



**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 2019-2020

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

## Chair's Report

Another fruitful year in the life of the Coalition! More than ever, in the face of a global pandemic and an ongoing climate crisis, global health research is needed to drive collaboration, partnership and equity in the creation, co-production and translation of knowledge on the health of populations worldwide.

This is the mandate of our member-driven Coalition.



The activities presented in this Annual Report highlight the strategic orientations that the Coalition has taken over the past year in order to successfully implement our [Strategic Plan for 2020-2024](#). The CCGHR Board of Directors put in a lot of effort to develop a plan that puts our collective values into practice and delivers inspiring programs for our members while continuing to exert influence on global health research in the country and internationally. The mission of the Coalition remains unchanged, as do our values—with the addition of planetary health.

In early 2019, CCGHR responded to a call to address fragmentation of the global health research landscape in Canada. We began to investigate how we could work with the Canadian Society for International Health [CSIH] to strengthen our community and a joint amalgamation review committee [JARC] was created with Bob Bortolussi, Afnan Naeem, Lauren Wallace and Christina Zarowsky representing our Board. Last March, before COVID 19 pandemic historical lockdown starts, the two Boards met to build consensus on the key elements of an amalgamation framework. JARC has continued to refine these initiatives and has distributed a draft joint vision, mission and mandate for new global health organization, among other things.

All CCGHR members will get an opportunity to participate in the landmark vote on an amalgamated organization at our next Annual General Meeting. We hope you will join us and trust that we can count on your continued engagement for a strong, coordinated and equity-oriented Canadian global health research community, whatever the outcome may be. Together we are stronger and always moving forward. Please stay safe and healthy.

A handwritten signature in black ink, reading "Shafi Bhuiyan".

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

# National Coordinator's Report

As we enter the seventh month of the COVID-19 pandemic we continue to be shrouded in uncertainty and fear of the unknown. Even if many Canadians are now returning to a more “normal” life, the majority of those living in lower income countries have little hope of witnessing an end to the devastation this pandemic has imposed upon them until treatments or a vaccine become a reality.



We are witnessing both the strengths and vulnerabilities of global health as it is currently structured. The rapidity of the response to identify effective treatments and develop a vaccine are truly impressive. As Canadians we can be proud of the efforts made by those in leadership positions to keep us informed, implement protective regulations and provide consistent recommendations on how to stay safe. On the other hand, our lack of preparedness for what should have been predicted is clear. Sadly, in spite of the often espoused need to think and act globally, we've seen a withdrawal within our borders, a competition for limited resources, and a shutdown of critical efforts to deal with the ongoing, exacerbated health challenges faced by populations exposed to unforeseen levels of poverty, food insecurity and disease burden.

What can the CCGHR constructively contribute? We need to be thinking and planning our responses, in solidarity with other like-minded organizations and our partners in LMICs, for months to come. This will include the provision and sharing of relevant resources among universities, advocacy for continued support of Canada's humanitarian and development aid, and the sharing of lessons learned on how to translate research into action.

As always, our members are stepping up to the plate and coordinating to push for an equity-oriented response to the pandemic and just recovery plans. For example, you will see in the report from our Policy & Advocacy Committee co-chairs that our COVID-19 Response Working Group has been advocating for establishing product allocation priorities grounded in an inclusive vision of health determinants and outcomes. We call on our strong community of global health researchers to put our collective values into practice: Equity, Inclusiveness, Learning, Sustainable solutions, Local leadership, Gender equality, Mentorship, and Planetary health.

These are the values that were reaffirmed in our [2020-24 Strategic Plan](#) and that are at the core of our five Coalition programs: the University Advisory Council; the Students and Young Professionals Network; the Capacity Building Program, the Collaboration and Partnerships Program; and the Policy and Advocacy Program. Each program outlines a number of goals for the next five years, activities to achieve them, and measurable indicators of success to be reviewed annually. This Annual Report highlights some of these achievements.

Financially, the Coalition ended the year with a comfortable surplus that will shelter the organization should COVID-19 significantly affect the funding context for charities. This positions the Coalition quite favourably as we move forward.

