



CCGHR CCRSM
Canadian Coalition for Global Health Research Coalition canadienne pour la recherche en santé mondiale

Promoting better, and more equitable health worldwide through the production and use of knowledge

Annual Report 2015-2016

Canadian Coalition for Global Health Research (CCGHR)
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Chair's Report | *Garry Aslanyan*



Another busy year in the life of CCGHR has passed! As the current Chair, I keep reminding myself how important it is to volunteer to help shape and implement the plans of CCGHR. The core of our work and your engagement as members remains constant - working in global health research in Canada or globally with Canadians. The Board and the National Coordinator spare no effort in making sure CCGHR remains a viable and sustainable coalition in Canada and benefits from the most geographically dispersed Board and membership in the history of the Coalition.

You will learn more from this report on various important initiatives that are being implemented as part of the 2015-19 Strategic Plan you have endorsed during last year's Annual General Meeting. Various working groups put a lot of hours of volunteer work to implement the goals of the plan while ensuring that it continues to be reflective of the values of the members and sufficiently ambitious to maintain CCGHR's leadership role in the country.

This past year, we have particularly intensified our advocacy efforts, including making sure global health and global health research continue to be a cornerstone of Canadian foreign and development policies.

The success of the CCGHR is attributable to our exceptional staff and the volunteer work of our members serving on committees and working groups. It is these individuals that keep CCGHR dynamic, relevant and true to our vision as articulated in our strategic plan. I look forward to continue working with all of the members and the Board in the upcoming year.

National Coordinator's Report | *Charles Larson*



It has been a year of transition for the Coalition, driven by our new Strategic Plan 2015-19, leading to strengthened and more focused advocacy and capacity building activities. In addition, as you will read, the Principles for Global Health Research document that emerged from our Gathering Perspectives Study has been extremely well received. Centered on equity, this document will significantly impact global health training programs and the conduct of global health research among Canadian institutions and our partners abroad. My report will briefly highlight important Coalition events and activities over the past 12 months that lie outside the mandates of our standing committees and networks, whose reports will follow.

New Coalition committee structure: We have made some adjustments to our organizational structure, consolidating our efforts under three committees that represent the pillars of our Strategic Plan 2015-19. These are 1) Capacity Building Committee co-chaired by Jill Allison and Shafi Bhuiyan, 2) Policy and Advocacy Committee co-chaired by Michael Clarke and Katrina Plamondon, and 3) Governance and Finance Committee co-chaired by Peter Berti and Sonia Wesche. The University Advisory Council remains in place and continues to be a vital component of the Coalition.

New and Outgoing Boards: I would like to congratulate our newly constituted Board of Directors elected in the fall of this year. The new board members are Garry Aslanyan, Peter Berti, Shafi Bhuiyan, Kofi Bobi Borimah, Jennifer Hatfield, Yipeng Ge (Student Representative), Mira Johri, Nicola Toffelmire (Student Representative), Gail Tomblin Murphy and David Zakus. I would also like to thank outgoing board members who have generously volunteered their time and talents over the past two years: Colleen Davison, Walter Flores, Steven Hoffman, Anant Kumar, Rebecca Love, Senga Pemba, Kishor Wasan, and Sonia Wesche. This year the entire board was up for renewal, however we will move back to a staggered schedule in the future. We will also need to identify how to more effectively engage our international members, given the current challenges with overseas communication and financial constraints that limit our ability to bring them to our annual face-to-face board meetings. Finally, we will be exploring the addition of ex-officio members to the board representing other global health organizations with which the Coalition interacts.

Ontario Coalition Institute (OCI2016): This was a three day, completely restructured Coalition institute co-sponsored by Brock University, University of Waterloo, University of Guelph, and McMaster University, with the theme being the implementation of the recently completed Principles for Global Health Research document. The institute was held on the impressive Waterloo campus. The planning committee, made up of Cate Dewey, Susan Elliott, Craig Janes, Jennifer Liu, Vic Neufeld, Katrina Plamondon, Rebekah Pullen, Lynn Rempel, and Julia Pemberton, put together an outstanding event, with innovative programming that included panels, workshops, group work, open spaces (45 minute sessions defined by the participants) and “authors-on-tap” (Skype conversations between working groups and an author of a Principles’ case study). Given its success, it is our intention to repeat this institute format at least once a year, varying the topics and choosing sites across Canada.

