

Final Report

Capacity Building for Global Health



22nd Canadian Conference on Global Health
Montreal, Quebec . November 5 – 7, 2015

1 Nicholas, Suite 726, Ottawa, ON K1N 7B7

Overview

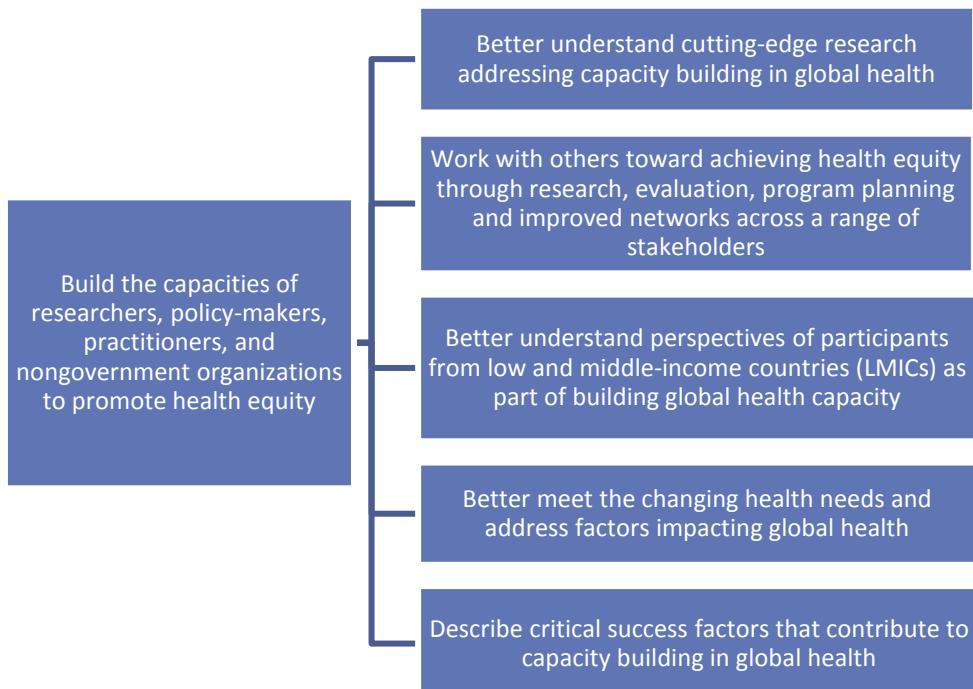
More than 660 participants from 43 countries gathered in Montreal from November 5-7, 2015 to explore the theme "Capacity-building for global health: research and practice."

The Canadian Conference on Global Health (CCGH) provided a forum for practitioners, researchers, educators, students, policy makers and community mobilizers interested in global health to share knowledge and experience and promote innovation and collaborative action.



The program included four plenary sessions hosting 12 keynote speakers, 97 oral presentations, 190 posters, 20 participants making virtual presentations by video and the screening of three documentary films. These sessions were selected from a record number of over 700 abstract submissions.

Objectives:



Training Hub

An exciting addition to the conference lineup in 2015 was the **Training Hub**. This was a space for participants to network with the expert presenters, allowing young researchers and students to further engage in their field and build their capacity in global health. Plenary speakers were asked to participate in a small group discussion after each plenary session. Throughout the day times were set up where experts in the field of global health were available to talk personally with attendees. These sessions were appreciated and well attended.



The following organizations and universities exhibited in the training hub:



- Canadian Coalition for Global Health Research
- Aga Khan Foundation
- CAN-MNCH
- IFMSA
- University of British Columbia
- University of Saskatchewan
- Ryerson University
- Northern Ontario School of Medicine
- University of Alberta
- University of Ottawa
- Université de Montréal
- McGill University
- Université de Sherbrooke
- Dalhousie University

Additional exhibitors included:

- Pan American Health Organization
- IDRC



Low and Middle Income Country Participation

An additional conference highlight was the participation of more than 100 low and middle income country (LMIC) delegates.

CCGH, through increased sponsorship from donors such as IDRC and DFATD, sponsored 48 LMIC speakers to attend and present papers and posters as well as 3 LMIC keynote speakers.

