



CSIH CANADIAN SOCIETY FOR
INTERNATIONAL HEALTH
SCSI LA SOCIÉTÉ CANADIENNE
DE SANTÉ INTERNATIONALE

2019
ANNUAL REPORT

Message from the Executive Director

Convening. Strengthening. Championing. Strong words that ground us in our mission and drive us **forward**.

As I look back over 2019, I realize these themes have led us over familiar terrain, and taken us in new directions.

Through the Canadian Conference on Global Health, CSIH continues to be a leader in convening – bringing the global health community together to share and learn. This year was no different. Participants summed up their experience with words like “insightful, engaging, educative, and refreshing.” One person added, “Look forward to CCGH 2020.” So do we!

In 2019 we continued our work of strengthening health systems in Africa and Asia, wrapping up our 5-year project in Mongolia with the assurance that new equipment, policies and practices have been adopted and will continue improving health worker and patient safety in hospitals across the country. It was also an honour for us to receive the CanWaCH Partnership Award in recognition of our collaborative efforts to improve the health and well-being of women and children in Tanzania.

Throughout the year, we continued championing Students and Young Professionals, while increasing our involvement with Canadian Women in Global Health – a list, but also a movement of recognizing and promoting women global health leaders in Canada.

As we face the challenges that 2020 brings to our global health community and health systems worldwide, looking back gives us many reasons to look forward.

Enjoy the read!



Eva Slawecki
Executive Director

Message from the Co-chairs

Throughout 2019, people around the world were mobilizing to sound the alarm on the climate emergency. And with good reason. According to the WHO, climate change is the greatest threat to global health in the 21st century. Extreme weather is already wreaking havoc on the health and safety of millions and the situation is worsening, especially for people living in poverty.

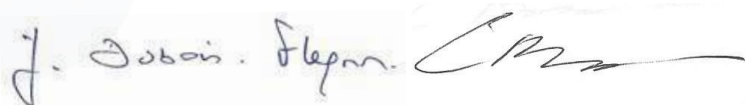
And then as we turned the corner into 2020, nobody could have imagined what was waiting for us. There is no doubt that we have all suffered some level of human, social and economic loss due to the COVID-19 pandemic. Once again, marginalized and impoverished communities will be more impacted than others.

There are many reasons to be concerned and many reasons to be hopeful.

Among the latter, CSIH is happy to be working with the Canadian Coalition for Global Health Research towards the creation of a new amalgamated global health organization committed to health equity and diversity. If approved by our members, we would engage, strengthen and mobilize the global health community across Canada and internationally through partnerships with academia, practitioners, civil society groups and policy-makers.

Together, we want to tackle many pressing global health challenges and confront new ones.

The climate emergency and global pandemics are two of the great health challenges of this century. They affect all of us and call for our mobilization.



Geneviève Dubois Flynn
Co-chair

Chris Rosene
Co-chair

Canadian Women in Global Health

In 2019, Canadian Women in Global Health (CWIGH) continued to raise the profile of Canadian women making an impact in global health and generate national discussion around the persistent gender equality gaps in global health leadership around the world. Events across the country have strengthened our growing network of remarkable Canadian women engaged across the spectrum of global health and health equity.

Women Deliver

In June, CSIH travelled to Vancouver to bring Canadian Women in Global Health to Women Deliver – the world's premier conference on the health, rights, and well-being of women and girls. A panel discussion side event, "Visibility, Leadership, and Representation," was well-attended by both conference delegates and the general public.

From discussion around the roots of the Women in Global Health movement in the #WGH100 Twitter campaign, to celebrating Canadian women-led breakthroughs in global health and development, and calls for "more money, more power, and more advocacy for change," this panel highlighted the role of lists as an invaluable resource for achieving gender-equal global health leadership and improved health for all.

Networking

A CWIGH networking breakfast at the 2019 Canadian Conference on Global Health brought together conference delegates in conversation around mobilizing for gender equality in global health.

