

Child Health and Nutrition
Research Initiative

CHNRI



Finding solutions for global child health

CHNRI Annual Report 2008

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Vision

To improve child health and nutrition of all children in low and middle-income countries through research that informs health policy and practice.

Mission

To remedy the inequity in research affecting child health and nutrition in low and middle-income countries by using evidence-based advocacy to influence governments and funding agencies to place higher priority on child health and nutrition research including strengthening of the research capacity in this area.

CHNRI is dedicated to the advancement of three United Nation's Millennium Development Goals (MDGs 1, 4 and 6) -- eradicating extreme poverty and hunger, reducing child mortality, and combating HIV/AIDS, malaria and diseases in children.

What We Do

In order to achieve these goals, CHNRI has defined an ambitious but realistic plan to achieve specific objectives, which will serve to:

- Review, synthesize, generate and disseminate evidence to inform advocacy on research affecting child health and nutrition in low and middle income countries.
- Advocate with governments and key funding agencies to increase funding for research on conditions affecting child health and nutrition in low and middle income countries that will be relevant for policy and effective programmes to overcome barriers to reach poor children and their mothers.
- Advocate with governments and key funding agencies to strengthen child health and nutrition research capacity in low and middle income countries through achieving a critical mass of researchers and institutions that can encompass the entire spectrum of research required (from innovation to implementation).

Executive Director Message:

In 2008, our focus remained primarily on CHNRI priority setting and mapping exercises. At global level, CHNRI continues to work with Child and Adolescent Health Department of the World Health Organization (WHO) to define priorities in the eight leading causes of death among children all over the world: birth asphyxia, neonatal infections, low birth weight, pneumonia, diarrhoea, malaria, under nutrition and HIV/AIDS. Out of seven implementation papers in collaboration with WHO, four major articles were published in peer reviewed journals this year.

At national level, we initiated implementation of the CHNRI methodology to develop national level child health research agendas on HIV/AIDS in South Africa, where it was also compared to Delphi (priority setting methodology) in a crossover design. The results from the completed exercise of priority setting methodology emphasized the importance of health policy and system research in comparison to other research activities. Hence CHNRI has committed itself to the development of a new conceptual framework for the CHNRI (Priority Setting) Methodology that is better suited for health policy and systems research. CHNRI has also initiated development of a software package that will allow stakeholders to carry out priority setting exercise without (CHNRI) facilitator. We hope to make the software package available in 2010.

On CHNRI funded activities, this year all the projects were completed. Though we are expecting to receive the final reports for University of The Gambia and ICDDR,B on Gambia and Bangladesh projects under the 3rd Request for Proposals. From the results of the study we will be able to estimate the burden of low birth-weight, assess risk factors and evaluate the relationship between low birth-weight and neonatal morbidity and mortality in Gambia. For the University of The Gambia, this was one of their first child health research studies and we hope that due to this project their capacity for further research has developed. From the project carried out by ICDDR,B we will be able to evaluate levels, determinants and consequence of LBW and pre-maturity in rural Bangladesh.

On the mapping exercise we have carried out need assessment of the official website and (CHNRI) Online Community. We have partnered with a web developer on a project basis and improved it in terms of additional functionalities and interactivity to facilitate better information sharing between present and new research investigators. In terms of content we have tried to populate the site with scientific updates that would be useful for researchers. We intend that the site will become a global resource centre for researchers, policymakers, donors and other actors in child health and nutrition research for up-to-date scientific literature, links to journals, research funding opportunities, a database of peer researchers, organizational profile of funding agencies, event calendar and resources. And, the Online Community will be known as a forum for collaboration and discussion. Potential donors can also have access to information about CHNRI and all the resources of the site. The website provides thorough information about our ongoing activities and future directions.

This year's first Board meeting was held in Cape Town, South Africa in April 2008 in conjunction with Countdown 2008 Conference and 118th Assembly of the Inter-Parliamentary Union. The second Board meeting was held in Geneva, Switzerland in October 2008.

CHNRI welcomed a new Board member Prof. Richard F Hurrell, Professor, Swiss Federal Institute of Technology. The call for Secretariat transition received good response. Ten institutions from Chile, India, Indonesia, Sri Lanka, Nigeria, Palestine and Zambia submitted proposals. The Board reviewed the applications for potential institutions who had applied to host the CHNRI Secretariat and shortlisted for further considerations. The Secretariat will transit to new hosting organization by the beginning of 2010 from ICDDR,B (Bangladesh) where it is housed since June 2004.

Mohsena Hassan has joined the Secretariat as Communication Specialist and Mizanur Rahman have been replaced by Mohammad Hasnat Mukul as Finance Manager.

I would like conclude by thanking the Foundation Board, CHNRI consultants, the Secretariat and especially the donors for their full support. It is the combined effort and commitment towards the shared goal that allowed us to accomplish all that we did.

Dr. Shams El Arifeen
Executive Director, CHNRI
August 2008

Activities in 2008

Priority Setting Exercise

In 2005 CHNRI launched a project to develop a systematic methodology for setting priorities in health research investments and to apply it to global child health. The joint work of technical experts at several consecutive workshops resulted in development of a systematic process that involves the investors, technical experts and numerous other stakeholders, and results in: (i) understanding and defining the context in which investments are performed; (ii) agreeing on expected “returns” on the investments and risk preferences; (iii) defining the main criteria for priority setting; (iv) systematic listing of many competing research investment options; (v) transparent valuation of each research option against each criterion; (vi) adjustment of this valuation according to values of the society; (vii) combining this adjusted valuation with predicted cost, expected “returns” and risk preferences to decide on the optimal investment strategy. “

The target audiences for the proposed method are international agencies, large research funding donors and national governments and policy-makers. The CHNRI methodology is a flexible process that enables prioritizing health research investments at any level: institutional, regional, national, international or global.

In 2008 CHNRI continue to focus on applying the methodology at both local and global settings. Several examples of application at the national and global level have already been published and about a dozen more are currently being conducted in collaboration with the World Health Organization, The Lancet Mental Health Group and International Committee on Child Development.