There were 36 LMIC countries represented by attending or speaking at CCGH:



Bangladesh	México
Bénin	Mozambique
Brazil	Nepal
Burkina Faso	Niger
Cambodia	Nigeria
Cameroon	Pakistan
Colombia	Peru
Côte d'Ivoire	Rwanda
Ethiopia	Sénégal
Ghana	Sierra Leone
Guatemala	South Africa
Guinea	Tajikistan
Haiti	Tanzania
India	Tunisia
Indonesia	Uganda
Kenya	Uruguay
Malawi	Vietnam
Mali	Zimbabwe

Plenary Sessions

Capacity Building for Global Health Human Resources

November 5, 2015

Catherine Dickson, Co-Chair of the Board of Directors of CSIH and Isabella Danel, Deputy Director for the Pan American Health Organization (PAHO) opened the conference with a welcome address to all participants. The first plenary session focused on the topic of *Capacity Building for Global Health Human Resources* with the following presentations in both French and English:

Gilles Dussault, Institute of Hygiene and Tropical Medicine – *Développement des capacités en RH: un défi multidimensionnel au-delà de la formation*

Christina Zarowsky, Université de Montréal – *People, power and process: behind the scenes of "capacity strengthening*

Charles Godue, International Consultant on HR policies – *Stratégies de développement des capacités en RH: des exemples de l'Amérique Latine*

Mathildah Chithila, CEO National Council for Higher Education in Malawi - *Building capacity for GHR in resource constrained settings: context experiences*

Some highlights:

- Regarding the role of power, any one of the "big name" public health schools has more staff/experts than in all of Africa. Not every future is possible and global health professionals must work for structural change in local realities to reduce inequity.
- Technical cooperation between countries is a power strategy and must possess inclusive and participatory methodologies to strengthen governance. "Technical cooperation and capacity building should aim at greater autonomy, freedom and democracy." – Charles Godue.
- Challenges for building capacity in resource-limited contexts include a low critical mass and competing priorities, limited research output from universities, a lack of a platform to absorb research findings and finally, a lack of funds to allocate to research and/or retention.
- Opportunities include role models who provide mentorship and hence create opportunities for skills exchange, implementation of policies and international agreements with the commitment of the government, strengthening research management and leadership and using existing pockets of excellency and creating new centres of excellency with NGOs establishing expertise.



Building global health research capacity

November 6, 2015

The second plenary session -- *Critical reflections on approaches to building global health research capacity* included the following presentations:

Tim Brewer, Vice Provost, Interdisciplinary and Cross Campus Affairs, University of California, Los Angeles and Chair, Consortium of Universities for Global Health Board of Directors – *Global Health Partnerships: making them work for all partners*

Denise Gastaldo, Director, Centre for Critical Qualitative Health Research, University of Toronto – *Colliding & Coinciding: Political, Economic, and Academic Issues for Qualitative Research Capacity Building*

Sharon Fonn, University of Witwatersrand – *Building long term research capacity for public and population health in Africa, the experience of the Consortium for Advanced Research Training in Africa*

Slim Haddad and Anne-Marie Turcotte-Tremblay, Global Health Research Capacity Training Program/ Santé CAP – *Renforcer les compétences des jeunes chercheurs pour promouvoir l'excellence de la recherche en santé mondiale: expérience et leçons apprises du programme de formation interuniversitaire Santé CAP*



Some highlights:

- Forming partnerships will help make the world a better place, which is a moral imperative. In order to create mutual partnerships, we must do away with generalizations.
- Researchers from the “North” working with partners from the “South” need to be critical of their “northern” (neo-liberal academic) ways of knowing and doing.
- There is no one universal knowledge and there are different ways of generating evidence. We need to engage in numbers and words and expand our way of measuring research success. Impact factors, publishing and bringing in funding are a reality that both researchers in the North and South must contend with, but advocacy and development

Power is about giving up power

Denise Gestaldo

should be recognized as research triumphs too.

