

# Towards a Healthier World

ANNUAL REPORT 2014  
Canadian Society for International Health



## Co-chairs' message: Towards a healthier world

The global health landscape is constantly evolving. The post-2015 development agenda's emphasis on social, environmental and economic sustainability will dominate the global development discourse for the foreseeable future. Other emerging dynamics include new technologies, new actors influencing global health decision-making, and a growing demand from donors, governments and the public for information on the impact and influence of our global health work – all in a context of diminishing financial resources.

CSIH must adapt. We must maintain and increase our organizational effectiveness as we seek to address global health inequities and improve health systems around the world.

In many ways, 2014 was a year of transition for CSIH. It was a time to review our accomplishments, identify our strengths and sharpen our focus in a context of international, national and organizational change. And as discussion buzzed in the boardroom, CSIH staff, consultants and partners continued their diligent work of convening the global health community to share knowledge and motivate action, mentoring young leaders, and improving healthcare capacity in Africa and Central Asia. We are excited about the impact of their efforts as described in this report.

Based on our experiences and reflections over the past year, we are now turning our sights to the future. Our strategic and operational plans for 2015-2017 embody our vision for a renewed CSIH. We will continue to build on our strengths by focusing on three core functions: knowledge and networking on priority global health issues, international technical cooperation health projects and global health leadership development.

We will also strive to collaborate with key stakeholders to address a broader range of global health and development issues; we will seek strategic alliances with other like-minded organizations, coalitions and networks; we will diversify revenue sources; we will increasingly engage our members; we will build capacity of local and international partners to deliver more effective health programs.

The world is indeed changing, and the global health sector is in constant flux. At CSIH, we seek to contribute to positive change - for the newborn struggling to survive, for the healthcare worker lacking equipment and medication, for the student seeking a career in global health, for the thousands of Canadians looking for ways to connect on issues that matter to them. In 2015 and beyond, CSIH will do its part, collaboratively and strategically, to make the world a healthier place.

*Duncan Saunders and Kate Dickson, Co-chairs  
Canadian Society for International Health*

## Membership

CSIH membership is available to individuals anywhere in the world working in, or interested in, international health and the objectives of CSIH. There were 320 members as of December 2014, representing a broad range of health-related professions.

# CCGH: Convening the global health community

The Canadian Conference on Global Health (CCGH) is the primary space for Canadians working in the field of global health to connect with each other and with partners in developing countries. The CCGH brings together researchers and academics, NGOs, policy-makers, and healthcare professionals in order to share knowledge and form partnerships around issues concerning global health and health in development.

The 2014 CCGH, which took place in Ottawa, Ontario from November 2-4, was host to 441 people from 26 different countries, including 39 participants from low and middle income countries. Delegates were primarily people who work in academic institutions, followed by students and NGOs.

The theme, "Partnerships in Global Health," was explored through plenary sessions, topic-focused symposia, and oral and poster sessions. There was open discussion about the role of power and politics, and how these contextual

factors influence health outcomes. The discussions demonstrated that Canada has a strong opportunity to build up its global health credibility and define areas of competitive advantage where global health fits in this changing environment.

Attendees also concurred that true partnerships between the global north and the global south can be successful only through an inclusive approach where local population groups are acknowledged as experts and work side-by-side with external researchers.

CSIH gratefully acknowledges the following conference sponsors: DFADT, GHRI-IRSM, IDRC-CRDI, Leacross Foundation.

The 22nd edition of the Canadian Conference on Global Health will be held in partnership with GHR-Caps in Montreal, Canada from November 5-7, 2015.



*I thank you so much for your warm reception in Canada during the International Conference on Global Health. Words cannot attest how grateful I am for the information you shared with me during the three day conference.*

*Winniejoy Gatwiri Nkonge, Kenyatta University, Kenya*

## 2014 Lifetime Achievement Award



The Lifetime Achievement Award is given to a member of the Canadian Society for International Health who has made a substantial contribution to the field of international health throughout his or her career.