A handwritten signature in black ink, which appears to read "Charles Larson". The signature is fluid and cursive.

*Charles Larson, National Coordinator*

# University Advisory Council

As a UAC, after an energizing annual meeting in October, we walked into this year with much optimism for what we could achieve as our network reached its most robust representation of institutions across Canada. The year brought with it such extraordinary challenges as well as opportunities. The COVID-19 pandemic affects every person and institution in this country, and beyond. The global political response demonstrates the nimbleness with which we *can* act collectively, and has also shone a bright light on how intensely health inequities affect our entire human population.

This year, the UAC continued to demonstrate its commitment to supporting our member institutions by listening for direction, responding with action, and fostering inclusivity. In coordination with the Policy & Advocacy Committee the UAC has contributed to discussions on how the CCGHR and its institutional members could serve to **support coordination, communication, and collaboration in response to the COVID-19 pandemic**.

The UAC leadership is now working with CCGHR members and global health leaders across Canada and around the world to:

- Provide a unified, strong voice, supporting evidence-informed dialogue about the equity implications and global health nature of this pandemic.
- Amplify voices of our partners in the Global South, including exploring new ways to invite representation on the UAC
- Leverage the momentum and energy of students and young professionals through our Students & Young Professionals Network.
- Contribute to the collation of critical resources and tools, to spark dialogue through media and social media, and to advance integration of the CCGHR Principles for Global Health Research—with the emphasis on making equity-centred choices—in different ways (e.g. ethical review of research, funding, policy dialogue, teaching, etc).



## *Key Activities*

On 16 October 2019, 26 liaison persons from CCGHR member universities assembled for a one-day UAC **workshop** at the Bruyère Research Institute in Ottawa. This 8<sup>th</sup> edition of the annual

workshop explored university policies and leadership, including the universities' joint priorities moving forward. The group also discussed the role and structure of the UAC and its support to universities; opportunities to collaborate to help scale-up the CCGHR Principles; and the next generation of global health leadership.

As UAC co-chairs, we also secured a **CIHR Meetings & Planning Grant** to bring thought leaders in global health research together in dialogue about **how to further support equity-centred research practices and policies**. Given the COVID-19 pandemic, this meeting is anticipated to be held in early 2021.

UAC liaisons were later invited to contribute to a **qualitative study about where global health research and education is situated in universities across Canada**, providing insights into the unique needs and core membership benefits across different institutions. Results were shared during a webinar hosted on June 10, 2020 and will provide direction for the structure, programs, and resources made available to institutional members. The report will be posted on the CCGHR website before the end of September.

**UAC members mobilized** in July, 2020 to **issue a Joint Statement on WHO Proposed Global Allocation Framework for COVID-19 Products**, providing nearly [50 signatories on an equity-centred critical analysis of the proposed framework](#).

UAC leadership partnered with the York University COVID Global Health Portal, demonstrating another mechanism for leveraging the UAC network to respond to members' needs and elevate profile of projects, focused on needs of people living and working in humanitarian crisis settings.

In response to calls for support, and in collaboration with SYP, the UAC also coordinated a comprehensive review of available webinars and other online COVID-relevant materials that could support members as they prepared to teach. A curated searchable data base of resources is now available on the CCGHR website in both English and French

In July, the UAC launched an **offering of the CCGHR KT Curriculum**, quickly mobilizing to respond to interest from our SYPs. Several SYPs identified an interest in learning more about knowledge translation (KT). The [11-week course](#) is being facilitated by Katrina Plamondon (UBC) with facilitative support from Vic Neufeld (UVic), evaluation support from Davina Banner-Lukaris (UNBC) and Alexandra Otis, and coordination support from Emily Kocsis. The level of interest was astounding, with over 35 SYPs expressing interest in the course only a few days after it was announced. Using Zoom, Slack and a variety of other online platforms, the KT summer course officially began on July 7, 2020. Funding support was made available through the Ontario Hospital Research Institute Integrated KT Network (Ian Graham, PI for CIHR seven-year Foundation Grant, FDN 143237). An advisory committee will be struck in the fall to collaborate with a team toward integrating equity and updated resources into the curriculum, developing a video library of content, and preparing a proposal for regular (e.g., twice/year) sustainable offerings of this as a CCGHR certificate course.