Corporate funding of research: This has become an important topic of focus within the Coalition over the past two years leading to an open letter stating our concerns on the Coalition’s website, a panel presentation at the 2015 Canadian Conference for Global Health, a session to be held during the 4th International Health Systems Research Symposium, and acceptance of a manuscript to be published in the Canadian Journal of Public Health articulating key issues to be addressed as corporate funding becomes increasingly prevalent. Titled “Corporate Funding and Global Health Research: Questions to guide decision making”, I would urge all to read this paper. A special thanks to Ben Brisbois who has been the lead on this initiative.

Membership: The Coalition is currently made up of 20 university institutional members and 434 active individual members.

Coalition Secretariat: As in past years, I would like to acknowledge the outstanding work our Administrative Manager, Roberta Lloyd, and our Research Officer, Emily Kocsis, have contributed to the Coalition. They represent the backbone of our organization, often working well beyond the hours we are able to support them. We are incredibly fortunate to have Roberta and Emily on our team.

University Advisory Council | *Jennifer Hatfield & Vic Neufeld*

At the 5th annual UAC workshop in November 2015, representatives of twenty (20) member universities met in Montréal. They discussed the role of the UAC in the new CCGHR strategic plan, received updates from working groups, and reviewed the products of the Coalition’s Gathering Perspectives Study (GPS2). Representatives also summarized global health research activities and issues in each member university. Priorities for the coming year were identified. A key priority focused on capitalizing on the new political environment to re-imagine Canada’s role in the world, and more specifically push for a Canadian strategy for global health.

Subsequent activities have included:

- dissemination to member universities of the two documents that are products of the GPS2 study, for discussion and implementation;
- piloting regional inter-university global health research events (an example is the September 2016 “Ontario Coalition Institute” (OCI) that included Brock, Guelph, McMaster universities and the University of Waterloo.)
- creation of a working group on “Curriculum Sharing” to share materials from graduate level courses in global health, and to promote participation in on-line courses from across Canada.
- Encouraging liaison persons to support the CCGHR student and young professionals (SYP) network in their own institutions.

University Advisory Council Members | *(West to East)*

University of Victoria
University of British Columbia
Simon Fraser University
University of Calgary
University of Saskatchewan
University of Manitoba
Northern School of Medicine
University of Waterloo
University of Guelph
McMaster University
York University

University of Toronto
Ryerson University
Brock University
Queen’s University
University of Ottawa
McGill University
Université de Sherbrooke
Université Laval
Dalhousie University
Memorial University

Policy Advocacy Committee | *Katrina Plamondon & Michael Clarke*

In early 2016, initiatives that were led under the Policy Influence Program, including capacity building for KT, enhancing Coalition engagement and support with partners outside of Canada, and the influential Gathering Perspectives Studies, were largely coming to a close and had generated a large body of evidence. Further, the newly elected government was demonstrating a renewed interest in evidence-informed decision making and began to launch consultations for the redesign of major policies relevant to global health. Responding to these contextual shifts, the CCGHR's Strategic Planning process, and recommendations from the members and board, the Policy Influence Program morphed into the Policy Advocacy Committee (PAC). This move reflected a desire to focus the Coalition's efforts on GHR advocacy, informed by the robust work that unfolded in the previous five years of leadership from the Policy Influence Program.

The new Policy Advocacy Committee has centred its attention on raising awareness of the importance of research in global health with federal ministries and mobilizing results of the Gathering Perspectives Studies. Our goal is to raise the profile of the CCGHR nationally, increasing awareness of both global health research and of the role the Coalition can play in supporting relevant policy processes. We would like to ensure that the Coalition is called upon when appropriate, sought out for its strength as a network of highly skilled and knowledgeable members who can be part of providing and producing evidence. This would be evidenced by invitation to committee meetings (e.g., foreign affairs, health) and continued invitation during public consultations. We also would like to see the language of research included in relevant policies, including, for example, the new international assistance policy.

