



Grand Challenges Canada™
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News Release

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“SAVING BRAINS” OF KIDS IN DEVELOPING COUNTRIES: GRAND CHALLENGES CANADA FUNDS 14 BOLD NEW IDEAS

Four Bold Ideas with Big Impact nominated for scale-up grants of up to \$2 million

Ten projects awarded \$270,000, including one to reduce harm to brains of pre-term babies caused by pain of multiple daily hospital needles, other procedures

Grand Challenges Canada, funded by the Government of Canada, today extended a total of \$10.1 million to 14 bold, creative projects aimed at improving the early brain development of kids in low-resource countries.

Projects in Jamaica, Colombia, Bangladesh and Indonesia are scale-up award nominees (board-approved grants up to CDN \$2 million, pending successful contract negotiations).

Seed grants of CDN \$270,000 each are given to seven organizations overseas -- in Vietnam (2 grants), Bangladesh, India, Kenya, Zambia and Peru. And three seed grants are given to Canadian organizations: the Hospital for Sick Kids, Toronto (two grants), and the University Health Network, Toronto.

All 14 projects will be implemented in developing countries: five in Africa, six in Asia and three in Latin America and the Caribbean.

“Impoverished brains result in impoverished countries,” says Dr. Peter A. Singer, Chief Executive Officer of Grand Challenges Canada. “For a wide range of sad, all-too-familiar and preventable reasons, an estimated 200 million children under 5 years old in the world’s 112 low- and middle-income countries will fail to reach their brain’s full development potential.”

“These projects illustrate well the success of our search for ‘bold ideas with big impact’ pioneering new approaches worldwide to maximize the number of kids in low-resource countries who achieve and contribute to their fullest capabilities.” Dr. Singer added.

Says Mrs. Laureen Harper, honorary chairperson of the program: “The Grand Challenges Canada Saving Brains program is designed to help millions of children in developing countries who fail to reach their full development potential due to such factors as malnutrition, infection, birth complications, or a lack of nurturing and stimulation at an early age.”

Says the Honourable Christian Paradis, Canadian Minister of International Development and Minister for La Francophonie: “Our Government, under the leadership of Prime Minister Harper, is committed to advancing the health of the world's most vulnerable mothers, newborns and children. We are proud to partner with Grand Challenges Canada to find innovative solutions to the most pressing global health challenges. The Saving Brains program is just one example of how innovation can help improve the lives of children in their earliest days. ”

Seed grant awards

Hospital procedures: mitigating harm of pain to brain development of a tiny preterm baby The Centre for Global Child Health, Hospital for Sick Children (Toronto, Canada)

Working in Ghana, this project will introduce ways of alleviating pain for infants born prematurely and treated in special neonatal intensive care units (NICU)s -- the tiniest of kids who experience moderate to severe pain several times daily due to diagnostic and therapeutic procedures such as blood sample collections and medicine injections.

Project leader Dr. Bonnie Stevens of Toronto's Hospital for Sick Children says the severity of brain defects found later among children born preterm can be linked to the number of painful procedures experienced in the NICU.

“Higher volumes of painful procedures with inadequately managed pain have also been associated with cognitive, language and motor problems, and low academic achievement,” says Dr. Stevens. “Although the consequences of pain are known, procedural pain is frequently under-managed and under-prioritized.”

Worldwide, about 13 million infants are born preterm each year -- a number growing steadily thanks to modern technologies. And even in North America, Europe and Australia, surveys show “neonates” are exposed to an average of 4 to 14 painful procedures daily, with only about 1 in 3 receiving pain relief.

Less is known about neonatal pain management in low- and middle-income countries, where the incidence of neonatal sickness and death is highest. However, a survey in Kenya showed that infants in seven special care newborn nurseries experienced, on average, four painful procedures daily, half of them injections and blood sample withdrawals. No form of analgesia was documented.

The project will introduce Ghanaian caregivers and parents to an integrated “Toolkit for Minimizing the Impact of Pain in Infants,” adapted from successful practices in Canada. Videos and other educational materials will detail simple, universally affordable, proven ways to mitigate procedural pain for an infant, such as:

- * Sweet solutions (e.g., sucrose or glucose) administered orally prior to a painful procedure;
- * Kangaroo care, where infants are held in skin-to-skin contact with a parent;
- * Facilitated tucking, where infants are held in a fetal-like position to provide support and boundaries;
- * Breastfeeding.

Combined, these interventions have a demonstrated cumulative pain-relieving effect.