Apart from all these implementation studies, CHNRI also took an initiative to develop a new conceptual framework for the CHNRI methodology that is better suited for Health Policy and System Research (HPSR) questions. A consistent finding from all completed exercise was that of prioritisation of health policy and systems research (HPSR) questions. Whilst the feedback from the use of this priority setting methodology has been overwhelmingly positive there have been a number of important drawbacks identified. Most important of them was that the HPSR research questions are not specific enough and potentially could cover a huge range of research questions. Some commentators have also pointed out that there are some generic health policy and systems research (HPSR) questions that are ignored by the present stage of CHNRI methodology. Following on this, CHNRI attempted to outline a process to address all these shortcomings of the present CHNRI methodology. The process started by going back to re-examine the fundamental principles in considering the definitions of health research and priority setting. From this analysis a modification in the classification and assessment of health research questions were made. From the analysis suggestions were also made towards the identification and classification of both generic and programme specific HPSR questions. Following up on the development of the new CHNRI priority setting framework for health policy and system research (HSPR), a national level exercise has been initiated in South Africa on AIDS treatment in collaboration with Medical Research Council (MRC), South Africa. The exercise is expected to come to a completion in 2009.

Another activity that was undertaken in 2008 was development of a theoretical framework for combining the list of priorities with their proposed cost. An exercise was conducted in Croatia which implemented the CHNRI methodology on the existing investment portfolio in biomedical research of the Croatian Ministry of Science. This exercise helped in showing how the budget could be better balanced between the fund recipients and how some unsupported research should replace other existing funded research. The results are expected to be published in 2009. CHNRI has planned to carry out a validation study of the CHNRI methodology. A detailed strategy and methodology on how to validate the CHNRI methodology has been developed, and it will be implemented in Dubrovnik, Croatia in 2009. This exercise is expected to result in a paper that will show consistency and internal validity of the CHNRI methodology along with its comparative advantages to alternative methods.

Another key activity in 2009 will be the work with the University of Edinburgh under a subgrant agreement in the project "Modeling the Impact of Emerging Interventions against Pneumonia" funded by Bill and Melinda Gates Foundation. The project has proposed to undertake CHNRI process that would gather the representatives from CHNRI and 15 leading technical experts on pneumonia.

The team is expected to conduct the CHNRI process with 3 main expected outcomes. The first outcome would be to assess the risk and benefits of a very large list of research & development investment options related to pneumonia, meningitis and flu, which range from very difficult and distant upstream research (basic science and technology) to downstream research (health policy and systems research, operations/implementation research). The list of up to 200 - 300 investment options would be assessed for likelihood of satisfying the 5 criteria: (i) answerability in an ethical way; (ii) effectiveness; (iii) deliverability, affordability and sustainability; (iv) maximum potential impact on disease burden reduction; (v) effect on equity. This assessment would include both the emerging investment options and many other competing options related to epidemiological research, health policy and systems research and research to improve the existing interventions. This first outcome of CHNRI process would be based exclusively on expert opinion, to transparently inform the Donor on the risks and benefits inherent to different investment choices and capture collective optimism of the experts towards each investment option by each specific criterion.

From that initial exercise, 30-40 options on emerging interventions would be selected and the process would be repeated for different geographic contexts and time scale, to study how investment priorities change within different contexts. This outcome would again be based on expert opinion only. The experts would then take time to study all the information collected and then asked to agree on the most appropriate values for parameters relevant to emerging interventions that would be used by IMPACT software to estimate predicted effects of emerging interventions on pneumonia, meningitis and flu burden.

CHNRI Funded Research Studies

The period of intrauterine growth and development is one of the most vulnerable in the human lifecycle. The weight of an infant at birth is an important indicator of maternal health and nutrition prior to and during pregnancy, and a powerful predictor of infant growth and survival. Of the approximately 10.4 million infant deaths each year in developing countries, 33-40% (population attributable risk) can be attributed to LBW, i.e. 3.5 to 4 million infant deaths each

year. LBW increases the risk of dying due to other direct causes and therefore addressing these other direct causes. At least a third of all infant deaths may be averted with the prevention of LBW and with preventive interventions against the sequelae of LBW during early childhood.

Interventions related to LBW may be preventive, or they may be aimed at overcoming the developmental risks typically associated with LBW. Prenatal care has long been endorsed as a means of identifying mothers at risk of delivering a preterm or growth-retarded infant and to providing an array of available medical, nutritional, and educational interventions intended to reduce the determinants and incidence of LBW and other adverse pregnancy conditions and outcomes. Although the general notion that prenatal care is of value to both mother and child has become widely accepted, the empirical evidence supporting the association between prenatal care and reduced rates of low birth weight has been equivocal. The literature indicates that the most likely known targets for prenatal interventions to prevent low birth weight rates are psychosocial (aimed at smoking); nutritional (aimed at low pre-pregnancy weight and inadequate weight gain); and medical (aimed at general morbidity). System level approaches to improve the accessibility and the appropriateness of prenatal health care services to entire groups of women and population wide health promotion, social service, and case management approaches may also offer potential benefits. However, data on the effectiveness of these services are lacking, and whether interventions focused on building cohesive, functional communities can do as much or more to improve low birth weight rates as individualized treatments has yet to be explored. The ultimate success of prenatal care in substantially reducing current low birth weight percentages may depend on the development of a much broader and more unified conception of prenatal care than currently prevails.

CHNRI called for proposal to conduct population-based studies to define the burden of low birth weight, i.e. prematurity and IUGR, and assess risk factors; and/or explore the relationship between prematurity and IUGR and neonatal morbidity and causes of death. Proposals from University of Gambia; Gambia and ICDDR,B Centre for Health and Population Research of Bangladesh were selected for funding under this call. Both the projects were completed in 2008. The final reports are due in 2009.

Bangladesh

Low Birth Weight and Prematurity in Rural Bangladesh: Levels, Determinants and Consequences for Neonatal Morbidity and Survival

Bangladesh is reported to have the highest rate of low birth weight (LBW) with some reports showing the incidence to be as high as 50%. More recently reports show that 17% of the infants in Bangladesh are born premature which also contributes to the high LBW rates. Though largely nutritional, there are multiple immediate and underlying factors that cause LBW. Since almost 90% of the deliveries take place at home in Bangladesh, babies are not weighed at birth. Therefore, the true incidence of LBW in the population is not clearly known.