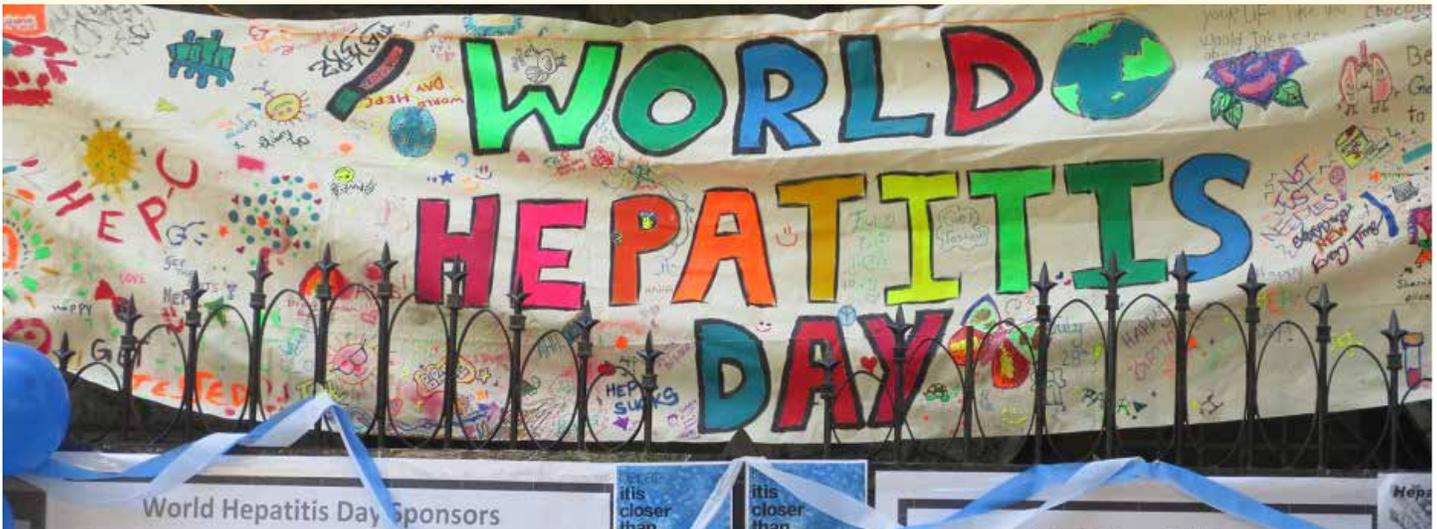
This year's recipient, Donald Sutherland, holds degrees in medicine, community health and epidemiology. He has initiated and supported public health programs around the world, including rural and refugee health care in Africa, HIV/AIDS programs in Uganda and Canada, and international public health with the Public Health Agency of Canada. Dr. Sutherland is also senior advisor on public health to CSIH and a regular mentor in the MentorNet program.

Besides his activities in global health, Don is a husband, a father to four children, a trumpet player and a potato farmer. CSIH expresses its warm appreciation and congratulations to Dr. Sutherland.

# Hepatitis C awareness and networking

CSIH continues to chair the Global Hepatitis C Network in Canada, including its flagship World Hepatitis Day (WHD) campaign. In 2014, CSIH had a record year for World Hepatitis Day under the theme “Know your status. Get tested”. In total, CSIH supported the coordination of 69 events, a 67% increase over 2013. Among the more visible WHD initiatives, Niagara Falls and the CN Tower were lit with red and yellow for World Hepatitis Day.

CSIH also welcomed more than 500 participants to its own WHD event in front of Ottawa City Hall on July 25. CSIH partnered with 15 local organizations for the event, all of whom set up booths with information about the services that each organization offered. Testing was made available on site by Ottawa Public Health.



The Global Hepatitis C Network in Canada also brings together researchers, policy makers, physicians and public health professionals to share knowledge and expertise on hepatitis C. CSIH updates a knowledge bank of peer-reviewed articles on hepatitis C prevention and awareness, research and surveillance, diagnosis, and treatment.

As part of this program, CSIH organized a workshop to discuss the availability, quality, and dignity of HCV services provided to Aboriginal and remote populations. Feedback from some of the 30 attendees indicated that the information would be applicable to their work going forward and that they benefited from meeting new people, sharing ideas and learning from each other.

CSIH also worked with the Eastern Ontario Health Unit to produce HCV awareness videos - one for at-risk youth/people who use injection drugs, and another for baby boomers. Videos were produced in both French and English and are available online.

# MentorNet



*MentorNet was one of the most formative experiences of my career to date. The MentorNet modules stimulated discussion about goal-setting and different global health areas of interest. My mentor enriched our chats with first-hand experiences in a variety of global health roles. In fact, my mentor and I still stay in touch, keeping each other in the loop about different career opportunities and just life in general. What's better than advancing your career and forming life-long relationships along the way?*

*Tommaso D'Ovidio  
Student, MSc, Health Services Research  
Member, MentorNet steering committee*

**MentorNet** is a national program that aims to connect students and young professionals (SYPs) interested in global health with experienced individuals in order to develop the knowledge and capacity required to contribute to this field.

MentorNet recruits, ranks and matches SYPs and Mentors. Each member of the steering committee creates teaching modules and facilitates five to six SYP-Mentor pairs. They also research and write conference abstracts to represent MentorNet at Global Health conferences.

In response to an increase in applications – 185 SYPs – CSIH facilitated two cohorts in 2014, one of 29 pairs, and a second one comprised of eight pairs.

