

# Annual Report 2012–2013

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Grand Challenges Canada™  
Grands Défis Canada<sup>MC</sup>

**BOLD IDEAS FOR HUMANITY.™**

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## Annual Report

April 2012 to March 2013

## Preamble

Grand Challenges Canada is dedicated to supporting bold ideas with big impact in global health. We are funded by the Government of Canada and we fund innovators in low- and middle-income countries and Canada. The bold ideas we support integrate science/technology, social and business innovation (we call this *Integrated Innovation*); we focus on bringing successful innovation to scale, catalyzing sustainability and impact. We have a determined focus on results, and on saving and improving lives.

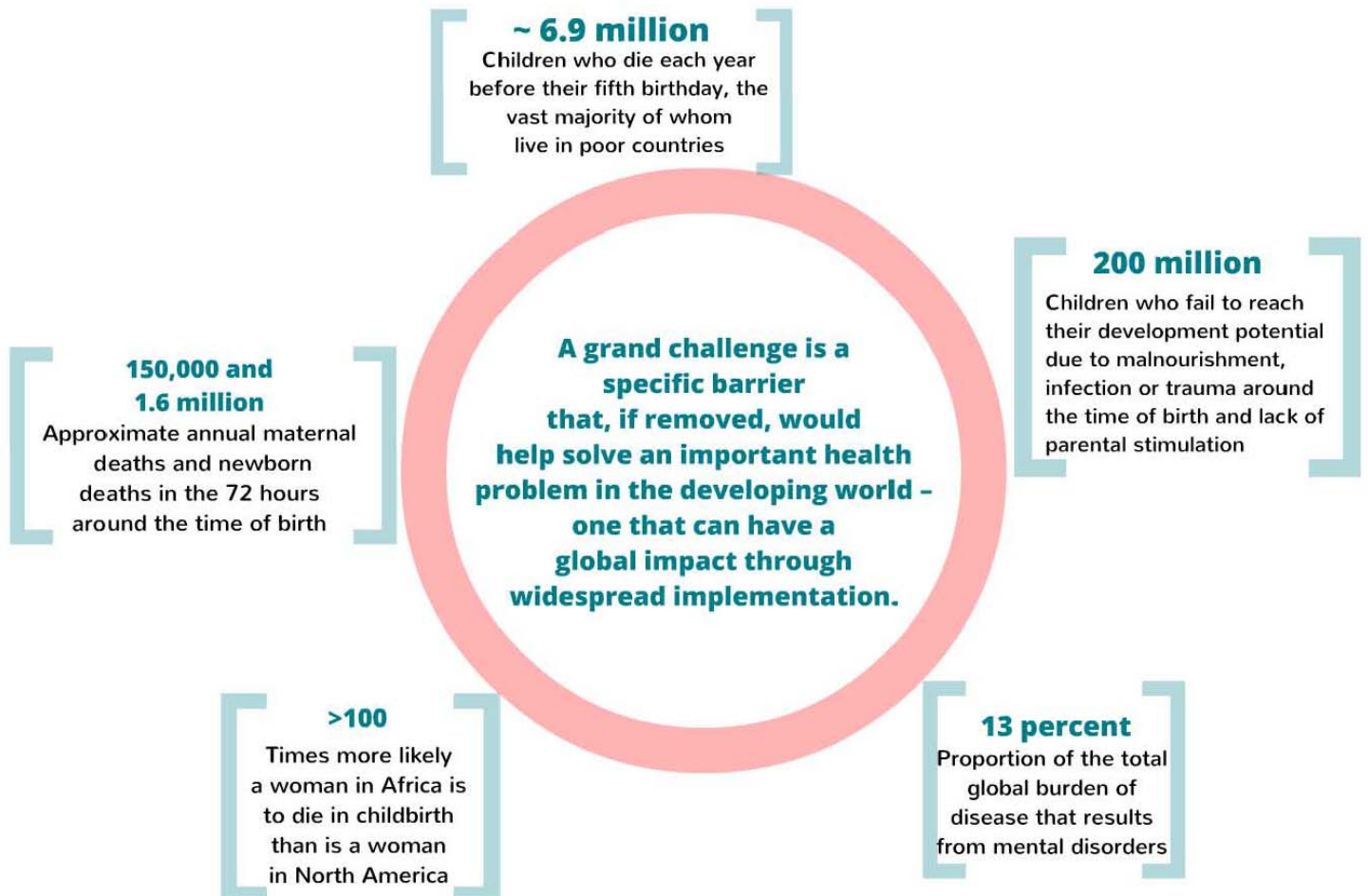
Our vision is: **Bold Ideas. Big Impact. A Better World.**

Our mission is: **Saving and improving lives in low- and middle-income countries through Integrated Innovation.**

At the core of our operating philosophy is **Integrated Innovation™**, which is the coordinated application of scientific/technological, social and business innovation to develop solutions to complex challenges, and to identify and overcome barriers to sustainably bringing these solutions to scale.