“Inadequate resources are cited as the major impediment to pain management in infants as well as a lack of knowledge, severe staff shortages and formal training about pain. The proposed Toolkit intervention will address these issues,” says Dr. Stevens.

The project draws on existing partnerships between the University of Ghana School of Nursing, Korle Bu Teaching Hospital in Accra and Toronto’s Hospital for Sick Children, together training 1,000 pediatric nurses in Ghana over the next 10-15 years, supported by a Canadian government grant. Plans call for the toolkit’s integration into the curriculum at the School of Nursing (where there is limited pain content) and its use scaled up to reach additional countries.

Says Dr. Stevens: “Decreasing the intensity of painful procedures in hospitalized infants using simple, inexpensive, evidence-based strategies has the potential to minimize both immediate stress and suffering, and the known longer-term impact of pain on the developing neonatal brain and cognitive deficits.”

Malaria in the womb: New malaria policies to protect early brain development in Malawi
University Health Network (Canada)

Each year, about 125 million pregnant women are at risk of placental malaria (PM) and about 25% of all pregnancies in sub-Saharan Africa are complicated by PM at delivery.

PM has profound maternal and fetal health consequences, including increased risk of anemia, preterm birth, fetal growth restriction and delivery of low birth weight infants. The impact of in-utero malaria exposure on fetal neurodevelopment is unknown, however researchers with the project team recently linked malaria-exposure in animals with persistent and long-term deficits in memory and behaviour.

Dr. Kevin Kain of the Toronto-based University Health Network, leader of this project in Malawi, says malaria exposure in the womb “may derail the developmental trajectory of generations of children.” And a shift in understanding -- that malaria exposure may result not just in infant mortality and low birth weight but affects also long-term neurodevelopment “represents a change in paradigm that will initiate a re-evaluation of public health policies designed to protect women and children from the deleterious consequences of PM.”

Today’s approach to this problem -- intermittent preventive treatment of pregnant women with sulfadoxine-pyrimethamine -- is losing effectiveness due to rising drug resistance, resulting in persistent infections.

The new project involves a novel antenatal care policy that focuses resources on accurate point-of-care malaria diagnosis and effective case-management of infection to reduce the burden of malaria in pregnancy and protect early brain development.

The work is expected to provide “compelling evidence that will directly impact national and international policies on the prevention of malaria in pregnancy. If our findings support an intervention that leads to improved neurocognitive outcome for exposed infants, it will refocus public health policies towards protecting fetal brain development.”

Project collaborators include the University of Malawi, and the University of Liverpool, UK.

An Integrated Toolkit to Save Newborns' Brains in Kenya

The Centre for Global Child Health, Hospital for Sick Children (Toronto, Canada)

The first month of life is a critical period in brain growth and development that can be affected in many ways, including from hypothermia and infection.

Reducing the number of these impediments to young brain growth is the aim of a toolkit created by Toronto's Hospital for Sick Kids for use initially by mothers in Kenya.

Contents of the tool kit (which costs less than \$5) include:

- * A clean delivery kit to minimize infection at time of delivery
- * A sterilizing gel that, applied to the umbilical stump, reduces certain severe infections by 75% and mortality from all causes by 25 to 40%;
- * An emollient to promote skin integrity, helping to reduce infection and prevent hypothermia (and shown to reduce mortality in hospitalized preterm infants)
- * A handheld scale to spot early warnings signaled by an infant's weight, and a ThermoSpot to identify hypothermia and fever
- * A mylar infant sleeve and reusable heating device to treat hypothermia
- * Information on infant stimulation, involving play and communication strategies proven beneficial to neurodevelopment in low birth weight newborns.

If any danger signals are found, community health workers will refer cases to appropriate health care.

"We believe that improved neurodevelopment outcomes at age 1 will translate into sustainable longer term gains in academic performance, employment, productivity, and ultimately more human capital," says project leader Dr. Shaun Morris of the Hospital for Sick Kids.

Project collaborators include the Aga Khan University, Kenya.

Iron-fortified biscuits to reduce maternal and child anemia

St John's Research Institute, Unit of CBCI Society for Medical Education, Bangalore, (India)

Anemia -- a low level of red blood cells causing a body's reduced capacity to carry oxygen -- results from micronutrient deficiencies, most often iron.

India has one of the highest rates of anemia globally: over 79% of children aged 6 to 8 months and 58% of the 26 million pregnant women each year. Some 17 million of these women have access to iron pills yet 11 million do not take them for the recommend time (adherence rate: 35%). Why? The pill is big and tastes metallic.

