty of Medicine & Dentistry, University of Alberta (2019 CCGHR Participant)*

*"The opportunity to set aside a week of dedicated time to work on a funding proposal was very productive. Likewise, the feedback on my proposal from fellow attendees as well as the external reviewers organized by CARTA highlighted the strengths and weaknesses in my proposal leading to a much-improved product. Overall, the workshop was a motivating and useful opportunity."*

*- Deborah DiLiberto, Postdoctoral Global Health Scholar, McMaster University (2018 CCGHR Participant)*

*"This workshop really imparted invaluable knowledge on how to write a good proposal that target the requirements of funding agencies. I appreciate the time and care the external reviewers took to read my work and provided me with thoughtful, detailed feedback. The constructive criticism and innovative ideas received from the reviewers has certainly added value to my research. I would therefore like to extend my gratitude to the CCGHR for offering such an inspiring and productive forum for me."*

*- Ebenezer Dassah, Postdoctoral Fellow, United Nations University - (2018 CCGHR Participant)*

## The CanWaCH-Funded project

The Canadian Coalition for Global Health Research and McGill University, in partnership with [HealthBridge](#), Université Laval and the [Regroupement stratégique en santé mondiale](#) of the *Réseau de recherche en santé des populations du Québec* are collaborating on a project to strengthen women, adolescents, and children's health (WACH) metrics globally. This project named [Harmonized health impact & partnership metrics to accelerate knowledge sharing and utilization](#) maintains that better creation, sharing and use of knowledge among all stakeholders is fundamental to addressing WACH challenges. Proven strategies to make progress on this front include:

1. Harmonizing congruent, consistent and efficient data collection tools; and
2. Emphasizing the importance of partnerships that foster equity and outcomes that facilitate knowledge translation.

Innovative capacity development, with improved connection between academia and civil society in Canada and in partner countries, will be essential to make this happen. [Get a visual project overview >](#)

### Activities

**Phase 1:** An online survey and telephone interviews with NGOs and academics were completed that addressed potential health metrics covering selected WACH themes and partnerships assessment. In addition, a scoping review of partnership assessment metrics is now being conducted.

**Phase 2:** We are currently collaborating on the development of harmonized measurement tools addressing:

- Global health partnerships assessment
- Two WACH priority themes\*:
  1. Engaging men and boys in WACH; and
  2. Provider-user interaction in WACH

We engaged global health researchers and technical staff from NGOs, government and academia through two one-day workshops (one in English and one in French) addressing the harmonization of metrics regarding global health partnerships assessment and two high priority themes for WACH. Those workshops are intended to directly benefit organizations globally, including those receiving or intending to receive funding support by Global Affairs Canada.

**Phase 3:** After the completion of Phase 2, site visits will be carried out in Vietnam and Burkina Faso where we will be soliciting partner host country perspectives. At the conclusion of these site visits, we will finalize the two draft measurement tools addressing the two WACH themes, and the draft partnership assessment tool.

\*These two themes were selected through an online survey and telephone interviews of global health researchers and practitioners from Canada and partner countries.

*This project is being conducted in partnership with Global Affairs Canada and the Canadian Partnership for Women and Children's Health (CanWaCH)*

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

University of Victoria  
University of British Columbia  
Simon Fraser University  
Trinity Western University  
University of the Fraser Valley  
University of Calgary  
University of Alberta  
University of Saskatchewan  
University of Manitoba  
Northern Ontario School of Medicine  
Western University  
University of Waterloo  
McMaster University  
York University

University of Toronto  
Ryerson University  
Brock University  
Queen's University  
Bruyère Research Institute  
Carleton University  
University of Ottawa  
Université de Montréal  
McGill University  
Université du Québec à Montréal  
Université de Sherbrooke  
Université Laval  
Dalhousie University  
Memorial University

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

University of Alberta  
Western University  
Laurentian University  
University of Waterloo

McMaster University  
York University  
Brock University  
Memorial University of Newfoundland

## 2018 Vic Neufeld Mentorship Awards in Global Health Research

Congratulations to Professors Jennifer Hatfield, Jürgen Rehm and Mark S Tremblay for receiving the annual Vic Neufeld Mentorship Award in Global Health Research. The award was presented by the Canadian Coalition for Global Health Research on November 19 in honour of its founding national coordinator, considered a leader in the development of mentorship opportunities and structures for global health researchers worldwide.