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

# Students and Young Professionals Network

The past year has been a productive one for the SYPN, filled with numerous milestones, growth and most importantly, adaptation. The network continued to garner attention among SYPs interested in global health research and practice, with 65 new members joining in the year 2019-20. This increase speaks to the strong reputation the SYPN has built for itself at member universities, civil society organizations, and beyond. Member retention continues to be a challenge but the upward trajectory of SYP membership is encouraging.



One of the most notable SYPN initiatives has been a global health careers-focused webinar series collaboration with global health community platform [ThriveHire](#). Upon realizing a mutual interest in the need to share stories of non-traditional global health career paths, leadership from ThriveHire and the SYPN developed a unique “lunch and learn” style webinar series. The series kicked off in June 2019, and over the course of the year five more webinars were hosted, covering a range of different topics related to navigating the global health world as a young professional. To learn more about the series or to watch recorded webinars, visit the [CCGHR website](#).

Recognizing the need to synergize with the 8 CCGHR student chapters, a campaign to encourage all student chapter members to become Coalition members was launched in September 2019. We also helped to cultivate a regional hub of young professionals interested in global health in Ottawa and the group has since held several in-person and online events and webinars.

Like in past years, the SYPN was involved in the two central global health events of the fall season: the Canadian Conference on Global Health and the Global Health Student and Young Professionals Summit (GHSYPS). Five SYPs from across the country received bursaries from the CCGHR to support their attendance at both events. Members of the SYPN Executive team supported the planning and execution of the 6th annual GHSYPS, an event which, as always, generated incredible momentum and energy among global health SYPs in Canada.

Although COVID-19 presented the SYPN with unprecedented challenges, it also encouraged the Network to increase its responsiveness to member needs. After receiving feedback from the youngest cadre of CCGHR members that summer opportunities in global health were scarce due to COVID-19 travel restrictions, the Coalition mobilized to develop alternative educational offerings, including a webinar series and an in-depth knowledge translation summer course.

Over the past year the incredible work of the Executive leadership team, as well as various volunteers has helped the SYPN to try out new initiatives, strengthen existing offerings and generally mature as a community. As the global health landscape in Canada works together to address the ongoing implications of COVID-19, the SYPN continues to work toward exploring new and innovative ways to build capacity and connections among SYPs in global health.

A handwritten signature in black ink, reading "Emily Kocsis". The signature is fluid and cursive, with a long horizontal line extending to the right.

*Emily Kocsis, SYPN Coordinator*

## Lab on Harmonized Health Impact & Partnership Metrics

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.

### Phase 1: Investigative inquiry

An online survey and telephone interviews with NGOs and academics were completed in early 2019 that addressed potential health metrics covering selected WACH themes and partnerships assessment. In addition, a scoping review of partnership assessment metrics was conducted.

Posters were presented at the 2019 Canadian Conference for Global Health:

- [Global health partnerships: results from scoping review](#)
- [Global health partnerships: results from online survey and follow up interviews](#)

Phase 1 led to the identification of global health partnerships metrics and two WACH themes and potential related metrics identified as priority by global health researchers and practitioners from Canada and partner countries: provider-user interaction during facility-based childbirth and male engagement in WACH.

### Phase 2: Piloting solutions

Based on the findings from Phase 1, three draft harmonized tools have been developed, aiming at:

- Valuing Global health partnerships
- Measuring Provider-user interaction during facility-based childbirth
- Measuring male engagement in WACH

Then, global health experts were engaged to review these draft tools and the metrics included. Global health researchers and technical staff from NGOs, government and academia participated in English- and French-speaking workshops in Canada, and in two partner countries: Burkina Faso and Vietnam. Based on feedback received during these workshops, the three tools have been refined.