Yet iron deficiency anemia dramatically affects the health of a pregnant woman and her unborn baby, increasing risks of death and sickness during childbirth, including hemorrhage and low-birth weight. Long-term, iron deficiency anemia delays psychomotor development and impairs cognitive development in infants, preschool and school-aged children around the world.

Moreover, researchers say, the effects of anemia are, “not likely to be corrected by subsequent iron therapy... anemic children will have impaired performance in tests of language skills, motor skills, and coordination, reportedly equivalent to a 5 to 10 point deficit in IQ.”

Part of the answer may be an iron-fortified biscuit for use by pregnant women, indistinguishable in taste from popular Indian biscuits.

Coupled with marketing, project leaders say their new biscuit is more likely to be used by previously non-adherent pregnant women, and increase iron stores in newborns, “which translates to more sustainable and protected early brain development.”

“After extensive consumer research, the nutrition team led by Dr A.V. Kurpad and the project collaborators, Violet Health Inc have developed several prototypes specifically designed with the tastes and preferences of pregnant women in India,” says project leader Dr. Pratibha Dwarkanath of St John’s Research Institute, unit of CBCI Society for Medical Education.

“We estimate our solution to be more cost-effective than the iron pill, while reaching more anemic women and their children”

“After proof of concept, we anticipate a scaled trial in Karnataka within three years and reducing anemia in women and infants.”

Project collaborators include Violet Health, Inc., NY, and the Indian Institute of Management, India Bangalore.

Early childhood development in low-resource settings: There’s an app for that

“CommCare” project empowers community health workers with new mobile software for health workers, parents and caregivers

Ugunja Community Resource Center (Kenya)

In an unprecedented effort, Kenya’s Ugunja Community Resource Center will empower community health workers in Western Kenya with field-tested, mobile phone software to individualize early child development care in the family home and monitor progress via the Internet.

Calling it “the world’s first mobile phone-based early childhood development software platform for low-resource settings,” project leader Aggey Omondi says the software suite will include “apps” for community health workers, for parents and for caregivers, offering practical advice, tools, educational aids and forms for assessing, fostering early childhood development, including cognitive development, nutritional support, management of common illnesses, and counseling on cognitive stimulation for parents and caregivers.

Equipped with mobile phones carrying the software, 30 community health workers will serve 1500 households with at least one child under age 3, and 10 parents will receive mobile phones containing the relevant application.

The online monitoring program features a "dashboard" to help users visualize key process and performance indicators, as well as outcome metrics and an analytics suite to enable program managers to analyze trends.

Project collaborators include the Harvard Business School and Dimagi Inc. of Cambridge MA, the University of Pennsylvania and the Kenya Methodist University School of Medicine and Health.

Managing maternal depression and stimulating kids to promote neurodevelopment

International Centre for Diarrheal Disease Research (Dhaka, Bangladesh)

Almost 60% of kids in Bangladesh are at risk of poor development due to low body weight (22%) and undernutrition (41%), poverty, and sub-optimal stimulation due to low parenting knowledge.

The mother is usually the key childcare provider and her physical and mental health is a major predictor of child development, particularly in low and middle-income countries.

Using the service of home-based workers of community health clinics in rural Bangladesh, the International Centre for Diarrheal Disease Research will offer a combined intervention that includes both a "Thinking Healthy" program for mothers of children 6 to 12 months old with depressive symptoms and psycho-social stimulation for their children.

Says project leader Dr. Fahmida Tofail: "Previous projects have used only one or the other of the interventions -- depression treatment or child's psychosocial stimulation. In this approach, we address the mother and child together to produce an optimal child-friendly environment to maximize the investment."

Project collaborators include the International Centre for Diarrheal Disease Research, Bangladesh, the University of the West Indies, and the Institute for Child Health at University College, London UK.

Community-based family coaching for children with developmental risks

Partners in Health / Socios En Salud Surcursal (Peru)

In Lima, Peru, researchers will demonstrate a standardized community-based screening and treatment program delivered by community health workers to 60 children (6 to 24 months old) at risk of neurodevelopmental delay (NDD).

The community health workers will identify and treat at-risk children and assist their caregivers, addressing multi-level problems. The intervention includes 1) coaching parents on how to stimulate their child's to promote development, and 2) providing parents with social support and encouragement.

The kids and their primary caregivers will be randomly assigned to one of three interventions:

- 1) monthly nutritional support alone;
- 2) nutritional support plus 3 months of the intervention in the home; or
- 3) nutritional support plus 3 months of the intervention in group settings.