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## A Message from the Chairman of the Board



This past year has been pivotal in the growth and maturation of Grand Challenges Canada. As we described in last year's Biennial Report, our first few years of operations were focused primarily on strategy development, recruiting an excellent team and developing and implementing our foundational programs and initiatives. Over the past year, however, I have been pleased and proud to see a significant shift in focus from strategy development to results.

Why is this important?

In my many years of experience in building and leading companies in the private sector, I have learned the importance of putting a strong emphasis on results. At Grand Challenges Canada, our vision is to save and improve lives in low- and middle-income countries. Our results must contribute to the achievement of this ambitious but critical vision.

We recognize that innovation is often a long-term game that can take 5, 10 or even 15 years to fully come to fruition. At the same time, however, I am pleased to see the early results that we are already achieving and the promise of even more transformative results to come.

This year, I was particularly pleased to see our work and early results mentioned in *Budget 2013* which states that:

*"The Government will be strengthening its commitment to GCC with the recently announced strategic partnership intended to drive financial innovation in international development."*

I wish to thank the Government of Canada for their support of Grand Challenges Canada and, in the coming year, I look forward to implementing this strategic partnership, so that we can continue to deliver results for the people of Canada and for those most in need in low- and middle-income countries.



Joseph L. Rotman  
Chairman

## Highlights from 2012–2013

### BUDGET AND EXPENDITURES

**2012–2013 Operating Budget** – \$51,755,139

**Operating Expenses (G&A and Program Support)** – 8.4%

**Total Awards** as of May 31, 2013 **(314 grants)**

**Stars in Global Health** (venture capital-like component, about half of the total investment to date)

- 211 proof-of-concept grants, each at \$100,000 CAD
- 4 transition-to-scale grants (pending completion of the partnership with the Canadian International Development Agency)
- 6 Grand Challenges Explorations grants (in partnership with the Bill & Melinda Gates Foundation)
- 12 Point-of-Care Diagnostics grants

**Targeted Challenges** (about half of the total investment to-date)

- **Saving Lives at Birth:** 9 of 39 total SLAB grants
- **Saving Brains:** 23 grants
- **Global Mental Health:** 35 grants + 6 Hypertension grants

**Platform Grants** – 7 grants (including renewals) to three groups to develop common outcome metrics and increase and accelerate the impact of projects in Saving Brains & Global Mental Health

**Testing new models of financial innovation** – \$10M anchor investment in the Global Health Investment Fund

### DIPLOMATIC RESULTS

**Countries and Regions of Strategic Importance to Canada Engaged**

- Israel (as underlined by the Joint Statement by Minister of Foreign Affairs John Baird and Prime Minister Benjamin Netanyahu)
- West Bank (eligible for our programs)
- ASEAN region and Thailand (working to formalize a partnership with Grand Challenges Canada in the context of Canada–ASEAN dialogue)
- India (as part of the Canada–India Scientific and Technological Cooperation Agreement and action plan)
- Brazil (site of 2013 Grand Challenges meeting)
- Peru (early discussions on a Grand Challenges Peru)
- South Africa (early discussions on a Grand Challenges South Africa)

### Organisation for Economic Co-operation and Development – Partners Engaged

- USAID (core Grand Challenges Canada partner)
- Australia (early discussions on a Grand Challenges Australia)
- Norway (Grand Challenges Canada partner on Saving Lives at Birth)
- UK's Department For International Development (Grand Challenges Canada partner on Saving Lives at Birth)

### Foundations Engaged

- Bill & Melinda Gates Foundation (core Grand Challenges Canada partner)
- Skoll Foundation (in development)
- Children's Investment Fund Foundation (in development)
- Norlien Foundation (on Saving Brains)

### FUNDING LEVERAGED (\$95.1M)

- \$6.7M Stars in Global Health
- \$26.1M Point-of-Care Diagnostics
- \$13M Women's and Children's Health: Saving Lives at Birth
- \$4.3M Hypertension
- \$45M Financial Innovations
- \$0.8M International Development Research Centre
- Up to \$10M UK's Department for International Development (DFID)

### PUBLIC ENGAGED

- Grand Challenges Canada publishes 3–4 major news releases per year. Each, on average, have resulted in:
  - 15 stories on domestic or international newswire
  - coverage by ~200 online news sites and organizations
  - stories in 10 languages across 36 countries, including extensive domestic coverage in Canada.
- Some highlights include:
  - **Globe Editorial** March 2012: "*Grand Challenges Program helps develop great, marketable ideas*"
  - **Washington Post** November 2012: "*Government seed grants encourage innovation on global health problems*"
- Growing social media presence on Twitter, Facebook, YouTube

### METRICS DEFINED

- **Results-based Management Accountability Framework** has been implemented
- **Outcome metrics** under development in key program areas, in partnership with leading global researchers.