In 2004 CHNRI signed an agreement with ICDDR,B under its third request for proposal to carry out a project in Bangladesh on low birth weight (LBW) and prematurity in rural Bangladesh. To measure the level of LBW, its determinants and major consequences in rural Bangladesh, investigators nested this study within the three community-based cohort studies. These community-based studies were conducted on three different populations in Bangladesh which

has the highest rates of low birth weight in the world. The three study sites have varying levels neonatal mortality rates, healthcare statuses, LBW rates and intervention types. Therefore, it was expected that assessment from these three different sites would provide a more representative measure of the burden of LBW, its determinants and consequences in rural populations in Bangladesh.

The CHNRI funded study collected data on over thirteen thousands newborns to estimate the incidence of LBW, pre-maturity and Intrauterine Growth Retardation (IUGR).. In addition researchers assessed maternal weight and height during pregnancy with weight measured again at first month postpartum. By conducting advanced secondary analysis on the three studies from the large pooled sample it was possible for researchers to use modelling techniques and investigate the effects of LBW, pre-maturity, IUGR and their further sub-classifications on neonatal mortality accounting for other immediate and underlying factors. The analysis also allowed investigation of the interactions between the various determinants.

The final report of the study was submitted to the CHNRI Review Committee. In the final report the preliminary data of this study suggests that the overall LBW rate in Bangladesh is 32.5%. These are very high rates of LBW and reaffirms the position of Bangladesh as having the highest rates of LBW in the world, even though there is evidence that rates may be reducing in recent years from the high rates of about 45-50% seen 15-30 years ago. The overall evidence indicates the need to ensure extra and appropriate care for LBW babies to help reduce the high rates of neonatal morbidity and mortality.

The Gambia

Low Birth Weight: A Prospective Study of Burden, Risk Factors and Neonatal Mortality

The University of The Gambia had proposed to conduct a prospective study to estimate burden, risk factors and neonatal mortality due to low birth weight in The Gambia. The objectives of the study were to determine the prevalence of LBW and its relative contributions to pre-maturity and Small for Gestational Stage (SGA), and in addition to determine the role of nutritional status, malaria, obstetric and medical conditions. The study also evaluated the contribution of low birth weight to neonatal morbidity and mortality and explored the effects of socioeconomic norms and practices that include utilization and quality of health services on both low birth weight and neonatal mortality.

The study suggested two strategies to address the issue. A prospective cohort accompanied by a case-control study. The prospective cohort study was designed to define the burden of low birth weight and assess risk factors, and the case-control study to explore the relationship between low birth weight and neonatal mortality. Data were collected on maternal biosocial characteristics, household wealth, antenatal experience, newborn parameters and neonatal outcome in a hospital based case control study. The differences between the frequencies of independent variables in case and control groups were examined using odds ratios with 95% confidence intervals.

The study found that the main risk factors for low birth weight were maternal age below 30 years, first pregnancy, and maternal height below 164 cm, maternal MUAC below 29 cm, less than four antenatal visits and hypertension. Wealth and four or more previous pregnancies

were protective. Neonatal mortality among low birth weight babies was 22 times that of controls and 76% of deaths occurred in hospital within 7 days of birth. The risk factors for low birth weight in The Gambia are similar to those reported elsewhere. Given the high rate of death while on admission in hospital, the main policy issue would be to strengthen special care for newborns in order to improve survival particularly among newborns weighing 1.5 kg or less.

CHNRI International Essay Contest 2009- “From Research to Evidence-based Policy”

Despite numerous attempts and new strategies, most of the 68 countries have made very little or no progress at all in achieving the Millennium Development Goals by 2015. Countries with similar health programmes do not always show the same level of success in terms of achieving national goals and objectives. For instance, the 2008 countdown report estimated that the coverage gaps for major child health interventions ranged from 20 per cent to over 70 per cent. Each country has its own public health policy and policy making process, programmes, and management systems. It is very important that we learn what experiences have proven to be successful, and adapt the successful programmes in a way that they can be implemented in the context of the different countries. Some policies are purely evidence-based while others are largely influenced by political agenda. Though, health policies based on research evidence have proven to be more effective and have better rate of success. Therefore, for assessing lesson learned from the countries on track to achieving MDG we need to consider contributing factors such as improved policy environment and evidence-informed policy, strengthening of health system, improving equitable distribution of high quality health services and advancing social and economic development.

In this light CHNRI decided to undertake CHNRI International Essay Contest 2009 as Request for Proposal-5. The concept of essay contest is based on examples of policies oriented to improve child health and nutrition that are based on research findings. CHNRI will be looking for the best examples of how research has been translated into policy that improved the child health and/or nutrition status at national, regional, or global level within the past 20 years. It would be useful to advocate research programs directed at addressing the conditions responsible for the most important diseases suffered by children, especially in developing countries, where the major burden of disease remains. This compilation of research examples that had an impact on policymakers, donors or relevant stakeholders to implement evidence informed policy and to allocate more funds for research focused on key issues that can improve child health and nutrition statuses.

The participants of the essay contest will be encouraged to provide a specific example of how the evidence was generated to help establish, modify or implement research based policy. The essay would describe the context, may include the history of the institution, and provide a substantiated and specific example of how research results influenced policy-making as well as program development.

The twelve most outstanding essays will be published in an anthology and the authors will be featured on the CHNRI's home page throughout the year. The best three essay winners will receive cash prize of US\$1000 each. The first prize winner, in addition to cash prize, will receive financial support for presenting his/her paper at a relevant international academic conference.

Grant assistance from CHNRI will be subject to acceptance of the paper in the conference. Entries will be and evaluated by an ad hoc committee via blind review, based on the criteria.

CHNRI Board members Drs. Adenike Grange, Maria Antonia Guillermo-Tuazon and Leonardo Homero Martinez were the selected members of the Essay Contest Committee.

CHNRI Online Community

In 2007, CHNRI successfully launched its online community. The objective was to create a common platform where researchers, policymakers, donors and implementers working in the area of child health and nutrition research can share knowledge relating to their common interests. CHNRI envisioned that the network would be a web-based knowledge sharing environment and would also provide information and communication resources. Additionally, it could also offer an interactive resource for its users and provide information and tools that support the child health and nutrition research environment.

In early 2008, CHNRI carried out a need assessment exercise and identified that the community lacks interactive facilities that can potentially improve the communication channels among members. Some technical priority functionalities were selected that needed to be incorporated to the current site and several other sections required redesigning for better functionalities of the Community.