CSIH also supported a student to attend the Consortium of Universities on Global Health (CUGH) and another to participate in the CPHA Conference. MentorNet promotional materials were presented at both conferences.

*The CSIH MentorNet Program has provided me with the opportunity to share knowledge, ideas and experiences in global health with the great students since 2011, and I would love to be part of it in coming years as well.*

*Dr. Navin Ghimire,  
Medical Epidemiologist  
World Health Organization*



## REPUBLIC OF KAZAKHSTAN

# Evidence-based practice

In 2013, CSIH concluded a 3.5 year project in the Republic of Kazakhstan on Clinical Practice Guidelines and Evidence-based Medicine. The successful completion of this work led to the signing in October 2014 of another agreement for a new project titled: *Partnership on Chronic Disease Management Programs (DMP)*.

The DMP project will help national and local health authorities develop and implement disease management programs for diabetes, hypertension, and chronic heart failure. Working in two pilot sites, Pavlodar and Petropavlovsk, CSIH's team of six experts is adapting and applying internationally successful approaches to chronic disease management and supporting the implementation of clinical practice guidelines. In 2014, experts travelled to Kazakhstan for the project's inception mission to meet Ministry of Healthcare and Social Development personnel, visit the pilot sites, and develop a project work plan.

## Medical Education

Also in 2014, CSIH was selected for a World Bank project on Medical Education in the Republic of Kazakhstan. This project began in May, and is moving forward successfully. Three Canadian experts have been working directly with medical universities in Karaganda State and Semey State to upgrade the quality of medical education to meet international standards. The consultants have developed a new mission-based budgeting model to implement at the two pilot universities with the goal of modernizing the management of medical education. In 2014, after an assessment of their competencies, the medical university senior managers participated in two learning sessions on practical approaches to improve management and leadership skills.

**Kazakhstan**, formerly a Soviet Republic, is the world's largest landlocked country with vast energy resources and an estimated population of 17 million people. The country faces challenges in terms of its health system which is based on outdated norms and practices, delivered through an oversized network of state health facilities, managed through direct control, and with few incentives for improved efficiency or quality of services. The Government of the Republic of Kazakhstan has recognized that health care is not delivered at a level that meets international standards and that the current system is in need of restructuring and reform.





## MONGOLIA

# Strengthening health systems

In June 2014, CSIH was selected by the Asia Development Bank and the Mongolian Ministry of Health and Sport to participate in the Fifth Health Sector Development Project (FiHSDP), a three-year project managed by the Mongolian government. The aim of the project is to improve the safety of patients and health workers in hospitals in Mongolia, and the role of CSIH is to provide technical assistance in blood safety, medical waste management, and infection prevention and control. CSIH has hired a team of seven international experts to provide technical assistance, and contracted Flagstaff International Relief Effort.

During the first six months of the project, CSIH conducted three missions to Mongolia to carry out assessments, evaluate equipment inventories and gaps, and develop materials and deliver training.

In the blood safety component of the project, among other activities, 35 heads of blood banks and hospital departments participated in quality management training courses offered through the project.

In terms of waste management, CSIH technical consultants assessed the Central medical waste treatment plant in Ulaanbaatar, as well as several hospitals, which were all found to fall short of government standards for waste management. Recommendations are now in place to upgrade these systems.

For the final component of the project – infection prevention and control in hospitals – CSIH assessed the sterilization techniques and equipment in several hospitals. The team discovered severe shortfalls both in the training of healthcare workers in infection control, and the materials with which they are working. CSIH will be developing plans and protocols to address these issues.

By introducing new practices, and improving the knowledge and skills of healthcare workers and facility staff, CSIH is investing in best practices that will continue beyond the lifespan of this project.

**Mongolia** is a vast, landlocked country, nestled between Russia and China on Central Asia's plateau. With less than 3 million people, Mongolia is one of the most sparsely populated countries in the world. Despite its growing economy, Mongolia is experiencing severe shortages in the provision of social services, including inadequate accessibility and quality of hospital services, and high rates of infectious disease in healthcare environments.



## TANZANIA

# Maternal and child health

CSIH, in collaboration with World Vision Canada, completed the final year of a three year project, addressing issues related to maternal and child mortality in rural Tanzania. The project, known as Supporting Systems to Improve Nutrition and Maternal, Newborn and Child Health (SUSTAIN-MNCH) began in 2012, with activities continuing to the end of 2014.

The overall objective of the SUSTAIN-MNCH project was to improve the health and nutritional status of mothers, newborns and children under five years of age living in poor rural communities in the Iramba, Singida, Ikungi and Mkalama districts of Tanzania.

CSIH worked to implement the health systems strengthening component of the project by improving the Health Management Information System (HMIS) and training health service managers at the regional, district and health facility levels.