Among the impacts to be measured and evaluated:

- Changes in child development and parenting
- The child, caregiver, and household characteristics that predict who benefits most
- How intervention should be delivered for maximum effect (one-on-one or group settings)

Says project leader Leonid Lecca: “The vicious cycle of developmental delay and limited socioeconomic opportunity (manifested in poor academic performance and child labor) have major impact at the societal level, in terms of economic productivity and social inequality”.

Project collaborators include the Harvard Medical School and Children's Hospital, the Brigham and Women's Hospital, and the University of California San Francisco Medical School, as well as stakeholders in Rwanda and Haiti who will help explore how to adapt this model for global dissemination.

Learning Clubs for women’s health and infant development

Research and Training Centre for Community Development (Vietnam)

Vietnamese researchers point to eight major risks to optimal early childhood brain development around the time of birth in resource-constrained settings:

- * Intrauterine growth restriction
- * Stunting
- * Iron deficiency anaemia
- * Iodine deficiency
- * Unresponsive caregiving
- * Insufficient cognitive stimulation
- * Maternal mental health problems, and
- * Exposure to family violence

And these risks interact: the poorest women who have experienced intimate partner violence are at the highest risk of common mental disorders. And, even when all other factors are controlled, those who experience common mental disorders during pregnancy are less likely to participate in essential preventive health care, including the use of iodized salt to prevent iodine deficiency and taking iron supplements to counter anaemia

Risks continue in early infancy, both for mom and baby: a third of mothers have common mental disorders, 22% of infants are moderately or severely anemic and 7.4% are stunted. Six-month-old infants of mothers with antenatal common mental disorders have infant cognitive development scores on average significantly lower than infants of mothers without common mental disorders in pregnancy.

To date, interventions in these settings have focused on one or at most two of these risks, and outcomes for child development have been, at best, only partially effective.

Capitalizing on 15+ years of experience in rural Vietnam, this project led by Vietnam’s Research and Training Centre for Community Development in Hanoi aims to pioneer a low-cost program addressing all eight risks through a structured, universal program combining information, learning activities and social support with groups of women at the same life stage: Learning Clubs for Women and Infants.

Content will include interventions to address all eight risks early childhood brain development, recognizing and integrating consideration of each woman's health and social circumstances during pregnancy and in the years in which they are providing primary child care.

The benefit envisioned: enhanced fetal, newborn and early infant development through improved maternal nutrition, mental health, birth outcomes, sensitivity and responsiveness in care-giving and feeding and reduced exposure to family violence.

We estimate that this comprehensive approach will reduce preterm birth, anaemia, stunting, rates of cognitive and social emotional development at age six months, with the effects maintained at least to age three among young children in rural Vietnam.

Project collaborators include the Jean Hailes Research Unit, Australia's Monash University and the Department of Medicine, University of Melbourne.

What about Dad? Fathers Involvement: Saving Brains in Vietnam

Hanoi School of Public Health (Vietnam)

Recent research has shown that children of a highly-involved male parent show increased cognitive competence, greater empathy, and less sex-stereotyped beliefs. They have higher IQs, stronger verbal skills, are more academically motivated and successful, have fewer emotional and behavioural problems, show better emotional regulation, better social and problem-solving skills and greater overall life satisfaction.

This project by Hanoi's School of Public Health aims to mobilize more fathers in parenting and involve them directly in the cognitive and emotional development of their infants, and to indirectly enhance infants' nutritional status by having fathers encourage mother's breastfeeding exclusivity and duration.

Fathers will be exposed to

- * Multimedia messages about the importance of breastfeeding and father involvement
- * Small group antenatal and postpartum education via community health centers
- * Individual at-home counseling
- * Light- hearted public fathering contests, organized with the assistance of the local Farmers Association, to praise and reward teams of fathers demonstrating good fathering knowledge and behaviours, and
- * Fathers Clubs, developed in collaboration with the Labour trade union and Farmers Association to provide peer support.

The project involves 400 couples (with 400 children) in Vietnam's Hai Duong province.

"Father-infant involvement is an important emerging innovation in developing countries," says project leader Dr. Tran Bich. "Evolving cultural norms have resulted in fathering roles that range from traditional expectations of father as primarily economic provider and head of the household to more contemporary involvement with mothers and children."

Project collaborators include Canada's Brock University, St. Catherines, and St. Jerome's University, Waterloo.