CHNRI recruited a new strategic technical partner, EBizzSol, a Bangladesh-based web-development organization to implement the recommendations from the need assessment exercise. EbizzSol worked with the Secretariat and added number of new functionalities over the year. To ensure that the new website will be easy to maintain and independent of the web developer, all the software packages that has been used in the new site are open-access.

Anyone can become member of our Online Community. Members will be able to edit her profile, update contact information, add herself in an interest group, view comments made by other, save favourites, send-receive messages and comment on any topic. All the sections within the CHNRI Online Community has been developed allowing community members to comment on any section of the website increasing site's interactivity.

One of the key features of the new online community is what we call "Area of Interest". The objective of Area of Interest section is to act as a meeting hub for all who are interested in specific disease / conditions. Currently there are seven key areas of interest (i.e. Acute Respiratory Infection, birth asphyxia, child development, diarrhoeal diseases, HIV/AIDS, neonatal infection and nutrition) in child health and nutrition research that are emphasized in CHNRI Online Community. Disease specific news is regularly posted in the site. Both CHNRI Secretariat and community member are able to submit news items related to the specific Area of Interest. Both visitors and community members can ask general queries raised by the group members.

The site is regularly providing access to recently published abstracts on each of the selected topics. A moderator is selected among the experts in this field. The moderator reviews all the abstracts and gives an overall comment on the quality of the research, importance of the work or any other aspect that the moderator would like to address. The selected abstracts and

comments are archived after every quarter. CHNRI Online Community members and visitors can comment both on the selected abstracts and on the Moderator's comments. The members can send messages both within and outside their group. The CHNRI online community also functions as an online directory.

Prior to the recent website development the member directory was meant for a static site that would allow interested researchers to look for other researchers with same topic of interest. Now the website allows members to message each other, edit their profiles/interest and form groups.

In Research Tools section which is meant to be a self-help section for researchers can include sub-sections such as Open Courseware, Statistical Tools, Searching for Resources and Writing for Publication. In extendable menu of Research Tools the following sub-sections, (a) Open Courseware, (b) Statistical Tools, (c) Searching for Resources, and (d) Writing for Publication provide information.

The list generated by the CHNRI Fund Development Manager was used for the Funding Opportunity section. Currently over 90 donor institutions are enlisted this web page with links directly to the fund related pages of the donors' websites. The donor names are arranged alphabetically.

In the Job Opportunity section, members can visit the job page of the over 100 listed organizations.

As a member the site allows to upload information about an event and "Create an Alert for this Event".

Publications

Better Use of Public Health Campaigns for Child Survival: The Impact and Operations of Papua New Guinea's Supplementary Immunisation Activity 2003-05

The national Supplementary Immunization Activity (SIA) in Papua New Guinea was completed within two years between 2003 to early 2005. The reported coverage of measles Supplementary Immunization Activity (SIA) which included interventions beyond vaccination was high, suggesting a public health success that is unusual in recent history of Papua New Guinea and worth further study for this reason. Closer evaluation of the impact, operations and costs of the campaign are also of value to health planners in PNG to identify the best way to control measles in that country. CHNRI awarded RFP-4 to Papua New Guinea Institute of Medical Research in April 2006 to evaluate the impact and operation of Papua New Guinea's Supplementary Immunization Activity (SIA) 2003 - 2005.

The monograph of this study describes the process and findings that encompasses the impact of SIA, potential use of SIA for other child public health intervention SIA operations, SIA's impact on routine services, social mobilization and community engagement, and operational costs.

Extending the Duration of Exclusive Breastfeeding in El Alto, Bolivia through a Community-based Approach and the Provision of Health Services

A 2002 study suggested that only 9.9% of children exclusively breastfed up to 6 months in El Alto. Therefore, in 2003-2005, the NGO COTALMA initiated a project to improve parameters associated with exclusive breastfeeding in the Bolivian town of El Alto, adjacent to La Paz. CHNRI awarded RFP-2 to an NGO, Comité Técnico de Apoyo a la Lactancia Materna (COTALMA), the Technical Breastfeeding Support Committee of Bolivia. The intervention was carried out in El Alto, Bolivia, the project area of Corea Municipal Health Network, with approximate population of 187,000. The project improved breastfeeding in the community, but was not able to strengthen the relationship between manzaneras and health centres. In spite of the improvements seen during this project, the manzaneras program suffers from high volunteer turnover. The manzaneras require more support from the government and community if they are to continue to improve the health of their communities.

On completion of the study this monograph was developed. It describes in detail the study which includes capacity strengthening of the community health workers, Manzaneras de la Salud and the healthcare providers on exclusive breastfeeding counseling, referral of pregnant women and children among other IMCI (Integrated Management of Childhood Illness) community components through training sessions and development of (training) manuals. The study conducted baseline study, monitored and later evaluated the intervention. The study report also documented the experiences of Manzaneras.

Assessing the Effectiveness of Semi-annual Vitamin A Capsule Distribution in Mali through National Nutrition Week (SIAN)

In June 2003, the Mali's health ministry organized its first national nutrition week, Semaine d'Intensification des Activités de Nutrition (SIAN). The goal of SIAN was to provide supplementation coverage to at least 80% of the target groups, children (6 – 59 months) and postpartum women, within 40 days of delivery. The national nutrition week was also intended to increase the awareness of exclusive breastfeeding and iodized salt consumption at household level. The preliminary evaluation of this revised strategy was carried out by the Division Nutrition (DN) of Government of Mali. However it focused mostly on coverage and the results were inconsistent. Moreover the DN's evaluation data neither provided details on the variability of coverage rate among postpartum women nor on the proportion of children who actually received vitamin A in the two consecutive SIANs. In 2007, CHNRI awarded RFP-4 to the Child Survival Research and Documentation Centre – CREDOS, Bamako, Mali to carry out an assessment of the effectiveness of Semaine d'Intensification des Activités de Nutrition (SIAN).

The monograph explains the process of data was collection and analysis in terms of strengths and weaknesses of planning process, actual coverage and vitamin A deficiency-related outcomes. The study examined the delivery channels of vitamin A distribution through series of interviews to investigate the reasons for successes and failures. In addition, it documents results of physical examination including anthropometric measurements in children and in-depth interviews at household level with mothers to assess the prevalence of VAD-related outcomes.