Training of managers continued into 2014, with the presentation of two more “Leadership and Supportive Supervision Training” workshops in March and August. Training was also delivered on the effective use of the newly upgraded HMIS.

The final year (2014) was mainly devoted to assessing changes, making policy recommendations to ensure the sustainability of changes, and measuring results. It was found that SUSTAIN-MNCH contributed significantly to improvements in the quality of maternal, newborn and child health in the targeted regions. Learnings from the project have also been adopted in surrounding areas, which, along with the involvement of local services, is expected to lead to lasting change.

**Tanzania** is a country in East Africa with a population of nearly 50 million people. Kilimanjaro, Africa's highest mountain, is in Tanzania as are many national parks and game reserves. Despite its wealth of natural resources, Tanzania is one of the poorest countries in the world. Maternal, neonatal and child mortality rates remain high in Tanzania, though most deaths are preventable by appropriate, inexpensive interventions. Some of the challenges include high rates of malaria and diarrhea in young children, a lack of skilled birth attendants and poor nutritional practices.



# Financial Report

To download a complete copy of the 2014 audited financial statements, please visit [www.csih.org](http://www.csih.org).

*"In our opinion, the financial statements present fairly, in all material respects, the financial position of The Canadian Society for International Health as at December 31, 2014, and the results of its operations and its cashflows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations."*

*Marcil Lavallée,  
Charter Professional Accountants,  
Licensed Public Accountants  
Ottawa, Ontario, May 19, 2015*

## THE CANADIAN SOCIETY FOR INTERNATIONAL HEALTH STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2014

	2014	2013
<b>REVENUE</b>		
Projects - Technical assistance	\$ 1,057,971	\$ 977,580
Canadian Conference on Global Health	223,254	207,108
Public Health Agency of Canada	177,136	327,601
Other	17,639	11,941
Gain (loss) on exchange rate	8,548	(8,709)
Memberships	7,310	17,738
	<b>1,491,858</b>	<b>1,533,259</b>
<b>EXPENSES</b>		
Technical assistance	863,108	891,897
Canadian Conference on Global Health	220,745	186,713
Facilitation and enablement	177,136	290,730
Program development	41,548	49,075
Administrative expenses		
- Salaries and benefits	68,378	107,204
- Fixed costs	37,017	61,863
- Variable costs	30,501	36,828
- Governance	20,974	7,751
- Other	284	2,319
	<b>1,459,691</b>	<b>1,634,380</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>32,167</b>	<b>(101,121)</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>5,344</b>	<b>106,465</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$ 37,511</b>	<b>\$ 5,344</b>

## STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2014

	2014	2013
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 202,774	\$ 113,088
Accounts receivable	120,051	237,567
Work in progress	217,866	-
Prepaid expenses	11,689	13,430
	<b>\$ 552,380</b>	<b>\$ 364,085</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 346,321	\$ 236,323
Deferred revenue	168,548	122,418
	<b>514,869</b>	<b>358,741</b>
<b>NET ASSETS</b>		
Unrestricted	<b>37,511</b>	<b>5,344</b>
	<b>\$ 552,380</b>	<b>\$ 364,085</b>

# Board and Staff 2014-2015

## CSIH BOARD

- Duncan Saunders, co-chair
- Kate Dickson, co-chair
- Aslam Bhatti, treasurer
- Genevieve Bois, -2014
- David Buckeridge
- Colleen Cash, past co-chair
- James Chauvin
- Suzanne Clark
- Adrijana Corluka
- Amber McKereth, -2014
- Karam Ramotar, past co-chair, -2014
- Solina Richter, -2014
- Carol Sutherland-Brown

## CSIH STAFF 2015

- Eva Slawecki, Interim Executive Director
- Bob Abma, Financial Director
- Christopher Breen, Intern 2015
- Sarah Brown, Conference manager
- Marg Buchanan, Communications coordinator
- Catherine Burrows, Project coordinator
- Ecaterina Damian, Program manager
- Philmona Kebedom, Project coordinator
- Ryan Kleinau, Communications assistant
- Jeannine Richard, Administration coordinator
- Grace Zhou, Accounting coordinator

## Consultants and volunteers

CSIH relies on a network of Canadian and international consultants to implement its projects in the field. In 2014, 27 consultants contributed their expertise to the work in Tanzania, Kazakhstan and Mongolia and five staff members worked in the CSIH office in Kazakhstan.

Volunteers are also an integral part of the work of CSIH, from supporting the many activities of World Hepatitis Day to ensuring the smooth running of the CCGH conference.



The Canadian Society for International Health is a national non-governmental organization that works domestically and internationally to reduce global health inequities and strengthen health systems.

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