Despite the impossibility of conducting field testing of the tools due to the COVID-19 pandemic restrictions, but to still ensure the content validity of the tools, several new activities have been planned:

1. Two complementary literature reviews addressing:
  - The validity of the indicators regarding maternal recall with respect to provider-user interaction during facility-based childbirth.
  - The validity of the indicators regarding the impact of male engagement practices on WACH.
2. Experts consultations to review the content validity of the three tools, through written and verbal (conference calls) feedback.

<b>Phase 2 will produce three tools:</b>	
<b>Tool on Partnerships</b>	Building on the <a href="#">CCGHR Partnership Assessment Tool</a> , the <a href="#">CCGHR Principles for Global Health Research</a> , a specific scoping review, and experts consultations, the PVT is an harmonized tool which offers an opportunity to value a partnership functioning within an equity, evidence-informed lens.
<b>Tool on provider-user interaction during facility-based childbirth</b>	Evidence-based tool that offers WACH projects the opportunity to collect data through harmonized indicators, addressing the main domains of provider-user interaction in the context of facility-based childbirth.
<b>Tool on male engagement in WACH</b>	evidence-based tool that offers WACH projects the opportunity to collect data through harmonized indicators, addressing the practices, knowledge and awareness, attitudes and beliefs, and barriers and facilitators of men engagement in WACH.

### Phase 3: Dissemination and capacity building

The three tools and their respective instruction manuals will be presented and explained during webinars to be organized in the coming months. Stay tuned! We will be exploring additional options for dissemination during October and November.



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



## Policy and Advocacy Committee

In 2019-2020, the Policy and Advocacy Committee (PAC) welcomed new co-chairs: Mira Johri, Université de Montréal and Tasha Ayinde, McGill University. Under their leadership, a Coalition COVID-19 Response Working Group was formed in March 2020 to advocate for a coordinated and equity-oriented response to the pandemic.

Last June the Coalition submitted a [joint statement](#) with the Canadian Society for International Health on a WHO proposed Global Allocation Framework for COVID-19 Products. Based on scientific evidence from the early phase of the epidemic, the initial set of allocation criteria proposed by WHO markedly favoured high-income countries. The joint Coalition-CSIH response, led by Mira Johri and UAC co-chair Katrina Plamondon and co-signed by 48 Coalition members, forcefully focused on the vulnerability of those living in poverty and served by weak health systems. In addition to considering proximal determinants of COVID-19 risk such as age and clinical factors, the Coalition working group highlighted the upstream social, political, and economic determinants of COVID-19 vulnerability. It thereby made the case for establishing allocation priorities grounded in a broader, more inclusive vision of health determinants and outcomes. In [recent statements](#), WHO has expressed the position that all countries should initially receive an equal proportional allocation for COVID-19 products, including [vaccines](#). We view this as an important advance.

The Coalition strongly supports WHO in seeking global collaboration to ensure fair allocation of COVID-19 products, including vaccines. In partnership with CSIH, the PAC will continue to work towards an equitable global response to the pandemic and is open to including additional Coalition members.

The Working Group on Climate Change and Health, launched in early 2018 and co-chaired by David Zakus and Corinne Schuster-Wallace, is pursuing its mandate through advocacy efforts on the urgency of addressing challenges at the intersection of health and climate change. The working group's main activities in 2019 included their continuing webinar series hosted by members (see list below), the compilation of an annotated bibliography and the emerging development of a community of practice around climate change and health, which CCGHR members can also request to join.

*Mira Johri & Tasha Ayinde, PAC Co-chairs*

## Webinar series – WG on Climate Change and Health

June 23, 2020 [Policy Intersections for the Global Crises of COVID-19 and Climate Change](#) with Chris G. Buse, postdoctoral fellow in the UBC Centre for Environmental Assessment Research and adjunct professor at the UNBC and the UBC (organizer: Johanne Saint-Charles, Professor and Director of the Institut Santé et société de l'UQAM and WGCCH's member).