Child Health and Nutrition Research in Asia-Pacific: An Assessment of Research Priorities and Research Institutions

The results from the CHNRI funded study "Child Health and Nutrition Research in Asia-Pacific: An Assessment of Research Priorities and Research Institutions" was published in form of a monograph in 2008. The monograph was prepared by the Asia-Pacific Child Health and Nutrition Research Project Core Team, represented by the University of the Philippines Manila, National

Institutes of Health, Institute of Clinical Epidemiology. It is based largely on the reports of eight study sites: Bangladesh, China, India, Indonesia, Lao PDR, selected Pacific Island Countries (PICs), Philippines and Sri Lanka

This study is a part of a three-continent (Africa, Central and Latin America, and Asia and the Pacific) review commissioned by CHNRI using available data and resources to describe the progress and status of child health and nutrition, identify various stakeholders in CHN and how research has contributed to CHN conditions in the Asian regions.

Case studies were undertaken in China, India, Indonesia and Philippines to describe the status of their health systems, as well as their health goals and priorities, health resources, existing CHN interventions/programs and their cost-effectiveness, their health research system, access to health resources and health systems performance. Descriptive surveys were carried out in eight study sites (the four case study sites plus Bangladesh, Sri Lanka, Lao PDR and selected Pacific Island Countries) to generate data on role players and institutional profiles, and researches (1997-2002) involved in CHN research and development work.

CHNRI Annual Report 2007

In 2007 CHNRI completed its transition from an initiative that existed under the legal umbrella of the Global Forum for Health Research (GFHR) to an independent non-profit Swiss foundation. Therefore, CHNRI published its first annual report as an independent international foundation in 2008 and submitted it to the Swiss Federal Supervisory Board for Foundations.

The annual report was a compilation of CHNRI's organizational profile, organogram, messages, governance, activities, publication, financial and auditing report. It has taken an inventory of CHNRI's past activities in light of 2007 and described its progress to the readership.

Conferences

2nd Countdown Conference, Cape Town, South Africa

The Second Countdown Conference took place in conjunction with the 118th Assembly of the Inter-Parliamentary Union (IPU) in Cape Town, South Africa on 17-19 April 2008. The IPU Assembly gathered more than 1,000 Parliamentarians from all countries and this represented a great opportunity for the Countdown to 2015 to sensitize decision- and policy-makers to MNCH issues. The Countdown to 2015 Initiative tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality. It calls on governments and development partners to be accountable, identifies knowledge gaps and proposes new actions to reach Millennium Development Goals 4 and 5, to reduce child mortality and improve maternal health. The Countdown Initiative is a supra-institutional collaborative effort of concerned individuals and partner organizations. The objectives of the 2008 conference was to deliver on the commitment by international organizations to conduct periodic reviews on the global progress towards the achievement of high and equitable coverage with essential maternal, newborn and child survival interventions in countries; to launch an international report with the purpose of sharing the findings on barriers and solutions for better policy and programmatic interventions; and, to foster global awareness for policy advocacy and resource mobilization for MDGs 4 and 5.

CHNRI had a commendable presence in the conference. CHNRI presented its methodology and results of its completed exercise in South Africa at the Satellite session "Research priority setting

in maternal newborn and child health”, Dr. Mark Tomlinson, Medical Research Council, South Africa, and Dr. Shams El Arifeen, Head, Child health Unit, ICDDR,B and the Executive Director of CHNRI presented on behalf of CHNRI.

Dr. Mark Tomlinson presented the results of priority setting exercise that was conducted in South Africa. The disease burden of interest for this exercise was the seven leading causes of deaths that account for more than 90% of child deaths in South Africa were identified: HIV/AIDS, pneumonia, diarrhoea, neonatal causes, malnutrition, accidents and injuries and congenital and genetic disorders. The result of the exercise recommends that child health research funding in South Africa should concentrate on health policy and systems research options, especially those related to diarrhoea, pneumonia, malnutrition and Preventing Mother to Child Transmission (PMTCT) of HIV. One significant finding of the study was that the research for HIV/AIDS did not feature as highly as once could expect. This could mainly due to the lack of cost-effective interventions to fight AIDS that can realistically achieve high population coverage. It also highlighted the importance of public health research issues such as vitamin A supplementation and improved breastfeeding.

Dr. Arifeen on behalf of CHNRI summarized the experiences in setting priority in research. He spoke about the importance of priority setting in research agenda, gave a overview of the existing priority setting methodology, described the steps in the process, highlighted the advantages of CHNRI Priority Setting Methodology over other methodologies. Dr. Arifeen share the next plan of action of CHNRI which includes wide dissemination of the CHNRI PS tools, experiences and results, further development and evaluation of tools, expanded application at country-levels, expanded application on health systems research, Influence global research priority setting – bilateral and international agencies, foundations, global initiatives and finally influence greater global investments in health research – as priorities directly associated with expected benefits.

A lively debate followed the presentations in which participants expressed their opinions about the CHNRI methodology. The audience critically evaluated the achieved outcomes of its implementation to date and also suggested possible improvements.

Apart from the Satellite session, CHNRI also had its presence in the Countdown 2008 Conference Market Place. A CHNRI booth was installed in which all CHNRI publications were displayed and distributed. Visitors were also able to register for the Online Community.

2nd Micronutrient Forum, Beijing, China

The Micronutrient Forum is the successor to two scientific organizations aimed at advancing the control of vitamin A and iron deficiencies: the International Vitamin A Consultative Group (IVACG) and the International Nutritional Anemia Group (INACG). The Micronutrient Forum plays an international role as a catalyst and convener for sharing expertise, insights, and experience relevant to the control of micronutrient deficiencies and their consequences around the globe. The second international meeting of the Micronutrient Forum was held in Beijing, China, 12-15 May 2009. The focus of the 2nd forum was the implementation of micronutrient programs in real world settings. Over 650 delegates from more than 70 countries participated in the meeting; featuring global experts, recognized speakers, scientists, researchers, private sector and government representatives working in nutrition and micronutrients. More than 15 global updates on the current status of micronutrient programs, as well as selected scientific presentations, 45 oral case studies and 250 poster presentations, commercial, international

organizations, and non-governmental organizations exhibits, and 16 satellite sessions, gave participants the opportunity to engage in discussions on the latest findings in micronutrient interventions, program implementation strategies, partnerships, and commercial initiatives around the world.