- In order to address the inequities that exist between and within countries, capacity should be created where those inequities exist. The Consortium for Advanced Research Training in Africa works at the intersection between inequalities in health and inequalities in education, which leads to research capacity building.
- Anne-Marie Turcotte-Tremblay and Slim Haddad shared their reflections on GHR CAPS – the Global Health Research Capacity Strengthening Program – a 6-year, inter-university (four Quebec institutions) initiative that sought to train and mentor PhD students, post-doctoral fellows and young researchers in global health research, and to establish an international GHR community.

Ebola in focus

November 7, 2015

The third plenary session - *Needs and Gaps in Health System Capacities: Ebola in focus* examined the gaps that were apparent during the Ebola crisis in West Africa, reviewing lessons learned from recent emergencies and examining how humanitarian relief can contribute to strengthening long-term health systems from the outset of an emergency response. The speakers in this session were:

Hossam Elsharkaw, Director of Emergencies and recovery from the Canadian Red Cross

Steve Cornish, Canadian Executive Director, Doctors Without Borders (MSF)

Professor Mandy Kader Konde,

Director, Institute of Research

Guinea – Guinea research

perspectives on Ebola outbreak

Some highlights:

- There were substantial delays in responding to the Ebola crisis, due to denial from government and international agencies, a lack of will, the lack in preparedness, lack of coordination, shifting of priorities, cultural beliefs and behavioural factors related to burial and care.
- After a disaster, the local health system breaks, infrastructure is demolished, staff dies, and local non-state organizations lack resources of all kinds. Dependence on international rescue is required.
- There comes lot of frustration during humanitarian crises including disease epidemics like Ebola, but it is the people and individuals who make a difference.
- Research conducted during the outbreak focused on therapeutic clinical trials to identify effective treatment, vaccine trials, diagnostic product trials and knowledge dissemination. Among the conclusions: long-term collaboration is required, as well as capacity building in terms of human resources and infrastructure, engaging leadership and ownership, and regional framework of multicentre studies on therapeutic, vaccine and diagnostic research to effectively control and help manage an epidemic.



We learn lessons but often fail to translate to action when needed.

Hossam Elsharkaw

Perspectives on the future of Global Health

The fourth and final plenary session highlighted the hopes of all participants who were eager to hear about the future of global health. Presenters included:

Duncan Pedersen, Research Centre at Douglas Mental Health University Institute, WHO Collaborating Centre for Research and Training in Mental Health – ‘Postcolonial global health ideologies and the emergence of Neoliberalism’

Christina Zarowsky, University of Montreal

Nicholas King, McGill University

Gilles Bibeau, CHUSJ

Some highlights:

- We must question assumptions of the existence of universal truths and the notion that concepts developed in the West can explain them. Local and non-western models of knowledge must be valued before they disappear. If we do not change our mental maps of how knowledge is produced and valued, we can never truly expect to change things.
- It should worry us that on a list of the 100 most influential people over the last thousand years as produced by historians in the Americas, only one was African, Nelson Mandela. Researchers in Global Health must break with the western hegemony and find true ways to exchange knowledge across boundaries.
- We must be aware of the larger determinants and structures in place and their accompanying effects on the health of all: emerging diseases in developing countries are seen as a threat to national security in developed countries, the consequences of geopolitical tensions abroad, the effects of climate change pushing our planetary capacity to the limits, the capital investment in trade wars that continues to occur and the aggressive expansion of transnational corporations.
- Researchers and actors in GH can no longer afford to ignore the ongoing shifts in power and accountability occurring on a global scale and declining social justice. Research findings will contribute to policies that must be applied in this new reality and our research frameworks must find ways to incorporate these dimensions.
- Global social justice and equity have to help guide funding and research in GH that can accommodate both medical and social innovations.
- Intervention efficiency must be re-examined with awareness of the potential tension between donors' demands and hard to obtain evidence. We should be wary of the desire to scale-up interventions and should focus instead on smaller context-sensitive studies.



Global health is not a right, but an obligation.