### Jennifer Hatfield



Jennifer Hatfield is an Associate Dean of Strategic Partnerships and Community Engagement at the Cumming School of Medicine, University of Calgary, director for the Health and Society Program and for the Global Health Program at the O'Brien Centre for the Bachelor of Health Sciences and Adjunct Professor in the department of Ecosystem and Public Health of the Faculty of Veterinary Medicine.

A long-time Chair of the CCGHR University Advisory Council, she was behind the development of the Partnership Assessment Toolkit and a co-investigator for the Gathering Perspectives Studies that led to the formulation of the CCGHR Principles for Global Health Research. Three of her PhD mentees write: “She inspires us to be better teachers, leaders, mentors and peers. Jennifer Hatfield has taught us that it is not always the end product of the research or the teaching, but instead the process of learning and sharing that is the true value of global health work. Furthermore, she always makes it clear that we learn just as much (if not more) by working hand in hand with our global South partners. This is an important lesson for young and ambitious scholars who are looking to make a difference. Her innate ability to connect with the meaning of global health work and to translate this to young minds is remarkable.”

Colleagues from the Faculty of Veterinary Medicine and Cumming School of Medicine present more of her contributions: “we would like to highlight her mentorship and guidance in developing the Internationalization and Global Health agenda of the University of Calgary and more specifically the program of the newly established Faculty of Veterinary Medicine (UCVM) (...) With her guidance, many faculty members at UCVM were changing from a more traditional monodisciplinary approach towards a multidisciplinary vision with a broader, international outlook. She emphasized the importance of all core competencies, namely, but not exclusively, knowledge translation, capacity building, research ethics, equity and social determinants of health, cultural competency and equitable partnerships.”

“Another example of mentorship is her guidance in the development of the University of Calgary’s partnership with the Catholic University of Health and Allied Science (CUHAS) in Mwanza, Tanzania. Multiple programs for mutual capacity sharing and educational opportunities have been identified. For example, Dr. Hatfield mentored the CUHAS faculty members after they launched the Masters of Public Health program towards a CUHAS lead, independent program that trains approximately 20 Tanzanians a year. Many graduates from that program successfully pursued careers in academic and leadership roles.”

A former psychology clinician, Dr. Hatfield is leading many other innovative research projects around the world. To date, she has co-authored over 25 publications with 13 mentees at the

undergraduate, graduate and post-doctoral level. Dr. Hatfield is a tireless supporter of student presentations at national and international meetings, and she is a coauthor on over 75 such posters and presentations.

An Associate Dean at CUHAS concludes: “Dr. Hatfield is a leader, a mentor, and a parent whose hands has touched many lives and continues to build foundations for ensuring sustainable global health programs.”

### **Jürgen Rehm**



“I am deeply gratified to receive this award, and thanks go to those I had the chance to mentor, we all share a goal to contribute to better, more equitable and sustainable global health” said Rehm, a Senior Director at the Institute for Mental Health Policy Research, Senior Scientist at the Campbell Family Mental Health (CAMH) Research Institute, and Inaugural Chair of Addiction Policy in the Dalla Lana School of Public Health at the University of Toronto.

Professor Rehm’s career has been devoted to global alcohol and other drug research, with lasting impacts on public health policies in many countries. His recent research has included interactions between socio-economic status, poverty and substance use, including analysis of policies and interventions to reduce inequalities.