May 28, 2020 [Zoonoses, Wildlife and Humans in an Era of Climate Change](#) with Dr. Mira Ziolo, clinical veterinarian, wildlife-human interface consultant and PhD Candidate for the Interdisciplinary Studies Graduate Program at UBC (organizer: Dr. Paivi Abernethy, Research Fellow at the Centre for Global Studies, University of Victoria, and Climate Change & Health Specialist with the First Nations Health Authority and WGCCH's member).

April 28, 2020 [Floodplains, Climate Change, and Health: A Way of Life for the Lozi People of Zambia](#), with Douglas Singini, PhD student in Public Health and Health Systems (Water), at the University of Waterloo (organizer: Dr. Corinne Schuster-Wallace, water-health researcher and faculty member at the U of Saskatchewan and co-chair of the WGCCH).

March 31, 2020 [Climate Change and Health: Working with First Nations](#) with Dr. Paivi Abernethy, Research Fellow at the Centre for Global Studies, University of Victoria, and Climate Change & Health Specialist with the First Nations Health Authority (discussant: Krishna Todi, BCCI SYP representative for SFU).

February 10, 2020 [The Health and Psychosocial Impacts of Floods](#) with Philippe Gachon, director of the Quebec Intersectoral Floods Network (RIISQ) (organizer and discussant: Johanne Saint-Charles, Professor and Director of the Institut Santé et société de l'UQAM and WGCCH's member).

October 18, 2019 [Governance, Evidence and Action: Country Case Studies of Climate Change Advocacy for Human Health](#) with Dr. Rosmond Adams, Head of Health information, communicable Diseases and Emergency Response at CARPHA, Dr. Ngozi N. Joe-Ikechebelu – Social Dimensions of Health at UVic and Vic Neufeld on behalf of Nicole Spence, Emergency Management Coordinator at the HEMBC (organizer and discussant: Corinne Schuster-Wallace, U of Saskatchewan, and co-chair of the WGCCH).

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).

# Capacity Building Committee

This year the Capacity Building Committee has focused on developing training workshops on the Principles for Global Health Research, promoting the Coalition Institute model, and supporting Country Partnerships. This committee also continues to oversee Coalition involvement in the Consortium for Advanced Research Training in Africa.

## **Principles for Ethical Global Health Research**

We continue to work on developing case-based, interactive, and online pre-departure training workshops for undergraduate students focused on the [CCGHR Principles for Ethical Global Health Research](#). We are working with interested institutional members (e.g. University of Montréal) to ensure these resources are available in both French and English. The CCGHR has experience delivering such workshops, through both the Coalition Institute model and a series delivered at McGill University. These workshops will be made available as a benefit of institutional membership, offered to any student, staff, or faculty of member institutions.

## **Coalition Institutes**

Over the past year, the British Columbia Coalition Institute (BCCI) was strengthened by its continuously growing network, meaningful member engagement, and its ongoing commitment to building a Community of Practice. In August 2019, over 40 members came together in beautiful Victoria for the second British Columbia Coalition Institute (BCCI-2), an innovative and localized learning institute for global health researchers to expand their understanding of CCGHR Principles for Global Health Research. The special focus on *Planetary Health: Local and Global* built upon the Community of Practice established at the inaugural institute and the summary is outlined in our [final report](#). This report provides an overview of the institute, outlines early outcomes, and can be used to inform future institute planning, funding, and policy decisions. It accomplishes this by providing a background to the regional model, an overview of how it is administered, details of each of the three phases, a reporting of the outputs, and an evaluation of the BCCI Community of Practice. The Capacity Building Program, as envisioned in our Strategic Plan 2020-24, will work with member institutions through the University Advisory Council to explore how we might offer the Coalition Institute model to more members using virtual engagement in the future.

## **Country partnerships**

Our [country partnerships](#) continue to bring together researchers from across Canada to improve inter-university coordination of efforts in Ghana (led by Elijah Bisung at Queens University), Tanzania (led by Jennifer Hatfield at the University of Calgary), Zambia (led by Craig Janes at the University of Waterloo), and an emerging collaboration with Nigeria, enabling members to build equitable partnerships with local researchers. In our Strategic Plan 2020-24, these initiatives form the backbone of our new Collaboration and Partnerships Program.