The 8th CHNRI Foundation Board meeting was held in conjunction with the 2nd Micronutrient Forum and the Secretariat circulated the publications at the conference Market Place.

Governance

CHNRI is governed by a board of directors comprised of representatives of CHNRI's partner constituencies and researchers who are internationally renowned for their scientific, medical and public health expertise in child health and nutrition research. The management of CHNRI is carried out by a secretariat which is hosted by different research institutions in the low or middle income countries on a rotation basis.

CHNRI Board

The board is the highest authority of the foundation. The board establishes the by-laws and is empowered to make any subsequent changes to the by-laws in order to meet the objectives of the foundation. The board has the authority to approve policies and strategies, work plan, budget, annual report, audited accounts and operational guidelines of the foundation. It also advocates the objectives of the foundation, identifies and addresses issues required to achieve the foundation's objectives, resource mobilization, oversees progress of programs and projects, makes funding decisions, and approves contributions of public and private donors. The board chair provides leadership to the foundation and maintains close communication among the board members and works with secretariat to carry out the business of the foundation. The CHNRI board is currently chaired by Dr. Robert E Black, Professor and Chair, Department of International Health, Johns Hopkins Bloomberg School of Public Health, USA.

Secretariat

CHNRI secretariat provides cohesion for all the CHNRI activities, ensuring coordination through frequent exchange of information among various parts of CHNRI. It is essentially the operational arm of the network. The Global Forum for Health Research hosted the secretariat for the first two years. It was then shifted to ICDDR,B in Bangladesh which has been the host institution from June 2004 to the present. This current tenure of the CHNRI secretariat at ICDDR,B will come to an end on December 2009.

The secretariat is responsible for implementing the visions laid out by the board through maintaining operational, financial, communications and administrative support. The secretariat is responsible for making proposals to the board concerning strategies and policies, analyzing policy issues, making recommendations, managing the foundation's administration and finances, preparing and implementing the annual work plan and budget, and supporting the Chair and the board especially for advocacy and fundraising. Dr Shams El Arifeen is the current Executive Director and Dr Tanvir Mahmudul Huda is the coordinator of the secretariat.

Transition

When CHNRI was created the Board made a strategic decision that the Secretariat would rotate among developing country partners at regular intervals in order to represent all CHNRI partners.

The Global Forum for Health Research (GFHR) hosted the Secretariat initially for two years followed by ICDDR,B in Bangladesh. Since June 2004, ICDDR,B has been the host. This current tenure of the CHNRI Secretariat at ICDDR,B will come to an end in December 2009. Therefore, in July 2008, CHNRI issued a call for proposal to host its Secretariat. The call was widely disseminated through different email list serve and websites. The deadline for submission of proposal was October 01, 2008. CHNRI Secretariat received proposals from ten institutions from Chile, India, Indonesia, Sri Lanka, Nigeria, Palestine and Zambia expressing their interest to host the Secretariat.

Financial Report 2008

To evaluate the proposals the Secretariat developed a set of criteria and assigned a score for each of them. The criteria and the weights were similar to the previous call for proposal for hosting the CHNRI Secretariat. After the preliminary screening all the submissions were given to the Selection Committee. The CHNRI Executive Committee served as the Selection Committee which was comprised of Drs. Robert E Black, Homero Martinez, Claudio Lanata and Stanley Zlotkin. The members of Selection Committee reviewed the submissions individually and scored them accordingly. Later, each member then presented the scoring along with comment to the full Board at the 7th CHNRI Foundation Board Meeting in Geneva, Switzerland.

The proposal Dr. Narendra Kumar Arora, INCLEN Executive Office, New Delhi, India received the highest rankings. INCLEN has been selected to be the new host for CHNRI Secretariat beginning January 01, 2010.

CHNRI is successfully operating in its second year as an independent non-profit international foundation after making the transition from an initiative that existed under the legal umbrella of the Global Forum for Health Research (GFHR). In 2008, CHNRI foundation began its operations with a balance of US\$ 1,076,131 after transferring all the assets and liabilities of CHNRI initiative in 2007 from GFHR. During 2008, CHNRI received contribution US\$ 10,006 from GFHR and received as other income US\$ 65,375 for cancelled liabilities of the prior year. Beside these CHNRI received as bank interest net US\$ 16,969. The foundation Board approved the annual budget of US\$ 558,149 for CHNRI's operational activities in 2008 at the 6th CHNRI Foundation Board Meeting held in Cape Town, South Africa.

Contributions and Financial Income

Description	Actual 2008
Fund available on 1 January 2008	1,076,131
Contribution from GFHR	10,006
Bank Interest less Charges	16,969
Other income (for cancelled liabilities of the prior year)	65,375
Total available Fund	1,168,481

(Amount shown in US\$)

(Summary of Expenditures)

Expenditure	
Priority Setting (Research Project)	44,500
Funding Activities	-
Information, Communication and Publication	7,693
Resource Mobilization (Fundraising)	18,908
Governance (Board Meeting)	67,808
Administrative and Management	111,492
Total	250,401

(Amount shown in US\$)

Brief Description of expenditure in individual activity:

Priority Setting

In 2008, CHNRI spent a total amount of US\$ 44,500 for the priority setting activities. CHNRI contracted Med-Info Consulting Ltd and with Director of Medical Research Council (MRC) South Africa to work on number of different priority setting exercises both at national level and global level.

Information, Communication and Publication

In 2008, US\$ 48,756 was allocated for information, communication and publication related activities. For the CHNRI web-based network and mapping initiative US\$ 17,000 was allocated while the remaining amount was earmarked for other communication and publication activities.

Resource Mobilization

A total of US\$ 27,000 was allocated in 2008 for resource mobilization. During this year CHNRI established communication with various donor agencies for core funding and submitted number of proposals for project funding. . CHNRI will receive US\$ 122,414 under sub-award agreement with the University of Edinburgh Queen’s Medical Research Institute in 2009 from the project “MODELING THE IMPACT OF EMERGING INTERVENTIONS AGAINST PNEUMONIA” funded by the Bill & Melinda Gates Foundation

Governance - Board Meetings

The first foundation Board meeting of 2008 was held in Cape Town, South Africa in conjunction with the Countdown to 2015, 2008 Conference while the second meeting was held in Geneva, Switzerland in late October. CHNRI also participated in the Count down to 2015 conference where the participants from CHNRI presented the results of recently completed Priority setting exercises. A total of US\$ 67,808 was expended for the board meetings and the conference.