A former doctoral student describes his commitment to mentorship: “Under Dr. Rehm’s supervision, students often engage in unique, creative projects that address knowledge gaps in the literature by using novel methodologies. These projects also promote the development of his mentees by engaging them in networking and partnership-building activities with research organizations around the world. These collaborations include WHO projects monitoring alcohol policies and the estimation of alcohol consumption and its resulting harms globally. (...) Such projects require the coordination of multiple students and staff at different career stages, all of whom are under Dr. Rehm’s supervision, (...) [and] involve the integration of multiple researchers from different specialities into the research projects, thereby exposing his mentees to a wide range of multidisciplinary projects where they can develop professionally by gaining an understanding of the methodologies used in different research disciplines. My engagement in a number of these research projects has had a demonstrably positive impact on my career, allowing me to establish multiple research collaborations with international and national organizations in numerous countries, including the WHO and PAHO.”

Dr. Rehm has published over 900 peer-reviewed scientific articles, including many co-authored with his mentees. He has produced major reports for the WHO, the most recent being the Global Status Report on Alcohol and Health 2018. He is the recipient of numerous prestigious awards, such as the Jellinek Memorial Award (2003) and the European Addiction Research Award (2017).

In total, Dr. Rehm has mentored over 200 students and fellows, many of whom have become world-class researchers around the globe. He has directly supervised 3 Bachelor students, 20 Master’s students, 27 doctoral candidates and 7 postdocs, including many from low- to middle-income countries such as Turkmenistan, Russia, South Africa, Thailand and the Ukraine.

A colleague at CAMH concludes: “Having grown as a scientist over the years, I myself strive to mentor my students as he has mentored me, which I now appreciate more than ever. I cannot not think of a person more deserving for this award (...).”

### **Mark S Tremblay**



“The students who nominated me come from various countries, and they bring incredible energy, passion and wisdom to global health research,” said Tremblay, Director of Healthy Active Living and Obesity Research at the Children’s Hospital of Eastern Ontario Research Institute, Professor of Pediatrics in the Faculty of Medicine, University of Ottawa and President of the Active Healthy Kids Global Alliance.

Professor Mark Tremblay is a leading Canadian Scientist, renowned nationally and internationally for his expertise in child obesity research, measurement of child physical activity, promotion of active healthy lifestyles and knowledge mobilization.

A former PhD mentee recalls: “As a mentor, Mark really emphasized the value of knowledge translation to bridge the gap between research and practice. (...) Mark has also founded the Active Healthy Kids Global Alliance to support many countries in developing report cards and to encourage the cross-fertilization of ideas between countries. This year, close to 50 countries will release report cards at the Movement to Move Conference in Adelaide, Australia. Expert groups in each country produce these reports, often with support and mentorship from Mark and his team.”

Indeed, he is the founder and the CEO of the Global Matrix initiative, which brings together experts and policy-makers from around the world, all with an interest in the promotion of physical activity and related behaviors through the Active Health Kids Global Alliance (created in 2014). Through Dr. Tremblay’s leadership, this initiative employs common criteria to gather and synthesize data about child and youth physical activity, culminating into country-specific Report Cards that are developed following a harmonized approach—a successful knowledge translation tool implemented first and for more than 10 years in Canada.

Dr. Tremblay has led and collaborated on projects with mentees in Mozambique, Nigeria, Kenya, Colombia, Brazil and Mexico to name just a few. Furthermore, he has maintained strong collaborations with these mentees over the years. “I would not be able to identify any individual who has done more than Mark in terms of capacity building to address the global pandemic of physical inactivity,” says an Assistant Professor at the University of Lethbridge and former mentee.

He has published over 400 peer-reviewed publications and delivered countless keynote presentations. With his mentees, he has contributed to important reports such as the International Study on Childhood Obesity, Lifestyle and the Environment, which involved 12 LMICs and is certainly one of the largest global studies on childhood obesity.

A current PhD candidate ends with: “I have found that he is very supportive of the individual pursuit of our own paths in research. In this sense, he is always open to his mentees’ initiatives, providing guidance and opportunities to strengthen skills according to each one’s individual goals.”

# Our Supporters

The CCGHR would like to thank the following individuals and organization for their generous support in 2018-19:

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Canadian Partnership for Women and Children's Health (CanWaCH)

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## 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 2018-19.