To that end, we are targeting awareness raising efforts at both elected officials and bureaucrats. In June, we reached out to the new Minister of Health (Jane Philpott) and the Minister of International Development (Marie-Claude Bibeau) with an open letter (<http://www.ccgrr.ca/wp-content/uploads/2016/06/CCGHR-Open-Letter.pdf>). We were thrilled to receive positive responses from both Ministers and are anticipating meetings with them (or their delegates) in the months to come. Also in June, the CCGHR was invited to attend one of the Global Affairs Canada consultations. Our CCGHR National Coordinator, Charles Larson, attended and was able to deliver a set of key messages generated by the PAC in advance.

We are developing resources that our members can use to support them in their advocacy efforts, too. You can find a blog post by Michael about how to influence government online now (<http://www.ccgrr.ca/blog/influence-government-make-sausage-lose-friends/>), and a GHR Champions toolkit is coming soon!

We continue to be encouraged by the response to outcomes of the *Gathering Perspectives Studies*, which include a number of developments since the last CCGHR AGM:

CCGHR Principles for Global Health Research:

- The one-pager and companion document are both available in English, French, and Spanish: <http://www.ccgrr.ca/resources/principles-global-health-research/>
- Development and launch of materials to support use of the Principles in learning

environments, such as graduate seminars or courses. These include a learning guide with case studies (available via email to either Katrina Plamondon, katrina.plamondon@interiorhealth.ca or Emily Kocsis, researchofficer@ccghr.ca) and online video https://www.youtube.com/watch?v=60dYVK_NaVE

- The Principles are being sought after! They were the foundation for the Ontario Coalition Institute (add link to report/info on this) and invited presentations (e.g., Community Health Sciences O'Brien Institute Seminar Series at the University of Calgary). We anticipate other similar events evolving across Canada in the next few years.
- CIHR is currently considering how the Principles will inform their work in supporting GHR
- Oral presentation on using the Principles to cultivate equity-centred research practices at the Fourth Global Symposium on Health Systems Research in Vancouver (November 2016)
- Manuscripts under review as a methodological case study, discourse analysis, commentary on the application of principles, and as a report of research

Canadian Funding Landscape

- A series of CCGHR members' *Stories of Funding* are now available on the Coalition website <http://www.ccghr.ca/funding-learning-tools-2/stories-funding-2/>
- Manuscript is under review as a report of research

Capacity Building Committee | *Jill Allison & Shafi Bhuiyan*

The activities of the capacity building program have centered on re-organizing priorities and re-configuring activities and approaches to suit the organizational realities and fiscal climate.

We have expanded our collaboration with the Consortium for Advanced Training in Africa (CARTA) by inviting facilitators from a wider range of CCGHR member institutions. We will continue to facilitate partnerships and foster research relationships and supervisory support for a new generation of African scholars seeking to make a difference in health research in their own countries. Look for recruiting information and opportunities on the website.

We are also excited about an emerging opportunity to collaborate with CUGH in capacity building through the development of resource sharing and support for a new network of researchers in AFREHEALTH. AFREHEALTH has been created through the networks supported by MEPI-NEPI funding. We look forward to this partnership **knowing** that **our colleagues** will benefit from our **experience working** with CARTA and CCGHR's experience with building knowledge platforms and the harmonization initiative.

The capacity building committee is also working on building student chapters and hosting a summer institute in 2017. Furthermore, as a part of global health research capacity building we have trained around 67 internationally trained medical doctors (new immigrants- ITMDs) originating from over 15 countries at Ryerson University. Special thanks to Dr. Neufeld for his assistance in creating this program, and also for inviting ITMDs to join the CCGHR.

SYP Network | *Emily Kocsis & Nicola Toffelmire*

For the Student Young Professionals Network, the 2015-2016 year was not only defined by the many successful events and initiatives, but also by the challenging process of reflecting upon, and further developing our identity as a SYP group. Building on the recognition given to the SYPN in the Coalition's 2015-2019 Strategic Plan, the SYPN Executive dedicated considerable time to growing the influence of, and visibility of the SYPN within the Coalition, as well as within the wider global health community in Canada. Over the course of several months, the SYPN Executive engaged in a reflective process that asked fundamental questions about the SYPN, its motivations, and strategic directions moving forward. This exercise proved extremely valuable, resulting in the creation of targeted strategic objectives, and concise mission and vision statements. To showcase our work, we created a dedicated set of SYPN pages on the Coalition website. The website has already improved the legitimacy and visibility of our network among potential and existing members, and we plan to continuously develop its content functionality. In addition, the SYPN has also supported various global health events throughout the year, including: the Global Health SYPs post-conference at the 2015 Canadian Conference on Global Health, the 2nd annual CCGHR Global Health Forum at Waterloo University, and most recently, the Ontario Coalition Institute (OCI). These events have been invaluable, as they have given us a better sense of what the priorities and interests are among SYPN members. In particular, after witnessing firsthand the inter-institutional collaboration at the OCI and Global Health Forum, using CCGHR student chapters as a platform to cultivate cooperation and capacity building among universities has been recognized as a high priority for the SYPN.