*Paul Grand'Maison,
quoted by Shawna O'Hearn*

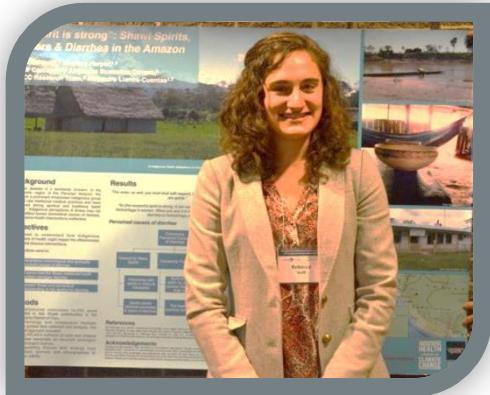
22nd Canadian Conference on Global Health

- Our notion of expertise should be scrutinized to ensure that it doesn't continue a paternalistic and neo-colonial agenda.
- Tension exist in global health: between past and present, between complexity and path dependency, different sets of values, the role of power and trust when working in partnerships, the colonial versus the public approach, the importance of regulation and the battle for who owns global health.
- Some priorities for global health moving forward: hearing more from Africans and Aboriginal populations; greater transparency (who writes the budgets?), hearing community voices, not only researchers'; seeing research as action; holding leaders and governments accountable; and, finally, humility and generosity.
- The challenges remain: to implement real partnerships, mobilize resources, prepare for the unknown, get value for money while ensuring sustainability and giving opportunities to the young.



Posters

6 posters were awarded prizes in student and general category.



Rebecca Wolff - Award for Best Contribution to Global

Health for “*Its spirit is strong*”: Shawi spirits, healers and diarrhea in the Peruvian Amazon

Mireya Vilar-Compte – Award for Most Innovative

for *Lower leg length index (LLI) as an indicator of early nutrition environments: Is LLI associated with overweight and obesity?*

Valentina Antonipillai- Award for most innovative

for *Impacts of the interim federal health program on healthcare access and provision for refugee claimants in Canada: a stakeholder analysis*

Margot Charette - Hillman Award best student poster for *Climatic and socioeconomic drivers of dengue in Ucayali, 2004-2014*

Valerie Hongoh - Hillman Award best student poster for *Decision aid for improved prioritization of climate sensitive infectious diseases*

Esha Homenauth - Hillman Award best student poster for *Improving diagnosis of febrile illness: the role of malaria and arboviruses in fever prevalence in regions of Tanzania*



Participant Feedback:

The feedback from participants was positive and highlighted the level of participants' engagement. The survey was administered in English and French with an overall response rate of about 14%.

- 86% of respondents were very satisfied to somewhat satisfied with the overall content of the conference.
- 90% of respondents felt the conference increased their own capacity development.
- 50% of respondents indicated that they found the plenary sessions to be the most valuable type of session offered
- Over 45% of respondents indicated that they were very satisfied with the usefulness of the conference app.

Some feedback from participants included:

- "I found "the tone" of this conference different than in years past. Most incredibly, the inclusion of reflexivity and ethical concerns was much greater – which is a very good sign. Thank you."
- "Loved it. Can't wait to come back. Amazing conference. Great job!"
- "It was a terrific conference! I live in the U.S but have attended a few of these conferences over the years because of their excellent quality, and because the organizations where I have worked have had Canadian partners. Not only do I learn a great deal from the substantive presentations, I also benefit by being exposed to a different and very valuable perspective that opens my mind and makes me reconsider some assumptions— thanks!"

Blog feedback:

Some of the most powerful sessions of the conference were those examining ethical practices and power dynamics in global health. These sessions posed some of the most challenging questions we face as researchers: how do we build authentic partnerships? How can we challenge the false dichotomy dividing North from South? What can we do in our everyday practice to decolonize the academy?

There is a large appetite for these conversations: the workshop on power, privilege, and inclusion in global health saw some of the highest attendance and engagement of the entire conference. I am hopeful that these discussions will become a central theme in future conferences as we learn to better evaluate our motives and methods. Keeping this in mind is essential to ensure that not only are we "doing no harm", but that we are promoting resilience, autonomy, and local capacity in all that we do.



Lea Berrang, Department of Geography, McGill University

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Twitter feeds from the conference: <https://storify.com/CSIH/ccgh-2015>

Blogs: <http://www.csih.org/en/category/blog/canadian-conference-on-global-health-2014/>

Presentations - <http://www.csih.org/en/events/ccgh-2014-presentations/>