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# Independent Auditor's Report | McKechnie & Co.

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

## *Qualified Opinion*

We have audited the financial statements of Canadian Coalition for Global Health Research (the Entity), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2019 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## *Basis for Qualified Opinion*

In common with many not-for-profit organizations, the Entity 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 Entity. Therefore, we were not able to determine whether any adjustments might be necessary for donations, the excess of revenue over expense, and cash flows from operations for the years ended March 31, 2019 and March 31, 2018, current assets as at March 31, 2019 and March 31, 2018, and net assets as at April 1 and March 31 for both the 2019 and 2018 years. Our audit opinion on the financial statements for the year ended March 31, 2018 was modified accordingly because of the possible effects of this limitation in scope.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

## *Responsibilities of Management and Those Charged with Governance for the Financial Statements*

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

## *Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free

from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Chartered Professional Accountants, Licensed Public Accountant

Ottawa, ON  
June 13, 2019

**Statement of Financial Position  
As at March 31, 2019**

**Assets**

<b>Current</b>	<u>2019</u>	<u>2018</u>
Cash	\$ 4,790	\$ 8,668
Restricted cash (note 6)	95,602	0
Accounts receivable	2,284	6,536
Prepays	<u>1,258</u>	<u>1,258</u>
	<u>\$ 103,934</u>	<u>\$ 16,462</u>

**Liabilities and Net Assets**

<b>Current</b>		
Accounts payable and accrued liabilities	\$ 2,369	\$ 7,713
Government remittances payable	9,115	1,617
Deferred contributions (note 3)	<u>84,414</u>	<u>3,930</u>
	<u>95,898</u>	<u>13,260</u>
<b>Net assets</b>	<u>8,036</u>	<u>3,202</u>
	<u>\$ 103,934</u>	<u>\$ 16,462</u>

**Statement of Operations and Changes in Net Assets  
For the Year Ended March 31, 2019**

	<u>2019</u>	<u>2018</u>
<b>Revenue</b>		
Project Funding	\$ 65,761	\$ 25,515
Membership Fees	54,802	49,850
Donations and other	<u>6,624</u>	<u>6,877</u>
	<u>\$ 127,083</u>	<u>\$ 82,242</u>
<b>Expense</b>		
Administration	9,328	8,383
Personnel	81,935	47,332
Professional development	836	312
Professional fees	8,535	7,708
Program delivery	<u>21,615</u>	<u>9,557</u>
	<u>122,249</u>	<u>73,292</u>
<b>Excess of revenue over expenditure for year</b>	4,834	8,950
Net assets (deficiency), beginning of the year	<u>(3,202)</u>	<u>(5,748)</u>
<b>Net assets, end of year</b>	<u>\$ 8,036</u>	<u>\$ 3,202</u>

**Statement of Cash Flows**  
**For the Year Ended March 31, 2019**

<b>Operating activities</b>	<u>2019</u>	<u>2018</u>
(Deficiency) of revenue over expense for the year	\$ 4,834	\$ 8,950
Change in non-cash working capital		
Accounts receivable	4,252	4,398
Prepays	0	12
Accounts payable and accrued liabilities	(5,344)	(16,741)
Government remittances payable	7,498	(499)
Deferred contributions	<u>80,484</u>	<u>(70)</u>
<b>Increase (decrease) in cash during year</b>	91,724	(3,950)
Cash, beginning of year	<u>8,668</u>	<u>12,618</u>
<b>Cash, end of year</b>	<u>\$ 100,392</u>	<u>\$ 8,668</u>

## Notes to the Financial Statements March 31, 2019

### 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>2019</u>	<u>2018</u>
Balance, beginning of year	\$ 3,930	\$ 4,000
Amount recognized as revenue in the year	(2,364)	(2,625)
Amount received related to future years	82,848	2,555
Balance, end of year	<u>\$ 84,414</u>	<u>\$ 3,930</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, 2019.

#### 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, 2019, 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.

## **6. Restricted Cash**

Under the terms of agreements for program funding, the organization is required to maintain separate bank accounts for the projects.