Administration and Management

The budget for administration and management is intended for Secretariat’s operational expenses, audit fees, statutory services and other overhead expenses. In 2008, total US\$ 157,000 was allocated for this purpose. Out of this US\$ 125,000 earmarked for Secretariat’s operational expenses including salaries for Secretariat staff and operating costs. During the reporting period US\$ 95,407 was incurred as Secretariat operational expenses. The others expenses includes US\$ 11,911 for external audit and statutory services in Switzerland, and US\$ 4,174 as overhead charges of ICDDR,B. Note that

ICDDR,B manages an institutional bank account and charges a processing fee of 4% on the transaction amount.

The foundation's financial statements have been audited by an independent and internationally reputed auditing firm, PriceWaterhouseCoopers for the year ended December 31, 2008. The auditor's report and the complete audited financial statements along with the accompanying notes and necessary analysis are also presented in the annual report.

Auditor's Report 2008

**Child Health and Nutrition Research Initiative
Geneva**

**Report of the statutory auditors
to the Foundation Board
on the financial statements 2008**

19 June 2009/363079/00483884001/12/MFI

With offices in Aarau, Basel, Berne, Chur, Geneva, Lausanne, Lugano, Lucerne, Neuchâtel, Sitten, St. Gallen, Thun, Winterthur, Zug and Zurich, PricewaterhouseCoopers AG is a provider of auditing services and tax, legal and business consultancy services. PricewaterhouseCoopers AG is a member of a global network of companies that are legally independent of one another; the network is represented in some 150 countries throughout the world.

Report of the statutory auditors
on the limited statutory examination
to the Board of Foundation of
Child Health and Nutrition Research Initiative
Geneva

As statutory auditors, we have examined the financial statements of the Child Health and Nutrition Research Initiative, which comprise the income statement, balance sheet, cash flow statement and notes, for the year ended 31 December 2008.

These financial statements are the responsibility of the secretariat. Our responsibility is to perform a limited statutory examination on these financial statements. We confirm that we meet the licensing and independence requirements as stipulated by Swiss law.

We conducted our examination in accordance with the Swiss Standard on Limited Statutory Examination. This standard requires that we plan and perform a limited statutory examination to identify material misstatements in the financial statements. A limited statutory examination consists primarily of inquiries of foundation personnel and analytical procedures as well as detailed tests of foundation documents as considered appropriate in the circumstances. However, the testing of the operational processes and the internal control system, as well as inquiries and further testing procedures to detect fraud or other legal violations, are not within the scope of this examination.

Based on our limited statutory examination, nothing has come to our attention that causes us to believe that the financial statements do not comply with Swiss law and the accounting principles of the Child Health and Nutrition Research Initiative as described in Note 1 to the financial statements.

PricewaterhouseCoopers SA



Philippe Tzaud
Audit expert
Auditor in charge



Fabienne Mathieu
Audit expert

Geneva, 19 June 2009

Enclosure:

- Financial statements (income statement, balance sheet, cash flow statement and notes)

Child Health and Nutrition Research Initiative CHNRI)			
Income statement and balance sheet -year ended 31 December 2008			
Income statement		Year ended 31 December	
<i>(all amounts in United States dollars)</i>	<i>Notes</i>	2008	2007
Income			
Contributions and grants			
World Bank Development Grant		0	150,000
Global Forum for Health Research contribution	2.3	172,206	156,512
Total contributions and grants		172,206	306,512
Financial income	2.4	17,897	51,350
Other Income	2.5	65,375	0
Total Income		<u>255,478</u>	<u>357,862</u>
Expenditure			
Research Project Analysis		44,500	70,984
Networking		5,325	5,999
Fundraising		18,908	38,757
Mapping Initiative		2,369	0
Governance & evaluation		67,808	117,988
Administration and management support		112,420	118,003
Total Expenditure		<u>251,330</u>	<u>351,731</u>
Surplus for the year (period)		<u>4,148</u>	<u>6,131</u>
Reserves at 1 January		<u>6,131</u>	<u>0</u>
Reserves at 31 December		<u>10,279</u>	<u>6,131</u>
Balance sheet		As at 31 December	
<i>(all amounts in United States dollars)</i>	<i>Notes</i>	2008	2007
Assets			
Cash and bank	2.6	1,064,905	1,350,665
Prepayments and other receivables	2.7	27,243	12,597
Total Assets		<u>1,092,148</u>	<u>1,363,262</u>
Liabilities			
Payables and accrued expenses	2.8	55,069	108,131
Research project liabilities	2.9	19,000	79,000
Contributions received in advance	2.10	907,800	1,070,000
Total Liabilities		<u>981,869</u>	<u>1,257,131</u>
Total Assets less Liabilities		<u>110,279</u>	<u>106,131</u>
Capital	2.11	100,000	100,000
Reserves		10,279	6,131
Total Capital and reserves		<u>110,279</u>	<u>106,131</u>
Cash flow statement		Year ended 31 December	
<i>(all amounts in United States dollars)</i>		2008	2007
Surplus for the year		4,149	6,131
<i>Decrease/(increase) in</i>		0	0
prepayments and other receivables		(14,646)	(11,934)

<i>Increase/(decrease) in</i>			
Payable and accrued expenses		(113,062)	186,730
Contribution in advance		(162,200)	1,070,000
Increase/(Decrease) in cash		(285,760)	1,250,927
Opening cash and bank balance		1,350,665	99,738
Closing cash and bank balance		1,064,905	1,350,665

Notes to the Financial Statements

(In the notes all amounts are shown in United States dollars unless otherwise stated)

1. Accounting Policies

1.1 Basis of preparation

The Child Health and Nutrition Research Initiative (CHNRI) is a Foundation, established under statutes dated 8 June 2006 and is registered with the Geneva commercial register. It is managed by a Foundation Board and a Secretariat.

The financial statements have been prepared in accordance with the accounting policies set out in these notes which follow the financial regulations of the Foundation. The financial statements have been prepared under the historical cost convention. The preparation of financial statements requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Although these estimates are based on management's best knowledge of current events and actions, actual results ultimately may differ from these estimates.