Students and young professionals and allies of the women in global health movement had the opportunity to connect with Canadian women experts across global health research, policy, and programming. Linking with the CCGH's cross-cutting themes of gender and equity, participants discussed the challenges and opportunities unique to women in the global health field, and what global health actors and organizations can do to advance gender equality and diversity from the inside out.

Student Engagement

An exhibit was organized by the Student Association of the School of Public Health at Université de Montréal to mark International Women's Day 2019. According to Jana Martic, MSc Public Health Candidate, Université de Montréal, "the CWIGH List demonstrates that women across Canada are involved in global health and will inspire the next generation of global health practitioners."



Canadian Conference on Global Health

October 17-19, Ottawa

The 2019 Canadian Conference on Global Health marked a milestone of 25 years, under the theme **"Governance for Global Health: Power, Politics, and Justice."**

The conference drew just over 450 participants – global health practitioners, students, university partners, civil society and government representatives – from more than 40 countries, including 89 participants from low and middle income countries (LMICs).

The opening plenary on **Globalization, governance, and diplomacy for health** set the stage for the conference with a thought-provoking keynote address by Sir George Alleyne of the Pan American Health Organization. Sir George highlighted the complexity of involving private sector and civil society in more significant roles within health governance.

The second plenary on **Peace, conflict, and governance** examined how systems of governance and evidence-based allocation of resources within countries create conditions for conflict and peace.

During the closing plenary on **Intersectoral action for governance and policies**, panelists addressed key challenges in global health, including entrenched gender inequalities, and the health effects of climate, trade, and other policies. Dr. Courtney Howard summed up the session well when stating "Everything is connected, which seems the only way forward in global health."

Canadian Pre-Congress: A Latin American and Caribbean perspective

The pre-congress welcomed 44 participants for a full day centered around health research in the Latin American and Caribbean region, organized in partnership with Health Systems Global. The keynote address was delivered by Sir George Alleyne, who spoke about the main theme of **Re-imagining health systems for better health and social justice**. "There is no socially just reason for there to be inequalities in health. Resilient health systems make a just society," he said.

CCGH IN NUMBERS

- 450 participants
- 3 plenary sessions
- 13 keynote speakers
- 102 oral presentations
- 82 posters
- 25 workshops

Canada



IDRC | CRDI

International Development Research Centre
Centre de recherches pour le développement international

Leacross
fondation/foundation



Global Affairs
Canada

Affaires mondiales
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Convening the global health community
Rassembler la communauté de santé mondiale

Strengthening health systems
Renforcer les systèmes de santé

Engaging global health leaders
Engager les leaders de santé mondiale



International Projects

Tanzania

CSIH is a partner on two projects in three regions of Tanzania, working to strengthen health systems and improve the health of mothers and their children.

CSIH works directly with regional and district health managers, and frontline health-care workers, to help bridge the gap between national policy and community-level interventions in maternal and child health.

Using a health systems approach, CSIH:

- builds managerial and administrative capacity at the individual and organizational level
- enhances health information systems
- supports local health authorities and facility staff in making better use of local data to plan, budget, and deliver services to pregnant women, mothers, and their children.

CanWaCH Partnership Award

CSIH and partners were honoured by the Canadian Partnership for Women and Children's Health with the 2019 Partnership Award of Excellence in Global Women and Children's Health for the ENRICH Project.

World Vision Canada leads ENRICH in partnership with Nutrition International, Harvest Plus, the University of Toronto Dalla Lana School of Public Health, and CSIH, which together work with national and community groups in Bangladesh, Myanmar, Kenya and Tanzania. Principle program funding is provided by the Government of Canada.

CARE Canada leads TAMANI in partnership with CSIH, SOGC, and McGill University. Principle program funding is provided by the Government of Canada.