As outgoing co-chairs, we want to highlight the importance of this work and wish continued success to the incoming leaders of this committee.

*Jennifer Liu & Kofi Barimah, Co-Chairs*

## The Consortium for Advanced Research Training in Africa

CARTA was formed in 2008 to support the development of a vibrant African academy able to lead world-class multidisciplinary research that impacts positively on public and population health. The consortium enhances the capacity of African universities to create sustainable multidisciplinary research hubs by supporting junior faculty members to undertake their doctoral training locally and to become internationally recognized research leaders. Ultimately, CARTA strengthens university-wide systems to support research.

As one of few non-African partners, CCGHR members have played diverse roles in the consortium including co-facilitation of trainings, advising in the development of the program, and mentoring CARTA fellows and graduates especially through reviewing funding proposals and research project ideas. The Coalition has also had the opportunity to send PhD and postdoctoral fellows who are members to CARTA trainings. We also have opportunities to develop research partnerships with CARTA universities and research institutions. More information on partners will be available as we strengthen the coalition's relationship with CARTA.

Thanks to all of the Coalition members who have volunteered to support this amazing program!

For more information, an [Evaluation of CARTA Influence at 10 Years](#) that integrates feedback from all partners is available.

## 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  
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Université de Sherbrooke  
Université Laval  
Dalhousie University  
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## Our Student Chapters *(West to East)*

University of Alberta  
Western University  
University of Waterloo  
McMaster University

University of Calgary  
York University  
Brock University  
McGill University

## 2019 Vic Neufeld Mentorship Awards in Global Health Research

Congratulations to Dr. Craig R. Janes for receiving the annual Vic Neufeld Mentorship Award in Global Health Research presented on October 17, 2019. Dr. Janes is Director of the School of Public Health and Health Systems at the University of Waterloo, Ontario.



Trained as a medical anthropologist and social epidemiologist, his research has focused on human-environment interactions, health systems strengthening, social inequities and health, global health governance, and maternal and child health. Recent scholarship includes a study of governance and vulnerability to climate change in rural households in Mongolia; policy advocacy work with partners in Mongolia and Zambia to create equity-focused health impact assessment regulations in the mining sector; and research with partners in Zambia to address climate and flooding-related impacts on maternal and child health.

A long-time member of CCGHR, he was elected Board Chair in 2010 and served four years. Craig's philosophy as a mentor is closely aligned with the CCGHR Principles for Global Health Research. One of his PhD students wrote: *"Equity is centred in all our work. His students work together striving to be authentic partners who equally share the benefits of this work. We work together with humility, learning with and from each other, and are committed to thinking through how our research affects the future."*

Many scholars have been influenced by his mentorship. In total, Dr. Janes has directly supervised 38 students and fellows, many of whom now occupy high-level positions in the public health sector around the globe. Dr. Janes has published in high-impact journals including 18 co-authored articles with 10 of his mentees at the graduate level.

A colleague from the University of Waterloo said: *"He will make an ongoing contribution to global health praxis – through his own projects surely – but also by the modelling of mentorship that he demonstrates (and thus instills) in his students and junior colleagues."*

*"[His] generosity manifests as funding and intellectual support certainly, but also in the more subtle, kind and durable ways that he draws out the best in people through a fine-tuned combination of leading and pushing that encourages growth and confidence."*

Another colleague added: *"Craig is a wonderful role model; he is an academic who has pursued topics of global importance with curiosity, integrity and care. He has built sustained and collaborative relationships and has supported grassroot capacity development."*

A former doctoral student wrote: *"Having him as my mentor has changed me, making me more thoughtful and considerate, a deeper thinker, and a more active citizen – and I am just one of the dozens of students and faculty he has mentored."*

# Our Supporters

The CCGHR would like to thank the following individuals and organization for their generous support in 2019-20:

## Donors

Robert Bortolussi, Stuart Davidson, Justine Dol, Lesley Johnston, Mira Johri, Doug McMillan, Harvey Skinner, Don Sutherland, Mira Ziolo

## Supporters (\$250 and over)

Karen Grepin, Craig Janes, Matthieu Kamwa, Ronald Labonté, Charles Larson, John LeBlanc, Jennifer Liu, Mark Tremblay, Christina Zarowsky

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

Vic Neufeld

## Canadian Project Funding

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

## International Project Funding

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 2019-20.