Although it has been an exciting year, we have also had some leadership changes within the SYPN that must be acknowledged. This past March, two of the founding members of the SYPN, Clarke Cole and Rebecca Love stepped back from the Canadian SYPN Executive in order to establish a European SYPN chapter, similar to its Canadian counterpart. In addition, long-time SYPN Executive members Kristy Hackett and Christine Wang are beginning new chapters in their global health careers, and have both decided to move away from the SYPN in order to provide new SYPs the opportunity to get involved. While Clarke, Rebecca, Christine and Kristy will be sorely missed; we are privileged to have received applications from an equally impressive set of candidates. We look forward to working with our new team over the upcoming year, continuing to grow the network's capacity to build a robust SYP community, and prepare the "next generation" of global health leaders in Canada.



Our Supporters

The CCGHR would like to thank the following individuals and organization for their generous support in 2015-16:

Donors

Bob Bortolussi, Colleen Davison, Steven J. Hoffman, Lesley Johnston, Mathieu Kamwa, Norlie Oloroso

Supporters (\$250 and over)

Doug MacMillan, Sonia Wesche

Champions (\$500 and over)

Jennifer Hatfield, Craig Janes, Ron Labonte, Olive Vaughan

Innovators (\$1,000 and over)

Charles Larson, Vic Neufeld, Katrina Plamondon, Kish Wasan

Government of Canada

International Development Research Centre (IDRC)

Our Volunteers

The Canadian Coalition for Global Health Research would like to thank the many individuals who have made a generous contribution of time and energy to the many activities undertaken in 2015-16.

Board of Directors

Garry Aslanyan, Chair, Manager, Partnerships and Governance, Programme for Research and Training in Tropical Diseases – TDR, WHO, Geneva

Peter Berti, Nutrition Advisor and Deputy Director, HealthBridge, Ottawa

Colleen Davison, Research Scientist, Kingston General Hospital; Adjunct Assistant Professor, Department of Community Health and Epidemiology, Queens University, Kingston, Ontario

Walter Flores, Director, Centro de Estudios para la Equidad y Gobernanza en los Sistema de Salud (CEGSS) Guatemala

Jennifer Hatfield, Associate Dean, Global Health and International Partnerships – Faculty of

Medicine, University of Calgary, Calgary, Alberta

Steven J. Hoffman, Associate Professor of Law and Director, Global Strategy Lab, Faculty of Law, University of Ottawa, Ottawa

Anant Kumar, Assistant Professor, Xavier Institute of Social Service, Ranchi, Jharkhand, India

Charles Larson, National Coordinator (ex officio) Senior Associate Clinician Scientist, CFRI, Clinical Professor, Department of Pediatrics, University of British Columbia

Rebecca Love, PhD Candidate, MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Cambridge, United Kingdom

Gail Tomblin Murphy, Professor, School of Nursing and Director, WHO/PAHO Collaborating Centre for Health Workforce Planning and Research, Dalhousie University, Halifax, Nova Scotia

Senga K. Pemba, Director, Tanzanian Training Centre for International Health, Ifakara, Tanzania

Nicola Toffelmire, Master of Public Health Candidate, Simon Fraser University, Burnaby, British Columbia

Kishor Wasan, Professor and Dean, College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, Saskatchewan

Sonia Wesche, Assistant Professor, Department of Geography, University of Ottawa, Ottawa

Capacity Building Programme | Co-chairs

Jill Allison, Global Health Coordinator, Global Health Office, Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland

Shafi U. Bhuiyan, Distinguished Visiting Scholar and Adjunct Professor, Ryerson University

Policy Influence Programme | Co-chairs

Katrina Plamondon, Regional Practice Leader, Research and Knowledge Translation Professional Practice Office, Interior Health. PhD Candidate, Interdisciplinary Graduate Studies Frederick Banting & Charles Best Canada Graduate Scholar, Adjunct Professor, School of Nursing University of British Columbia Okanagan.