PROGRESS IN 2019

Enhancing Nutrition Services to Improve Maternal, Newborn and Child Health in Africa and Asia (ENRICH)

- 62 regional and district health authorities trained in respectful maternity care, quality improvement and supportive supervision
- 91 health centre and dispensary managers trained in planning and budgeting for health service delivery
- 103 health authorities trained in health data collection, analysis, and reporting

Tabora Maternal and Newborn Health Initiative (TAMANI)

- 9 workshops led by CSIH on health systems governance, data analysis, and planning and budgeting for health services.
- 64 district health authorities trained on data analysis and utilization.
- 48 regional and district health authorities took part in CSIH's workshops on respectful maternity care, quality improvement and supportive supervision



Mongolia

In 2019, CSIH concluded activities on the **Blood Safety, Medical Waste Management and Infection Prevention Control project** in Mongolia.

Since 2015, CSIH has worked alongside decision-makers, health-care providers and staff across 37 hospitals to improve knowledge and practice through

- education
- preparation for international accreditation
- development and implementation of national guidelines
- upgrades in medical technologies.

By introducing new practices, and improving the knowledge and skills of health-care workers, CSIH efforts have made a lasting improvement to health worker and patient safety in hospitals and health centres across Mongolia.

HIGHLIGHTS IN 2019

- Improving safety of the **blood services** nationwide, and facilitating the achievement of international certification on quality management for transfusion services
- Developing **Standard Operating Procedures** for microbiology laboratories and sterilization departments, and training staff from all project hospitals on the new procedures
- Rolling out an active **surveillance system** for detecting and reporting hospital-acquired infections across the country
- Developing guidelines for protection against **Hepatitis B and C** infection, and workplace regulation among health-care workers on blood and body fluid exposure
- Providing recommendations for **upgrading** microbiology laboratories and Central Sterilization Service Departments to meet international standards for best practice.



A closing conference for the project was held in Ulaanbaatar in June 2019 and attended by delegates from the Asian Development Bank, Mongolian Ministry of Health, Canadian Embassy in Mongolia, project stakeholders and beneficiaries, and CSIH staff and consultants. The Vice Minister of Health (5th from left) presented a certificate of completion for the project to Eva Slawecki, executive director of CSIH (4th from left).

HIV and Hepatitis C

HIV-HCV Knowledge to Action (K2A)

The K2A Alliance – a joint effort of the Canadian Society for International Health and the Canadian Association for HIV Research, funded by the Community Action Fund (PHAC) – uses program science and implementation science to improve the health and well-being of people affected by HIV, HCV and STBBI in communities across Canada.

K2A activities include HIV and HCV conference sessions, science cafes, workshops, and e-learning modules related to program science.

The following highlights two of 10 events in 2019.

Eshwiitood* Ni-Kwayachi-Kuskehtanan** – Ready, Willing, and Able

28th Annual Canadian Conference on HIV/AIDS Research Saskatoon

* Ojibwe for to be able to ascertain, wait for something

** Cree for ready, willing and able

Saskatchewan has the highest rate of HIV in Canada, and Indigenous populations within Saskatchewan and throughout Canada continue to be disproportionately affected. As part of efforts to address this situation, this workshop intended to build community-based research (CBR) capacity, discuss the scale-up of successful

interventions, and seek solutions to key issues impacting HIV/HCV/STBBI testing, treatment, care, and preventative programming.

The focus of the two-day CBR Workshop was on Indigenous ways of knowing, while incorporating necessary elements of program and implementation science, HIV/HCV CBR, and skills-building for participants.

Program Science – Enhancing Health Coverage and Equity through Partnership

Canadian Conference on Global Health 2019, Ottawa

The University of Manitoba Centre for Global Public Health (CGPH) has been working with global partners to improve equitable coverage of health interventions. Using a program science lens which incorporates data use and problem solving within health programs, CGPH supports governments to address inequities and enhance transparency in governance.

CGPH led a session at the Canadian Conference on Global Health where they provided examples of global health programs in maternal, newborn and child health (MNCH) and HIV to demonstrate the use of data to improve program coverage and enhance equity and transparency in governance.