A new category of community workers in Zambia dedicated to early childhood development

Zambia Centre for Applied Health Research and Development (Lusaka, Zambia)

Recent research on brain development suggests that no single risk or developmental stress causes most harm; the main problem is the accumulated impacts of multiple early childhood adversities. Single risk factor interventions are, therefore, unlikely to achieve the highest possible impact on child development.

This project of the Zambia Centre for Applied Health and Development is designed as a comprehensive, integrated, community-based child development program, rolled out in Zambia's Choma District.

The key innovation, and a critical improvement over previous efforts: establishment of a new cadre of health workers with the sole, explicit mission to monitor and support all aspects of child development under the age of 2.

The newly-trained, community-based “child development agents” (CDA) will form a natural link between mothers and the larger health system, including community health workers.

The CDA will have three principal responsibilities:

- * Monitor children's nutritional status on a monthly basis through home visits, and ensure immediate treatment of moderate to severe malnutrition and acute infections (malaria, diarrhea, and pneumonia) through local CHWs or public health facilities as needed.
- * Ensure all children receive the full health benefits as defined in national guidelines, including exclusive breastfeeding to 6 months of age, a complete set of vaccinations, vitamin A supplementation, growth monitoring, and deworming every 6 months starting at 12 months of age.
- * Coordinate local selected volunteer mothers in running a home -based stimulation component similar in nature to the ones successfully implemented in Cambodia

CDAs will be supported with mobile health technology to ensure continuous and efficient communication, monitoring and close implementation of service protocols.

The mobile device will serve three principal functions:

- * Provide weekly visit reminders and a list of health services for mothers and children who missed services or appointments
- * Allow CDAs to communicate with local CHWs and health facility staff to ensure immediate treatment of acute health conditions
- * Support CDAs with visual materials (videos) to compliment their weekly training with volunteer mothers

Each CDA will be responsible for 250 households, which corresponds to approximately 50 to 60 children under the age of 2 in their communities. CDAs will enroll eligible mothers and their child in the study, and then will be responsible for the health and development of the respective child up to 24 months of age. Each week, the CDA will be sent a list mothers and children who missed a scheduled services or appointments through an automated electronic system; list of children that should be visited in the respective week for the monthly nutrition and health follow-up well;

and reminder of content of early childhood learning sessions to support child nurturing. They will be monitored by CDA supervisors on a regular basis, and will be given verbal feedback on their performance. In each month, the best 10% of CDAs will receive a symbolic “CDA of the month” award.

The project will directly benefit 225 children in the short term, and, the hope, all Zambian children in the long run. Its main targets: reduced stunting and improved child development at age 2.

Says project leader Dr. Davidson Hamer: "The program has the potential to transform how mothers think about child development and early education, and to increase maternal understanding of age-appropriate development and cognitive stimulation."

Project collaborators include America's Harvard School of Public Health, and the Center for Global Health and Development at Boston University, and Zambia's Centre for Infectious Diseases Research and Ministry of Health, Child Health Unit.

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Large-scale (up to \$2 million) award nominees

Putting online a proven, early cognitive stimulation program to help those helping kids in developing countries

University of the West Indies (Kingston, Jamaica)

A package of low-cost materials proven to help early cognitive stimulation will be made available online to support in-home interventions by community workers in developing countries, thanks to this project led by Christine Powell and Susan Walker of the Tropical Medicine Research Institute, University of West Indies. The materials can be used despite limited training by any qualified person (NGO, international agency, local government department) and include a curriculum, training manuals, books, play materials, and training videos, all tailored to the children's culture. The curriculum being placed online is the product of years of work pioneering the foundation for early childhood development in low resource settings. The web-based package is expected to provide skills and materials for 10 countries to adapt and implement the home cognitive stimulation package.

Stimulation and nutrition for pre-schoolers in rural Colombia

Universidad de los Andes (Bogotá, Colombia)

While there are government-run programs in urban centers, to now rural kids in Columbia have had available only a home-based daycare system run by women with little if any formal training.

Providing an integrated, two-stage intervention for children from 6 months to 5 years old is the idea behind of a project led by Raquel Bernal and Ximena Peña of Colombia's Universidad de los Andes.

In the first stage, facilitators of existing family (home-visiting) services for pregnant women and children up to 30 months old will be trained to promote effective mothering, including nutrition, child development, and interaction with the child.

In the second stage, local mothers running community nurseries will receive 160 hours of training in topics such as fostering child development and developmental milestones in children 24-60 months old, and activities to encourage executive functioning of the child brain. Crucially, both curricular improvements will be implemented along with regular coaching and monitoring visits by trained supervisors.