## Board of Directors

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Carlyn Seguin and Lori Hanson, University of Saskatchewan

Catherine Smith, University of the Fraser Valley

Jerry Spiegel, Gina Ogilvie, Richard Lester and Jackie Denison, University of British Columbia

Sayali Tadwalkar, University of Northern Ontario

Kate Tairyan, Simon Fraser University

Carol Valois, Universit e de Sherbrooke

Mary Wiktorowicz, York University

# 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, 2020, 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, 2020 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, 2020 and March 31, 2019, current assets as at March 31, 2020 and March 31, 2019, and net assets as at April 1 and March 31 for both the 2020 and 2019 years. Our audit opinion on the financial statements for the year ended March 31, 2019 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  
August 19, 2020

**Statement of Financial Position  
As at March 31, 2020**

**Assets**

<b>Current</b>	<u>2020</u>	<u>2019</u>
Cash	\$ 16,512	\$ 4,790
Restricted cash (note 6)	63,513	95,602
Accounts receivable	2,488	2,284
Prepays	<u>1,258</u>	<u>1,258</u>
	<u>\$ 83,771</u>	<u>\$ 103,934</u>

**Liabilities and Net Assets**

<b>Current</b>		
Accounts payable and accrued liabilities	\$ 4,524	\$ 2,369
Government remittances payable	1,504	9,115
Deferred contributions (note 3)	<u>64,587</u>	<u>84,414</u>
	<u>70,615</u>	<u>95,898</u>
<b>Net assets</b>	<u>13,156</u>	<u>8,036</u>
	<u>\$ 83,771</u>	<u>\$ 103,394</u>

**Statement of Operations and Changes in Net Assets  
For the Year Ended March 31, 2020**

	<u>2020</u>	<u>2019</u>
<b>Revenue</b>		
Project Funding	\$ 181,686	\$ 65,761
Membership Fees	55,006	54,802
Donations and other	<u>5,783</u>	<u>6,520</u>
	<u>\$ 242,475</u>	<u>\$ 127,083</u>
<b>Expense</b>		
Administration	8,872	9,328
Personnel	137,782	81,935
Professional development	3,310	836
Professional fees	12,005	8,535
Program delivery	<u>75,386</u>	<u>21,615</u>
	<u>237,355</u>	<u>122,249</u>
<b>Excess of revenue over expenditure for year</b>	5,120	4,834
Net assets (deficiency), beginning of the year	<u>(8,036)</u>	<u>(3,202)</u>
<b>Net assets, end of year</b>	<u>\$ 13,156</u>	<u>\$ 8,036</u>

**Statement of Cash Flows**  
**For the Year Ended March 31, 2020**

<b>Operating activities</b>	<u>2020</u>	<u>2019</u>
(Deficiency) of revenue over expense for the year	\$ 5,120	\$ 4,834
Change in non-cash working capital		
Accounts receivable	(204)	4,252
Accounts payable and accrued liabilities	2,155	(5,344)
Government remittances payable	7,611	7,498
Deferred contributions	<u>(19,827)</u>	<u>80,484</u>
<b>Increase (decrease) in cash during year</b>	<b>(20,367)</b>	<b>91,724</b>
Cash, beginning of year	<u>100,392</u>	<u>8,668</u>
<b>Cash, end of year</b>	<b><u>\$ 80,025</u></b>	<b><u>\$ 100,392</u></b>



## Notes to the Financial Statements March 31, 2020

### 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>2020</u>	<u>2019</u>
Balance, beginning of year	\$ 84,414	\$ 3,930
Amount recognized as revenue in the year	(83,429)	(2,364)
Amount received related to future years	63,602	82,848
Balance, end of year	<u>\$ 64,587</u>	<u>\$ 84,414</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, 2020.

#### 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, 2020, 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.