• The systematic application of theoretical and empirical scientific knowledge to improve the design, implementation and evaluation of public health programmes.

• Key characteristics

- Research is driven by the program goals to achieve health impact and equity.
- Science is “embedded” with programs, with sustained engagement over an extended time period.
- Research integrated into all program stages, including design, implementation, and monitoring/evaluation.
- Continuing interaction between researchers and program planners, managers, and implementers to optimize outcomes

Dr. James Blanchard presents at the CGPH Program Science session at the Canadian Conference on Global Health.

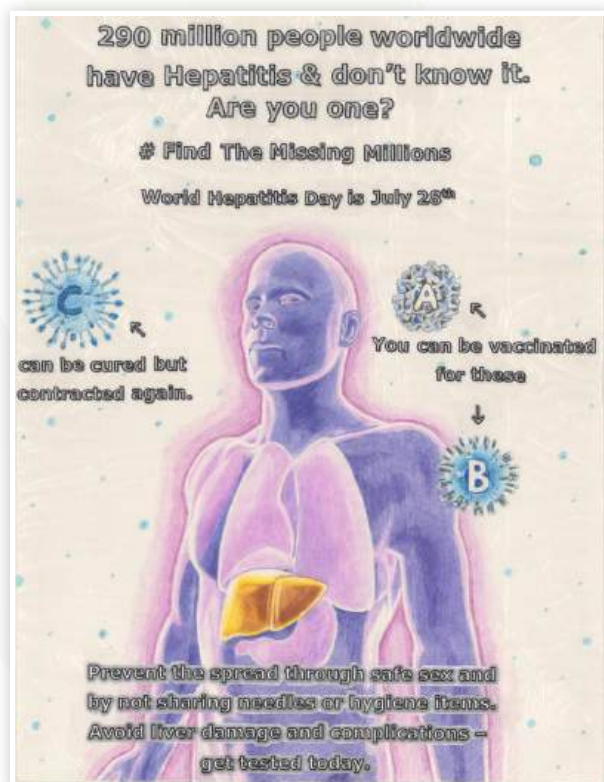


Correctional Service Art Contest

Hepatitis, hepatitis C in particular, disproportionately affects people who are incarcerated. Correctional institutions therefore represent an important public health setting for hepatitis testing and treatment, and raising awareness of these issues.

CSIH, in partnership with **Correctional Service Canada (CSC)** and support from **Gilead Sciences Canada**, organized the World Hepatitis Day Art Contest for federal inmates across Canada again in 2019.

The main aim of the Hepatitis Art Contest is to encourage inmates to get informed and know their status by getting tested. The theme for 2019 was, "Finding the Missing Millions: Breaking barriers to diagnosis."



CIHR Health System Impact Fellowship

In 2019, CSIH continued and completed its activities relating to global health policy and the Sustainable Development Goals, supported by the CIHR Health System Impact Fellowship.

Policy Dialogue

Together with the University of Ottawa's School of Epidemiology and Public Health, CSIH hosted a closed door policy dialogue in March. Experts presented case studies on health, human rights, and the SDGs. Decision makers from the federal government, research organizations, civil society, academia, and philanthropic foundations agreed on future directions.

Policy Positions

CSIH developed a series of policy positions that identify 10 SDGs as central to our work in global health, and serve as a call to action around Canada's obligations to international development. A member-based working group comprised of academics, students, and practitioners was created to finalize the 10 statements.

Special Journal Issue

CSIH collaborated on a Call for Abstracts for Globalization and Health Journal's special issue on Health in the SDGs, in partnership with the University of Ottawa and supported by the World Health Organization's Alliance for Health Policy and Systems Research.



CSIH Lifetime Achievement Award

Every year, CSIH presents a Lifetime Achievement Award to one of its exceptional members. The 2019 award was presented to Dr. Noni Macdonald at the Canadian Conference on Global Health.

Over a span of 37 years, Dr. MacDonald has demonstrated a deep commitment to improving the health of children and youth in Canada and globally.