An estimated 4,800 children will have access to more supportive developmental experiences as a result of this project.

Nutrition and psychosocial stimulation to improve development of malnourished children in Bangladesh

International Centre for Diarrheal Disease Research (Dhaka, Bangladesh)

Early cognitive development will be promoted through this program to treat malnourished children in rural Bangladeshi health clinics, improving the knowledge and skills of both mothers and field staff in early cognitive development. The anticipated outcome: improved language skills among children, as well as better mental and psychomotor development.

The project takes advantage of a time when kids and their parents are interacting with health clinics to provide more than just calories. The challenge is how to do it in a way that is feasible to deliver by health workers with lots big workloads.

The anticipated outcome: improvements in language, mental, and psychomotor development for approximately 3,000 children.

Golden Generation Program for community-based early childhood development

University of Mataram (Mataram, Indonesia)

The Golden Generation Program will integrate early development, health and nutrition programs to promote thriving children, and includes strategies to:

- * Enhance staff capabilities in early childhood development centers in villages;
- * Deploy of specially-trained community workers to coach and certify couples in early childhood development; and
- * Engage a mobile real-time data platform to link providers and clients to track infant growth and development, and flag needed interventions.

Program impact will be assessed through a randomized trial involving 80 communities, covering approximately 30,000 couples and their infants over a 2-year period.

To foster long-term sustainability and ongoing program development, the Program will also establish community worker cooperatives and a Center for Early Childhood Development at the University of Mataram.

The program is a collaboration between the University of Mataram, the Provincial and District Governments of Nusa Tenggara Barat Province, the Summit Institute of Development and the Harvard School of Public Health.

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Saving Brains

The Grand Challenges Canada Saving Brains Program promotes fulfillment of human capital potential by focusing on interventions that nurture brain development in the first 1,000 days of life. The goal of the Saving Brains program is to unlock the potential of children by developing and scaling up products, services and policies that protect and nurture early brain development in an equitable and sustainable manner. Almost CDN \$30 million has been committed to date. In addition to projects, the Saving Brains program is investing in an authoritative quantification of the economic impact and true costs of poverty-related risk factors for cognitive and human capital development.

Grand Challenges Canada invites global, regional and corporate partners committed to enabling innovation for early brain development to join us in Saving Brains.

Please visit grandchallenges.ca and look for us on Facebook, Twitter, YouTube and LinkedIn.

About Grand Challenges Canada

Grand Challenges Canada is dedicated to supporting Bold Ideas with Big Impact™ in global health. We are funded by the Government of Canada through the Development Innovation Fund announced in the 2008 Federal Budget. We fund innovators in low- and middle-income countries and Canada. Grand Challenges Canada works with the International Development Research Centre (IDRC), the Canadian Institutes of Health Research (CIHR), and other global health foundations and organizations to find sustainable, long-term solutions through Integrated Innovation – bold ideas which integrate science, technology, social and business innovation. Grand Challenges Canada is hosted at the Sandra Rotman Centre.
www.grandchallenges.ca

About Canada's International Development Research Centre

The International Development Research Centre (IDRC) supports research in developing countries to promote growth and development. IDRC also encourages sharing this knowledge with policymakers, other researchers and communities around the world. The result is innovative, lasting local solutions that aim to bring choice and change to those who need it most.

As the Government of Canada's lead on the Development Innovation Fund, IDRC draws on decades of experience managing publicly funded research projects to administer the Development Innovation Fund. IDRC also ensures that developing country researchers and concerns are front and centre in this exciting new initiative.
www.idrc.ca

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The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system. Composed of 13 Institutes, CIHR provides leadership and support to more than 14,100 health researchers and trainees across Canada.

CIHR will be responsible for the administration of international peer review, according to international standards of excellence. The results of CIHR-led peer reviews will guide the awarding of grants by Grand Challenges Canada from the Development Innovation Fund.
www.cihr-irsc.gc.ca

About the Department of Foreign Affairs, Trade and Development Canada

The mandate of Foreign Affairs, Trade and Development Canada is to manage Canada's diplomatic and consular relations, to encourage the country's international trade, and to lead Canada's international development and humanitarian assistance.
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About Sandra Rotman Centre

The Sandra Rotman Centre is based at University Health Network and University of Toronto. We develop innovative global health solutions and help bring them to scale where they are most urgently needed. The Sandra Rotman Centre hosts Grand Challenges Canada.
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