1.2 Revenue recognition

Contributions received are recorded as revenue according to the grant period indicated in the donor agreement. Amounts due from donors in respect of the current period are recorded in the balance sheet as contributions receivable. Receipts relating to grant periods extending into the next financial year are recorded in the balance sheet as contributions received in advance. Contributions received in kind, which can be evaluated and which represent services for which payment would normally be made to third parties, are included in income at their estimated value and the value of the services received are included in expenditure.

1.3 Foreign Currency translation

Although CHNRI is a Foundation registered in Switzerland all income and a majority of expenditure is denominated in United States dollars (US\$). The US\$ has therefore been chosen as the measurement currency for transactions and as the reporting currency for preparing budgets and financial statements. Foreign currency denominated receipts and payments are translated into US\$ at average official monthly rates of exchange. Foreign currency denominated assets and liabilities are translated into US\$ at official period end rates of exchange.

1.4 Provisions and project liabilities

Provisions are recognized when there is a present legal or constructive obligation as a result of past events, and it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made. Liabilities in respect of health research projects represent obligations for specific projects, the amounts of which have been approved by the Board.

1.5 Earmarked contributions received in advance and reserves

Contributions received in advance and reserves which are earmarked for future projects or activities are separately identified within contributions received in advance and within reserves.

2. Notes to the financial statements

These notes provide additional disclosures and explanations concerning amounts included in the financial statements.

2.1 Activities

CHNRI was established as a Foundation to take over the activities performed by the Child Health and Nutrition Research Initiative - an initiative which existed under the legal umbrella of the Global Forum for Health Research. These activities were performed by the initiative during 2006 and have been taken over by the CHNRI Foundation from an operational perspective in 2007.

CHNRI's goal is to improve the health and nutrition of all children in low- and middle income countries through research that informs policy and practice; its mission is to use evidence-informed advocacy to influence governments and funding agencies to prioritize child health and nutrition-related research and to strengthen research capacity in these countries.

The overall objectives of CHNRI are to:

- Review, synthesize, generate and disseminate evidence to inform advocacy on research affecting child health and nutrition in low- and middle income countries (LMIC)
- Advocate with governments and key funding agencies to increase funding for research on conditions affecting child health and nutrition in LMIC that will be relevant for policy and effective programmes to overcome barriers to reach poor children and their mothers
- Advocate with governments and key funding agencies to strengthen child health and nutrition research capacity in LMIC through achieving a critical mass of researchers and institutions that can encompass the entire spectrum of research required (from innovation to implementation).

2.2 World Bank Development Grant

The contribution from the World Bank is provided via the Global Forum as part of the World Bank Development Grant Facility. In 2007 The CHNRI Initiative received a grant of \$150,000 through this Grant Facility.

2.3 Global Forum for Health Research contributions

	2008	2007
Contribution from the initial founding contribution	162,200	156,512
Additional contribution in 2008	10,006	0
Total	172,206	156,512

The GFHR made a contribution to the CHNRI Foundation in 2007 representing the net reserves of the CHNRI Initiative that had been accumulated out of grants received via the Global Forum from the World Bank Development Grant Facility. The contribution was made to support the activities of the CHNRI Foundation in 2007 and future years. During 2007 \$156,512 was used to support activities and at 31 December 2007, \$1,070,000 of the grant was treated as a contribution received in advance. During 2008 \$162,200 has been used to support the activities of the Foundation and \$907,800 remains as a contribution in advance at 31 December 2008.

2.4 Financial income

Financial income consists of bank interest earned on the bank account of the CHNRI Foundation.

2.5 Other income

Other income consists of the release of the liabilities for projects and other accrued liabilities which are no longer required since the projects have been completed or terminated in 2008.

	2008	2007
Low birth weight study in Gambia	41,000	0
Priority Setting Studies	19,000	0
Others	5,375	0
Total	65,375	0

2.6 Cash and bank

	2008	2007
Balance held in United States dollars	1,064,905	1,350,674
Overdrawn balance in Swiss Francs	0	-9
Total	1,064,905	1,350,665

The bank balance is held on an unrestricted interest earning account with a major Swiss international bank.

2.7 Prepayments and other receivables

These include the following:

	2008	2007
Withholding taxes recoverable	18,860	12,597
ICDDR,B Revolving Fund	3,483	0
Global Forum for Health Research	4,900	0
Total	27,243	12,597

2.8 Payables and accrued expenses

Payables and accrued expenses consist of:

	2008	2007
Secretariat hosting costs	26,116	40,754
Online community contract costs	0	27,700
Consultants and professional fees	7,143	15,403
Completed field work project liabilities (RFP 4)	6,553	14,798
Other liabilities	15,257	9,476
Total	55,069	108,131

2.9 Research project liabilities

These liabilities consist of obligations to third party institutions in respect of field work on the following research projects:

	2008	2007
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Low birth weight studies (RFP 3)		
Bangladesh	19,000	19,000
Gambia	0	41,000
Priority setting studies	0	19,000
Total	19,000	79,000

The liabilities for Low birth weight studies in Gambia and priority setting studies have been released to other income in 2008 as described in note 2.5.

2.10 Contribution received in advance

The contribution received in advance consists of the part of the contribution received from the Global Forum which is available to support activities in future years. \$250,000 of the contribution is earmarked to cover the operational costs of the secretariat in 2009 and 2010. The remaining un-earmarked amount of \$657,800 may be used for new projects and activities in future years.

2.11 Capital

The Foundation Capital of US\$100,000 represents a permanent fund where the principal is held in perpetuity. In the event of the liquidation of the CHNRI Foundation, the capital and any accumulated reserves must be transferred to a non-profit making institution with similar goals and having a tax exempt status.

2.12 Reserves

The CHNRI Foundation has applied to be exempted from taxation on its net income and capital and reserves. Pending approval of this exemption, there is a contingent tax liability of \$2,000.

2.13 Risk Assessment

The Secretariat is in the process of performing a risk assessment, the results of which will be formally reviewed and presented for approval at the next Board meeting.

2.14 Risk Management

The CHNRI Foundation is dependent on the receipt of contributions from donors to ensure its continuing operations. Management has decided to earmark part of the contribution received in advance as described in note 2.10.

2.15 Foreign currency risk

All income and almost all expenditures are denominated in US\$. No hedging protection is considered necessary.