Dr. MacDonald was the first woman to hold the position of Dean of Faculty of Medicine in Canada at Dalhousie

University in 1999. She was the driving force behind the founding of the first Canadian pediatric journal in 1996, and the journal's first editor. In 2008 she co-founded MicroResearch in Eastern Africa, a program building community capacity among local health-care providers to solve local health problems, a model that has been adapted for use among Nova Scotian communities. She currently serves as one of 15 experts on the WHO Strategic Advisory Committee on Immunization.



Leadership Development

CSIH MentorNet connects Students and Young Professionals (SYPs) interested in global health with experts in the field for discussion and coaching over a period of 10 to 12 months.

A successful mentorship experience is one that benefits both the mentor and the SYP through exploring issues in new ways, building networks, and giving/receiving career and life advice in the field of global health.

In 2019, CSIH MentorNet guided 17 pairs of mentors and mentees through the series of modules designed to stimulate discussion and exchange.

CSIH also provided support for SYPS by sponsoring the Global Health Students and Young Professionals Summit, "The Challenge of Change" – a national platform to discuss emerging global health issues by SYPs, for SYPs – as a satellite event of the CCGH.

“ My mentor is **AMAZING!** He was born for this role, is dedicated to his students and genuinely goes above and beyond to learn and teach young people in global health. Leaving behind a capable cohort of collaborative students in global health is his last mission in life. ”

Financial Report

To download a copy of the 2019 audited financial statements, please visit www.csih.org.

Statement of Operations

For the year ended December 31, 2019

	2019	2018
REVENUE		
Projects – Technical assistance (Schedule A)	\$ 668,731	\$ 681,653
Global Health Conferences	376,733	369,618
Public Health Agency of Canada	146,787	370,720
Memberships	8,635	8,825
Other	10,607	10,383
	1,211,493	1,441,199
EXPENSES		
Technical assistance	580,027	607,378
Global Health Conferences	317,952	331,725
Knowledge exchange and networking	180,744	394,154
Program development	30,385	15,832
Administrative expenses		
- Salaries and benefits	91,993	96,206
- Fixed costs	39,616	37,184
- Variable costs	24,171	26,769
- Governance	7,396	13,493
- Loss (gain) on exchange rate	1,441	(280)
- Other	618	1,811
	1,274,343	1,524,272
	\$ (62,850)	\$ 83,073

Statement of Financial Position

For the year ended December 31, 2019

	2019	2018
ASSETS		
CURRENT ASSETS		
Cash	\$ 71,200	\$ 339,924
Contribution receivable	99,868	35,453
HST receivable	16,279	14,208
Work in progress	97,871	98,579
Prepaid expenses	7,382	23,673
	\$ 292,600	\$ 511,837
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities (Note 4)	136,329	147,245
Deferred revenue (Note 5)	27,862	173,333
	164,191	320,578
NET ASSETS		
Unrestricted	128,409	1,259
Internal restriction (Note 6)		190,000
- Contingency Reserve Fund		
	128,409	191,259
	\$ 128,409	\$ 191,259

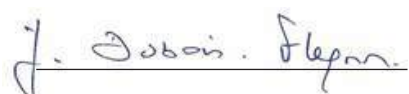
Statement of Changes in Net Assets

For the year ended December 31, 2019

	Unrestricted	Contingency Reserve Fund	2019 Total	2018 Total
BALANCE, BEGINNING OF YEAR	\$ 1,259	\$ 190,000	\$ 191,259	\$ 274,332
Deficiency of revenue over expenses	(62,850)	-	(62,850)	(83,073)
Internal Restriction (Note 6)	190,000	(190,000)		
BALANCE, END OF YEAR	\$ 128,409	\$ -	\$ 128,409	\$ 191,259

ON BEHALF OF THE BOARD.

 , Director

 , Director

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CSIH gratefully acknowledges the contribution
of **consultants, volunteers, committee members**
and **members** who make its work possible.



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