Ian Graham, Professor, Faculty of Health Sciences, University of Ottawa and Senior Social Scientist, Clinical Epidemiology Program of the Ottawa Hospital Research Institute

Student and Young Professionals Network | Executive

Emily Kocsis, Nicola Toffelmire, Clarke Cole, Rebecca Love, Christine Wang, Kristy Hackett and Erica Westwood

Secretariat

Emily Kocsis, Research Officer

Charles Larson, National Coordinator

Roberta Lloyd, Administrator

Independent Auditor's Report | McKechnie & Co.

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

We have audited the accompanying financial statements of the Canadian Coalition for Global Health Research, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting

policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

In common with many not-for-profit organizations, the Canadian Coalition for Global Health Research 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 Canadian Coalition for Global Health Research. Therefore, we were not able to determine whether any adjustments might be necessary to donation revenue, excess of revenue over expenditure, and cash flows from operations for the year ended March 31, 2016, current assets and net assets as at March 31, 2016.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of the Canadian Coalition for Global Health Research as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Ottawa, Ontario September 15, 2016

**Statement of Financial Position
As At March 31, 2016**

Assets

Current	<u>2016</u>	<u>2015</u>
Cash	\$ 7,155	\$ 18,205
Accounts Receivable	6,108	12,288
Prepays	<u>1,324</u>	<u>1,533</u>
	<u>\$ 14,587</u>	<u>\$ 32,026</u>

Liabilities and Net Assets

Current		
Accounts payable and accrued liabilities	\$ 17,717	\$ 4,981
Deferred contributions (note 3)	<u>246</u>	<u>26,970</u>
	<u>17,963</u>	<u>31,951</u>
Net assets	<u>(3,376)</u>	<u>75</u>
	<u>\$ 14,587</u>	<u>\$ 32,026</u>

Capital Management (note 5)

**Statement of Operations and Changes in Net Assets
for the Year Ended March 31, 2016**

	<u>2016</u>	<u>2015</u>
Revenue		
Grants	\$ 49,644	\$ 97,317
Project Funding	1,000	55,288
Membership Fees	40,021	41,005
Donations and other	<u>7,268</u>	<u>1,629</u>
	\$ 97,933	195,239
Expenditure		
Administration	14,108	11,599
Personnel	53,952	138,940
Professional fees	3,399	3,151
Program delivery	<u>29,925</u>	<u>42,377</u>
	101,384	196,067
(Deficiency) excess of revenue over expenditure for the year	(3,451)	(828)
Net assets, beginning of the year	<u>75</u>	<u>903</u>
Net assets, end of year	\$ <u><u>(3,376)</u></u>	\$ <u><u>75</u></u>

Statement of Cash Flows
For the Year Ended March 31, 2016

	<u>2016</u>	<u>2015</u>
Operating activities		
(Deficiency) excess of revenue over expenditure for the year	\$ (3451)	\$ (828)
Net change in non-cash working capital		
Accounts receivable	6,180	8,929
Prepays	209	(1,533)
Accounts payable and accrued liabilities	12,736	(15,960)
Deferred contributions	<u>(26,724)</u>	<u>20,157</u>
Net Increase in cash	(11,050)	10,765
Cash, beginning of year	<u>18,205</u>	<u>7,440</u>
Cash, end of year	\$ <u>7,155</u>	\$ <u>18,205</u>

Notes to the Financial Statements March 31, 2016

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.

The Coalition 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.

Significant Accounting Policies

The financial statements were 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 related to expenses of future periods are deferred and recognized as revenue in the period in which the related expenses are incurred. Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Membership revenue are recognized as revenue in the fiscal year received.

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.

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. Financial assets subsequently measured at amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

3. **Deferred Contributions**

Deferred contributions are comprised of grant funding for projects continuing into the 2016- 2017 fiscal year.

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, 2016.

Credit risk

The Organization is exposed to credit risk with respect to the accounts receivable. 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, 2016, the Organization has met its objective of having sufficient liquid resources to meet its current obligations. As at March 31, 2016, the Organization had a deficit in net assets of \$3,376. 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.