## Chief Executive Officer's Annual Letter 2013

It's hard to believe that May 3, 2013, is only Grand Challenges Canada's third anniversary. It's been a tremendously exciting year as we continue to build on our goal of supporting bold ideas with big impact.

Working with literally hundreds of innovators on the ground in low- and middle-income countries, we're enabling exciting new solutions to the truly big challenges that confront global health. From Saving Lives at Birth, Saving Brains and Global Mental Health, to supporting rising stars in global health, we're unleashing the forces for transformative change – all squarely focused on saving and improving lives.

A large part of our character as an organization comes from harnessing the unique energy of entrepreneurship to take innovations to scale. Not only does this create the potential for even bigger impact and successful advancement of our efforts to combat a wide range of global health challenges, it allows us to tap private sector expertise and finance. The result is often quite exciting: unlocking new social enterprise in the developing world and creating start-ups at home in Canada that hold out the promise of future jobs, prosperity and growth. The emergence of these new social enterprises is among the most dynamic and organic of the developments we're witnessing as the organization matures.

This has been a busy year. We enjoyed the ongoing encouragement of Mrs. Laureen Harper as the Honourary Chair of Saving Brains; we hosted the annual Grand Challenges symposium in Ottawa with the Bill & Melinda Gates Foundation and welcomed the launches of Grand Challenges Brazil, India and Israel.

Overall, we've continued to move forward at a rapid pace, anchored by our core values. One such value that we've strongly embraced as an organization is the importance of entrepreneurship – of persistently pushing our own capacity to invite applications, award new grants, identify truly exciting scale opportunities and advance the cause of achieving on-the-ground results that make a tangible difference in the health and well-being of people and their communities. Of course, that is all anchored by an equally rigorous oversight and accountability framework to ensure efficacy and results.

As of March 2013, Grand Challenges Canada has awarded 283 peer-reviewed grants, representing a commitment of \$93 million. For every dollar we have spent, we are leveraging roughly one additional dollar through partnerships, and we expect this ratio to grow. All of this has been made possible thanks to the Government of Canada's belief and financial support of Grand Challenges Canada – and, for that, we all owe them our sincere gratitude.

Behind the numbers, there are tremendous stories to be shared, including moving and affecting examples of dedicated researchers who are already beginning to create change on the ground and, in the process, make material improvements in people's lives.



## PROJECTS WITH EARLY PROMISE

By far the most exciting part of our lives at Grand Challenges Canada is the emergence of what we call ‘bright spots’: those projects and innovators that are, in defiance of all reasonable expectation, already showing signs of early results. Innovation is usually a longer-term enterprise, so it is immensely gratifying for team members to see projects they reviewed on paper begin to come to life on the ground, just as hoped. It’s also immensely validating, as it confirms the approach and model we’ve developed is working as intended.

I’m always quick to remind our team that such examples are to be treated as treasured anomalies – they are encouraging, but innovation normally takes a long time. That’s a caution well worth posting. We’ve always known that much of our work will require years to measure fully and effectively.

At the same time, I’ve become excited with the number of bright spots that we’ve seen in what still constitute our early days. In talking it over with others, I’ve come to believe that this early success is far from accidental. What I think we are discovering is that, in practice, our ‘Integrated Innovation’ model – the coordinated application of scientific/technological, social and business innovation approaches – incentivizes and encourages demonstrable results earlier and more obviously than other models. That’s not to say that all our grantees will produce such results. But it may be that, due to the Integrated Innovation model, we can expect earlier results more often than traditional development models generally produce.

With all this in mind, I wanted to dedicate the balance of my update to sharing some of these bright lights with you and highlighting some of the projects that, already, are giving us cause to be excited about the success of the Grand Challenges approach.



*Grand Challenges Canada is dedicated to supporting bold ideas with big impact in global health*

**Diagnosing diarrhea in Botswana** – In most of the world, diarrheal disease remains deadly and, far too frequently, the cause goes unfound. One of the main barriers to diagnosis is the difficulty in obtaining an adequate and timely specimen. Even the most sophisticated detection tools are ineffective without an adequate specimen. The goal of this Botswana-based project is to directly fix this challenge. The project team has combined highly sensitive detection techniques with a robust, patient-friendly, technologically advanced yet easy-to-use flocked rectal swab and a transport system that poses a minimal biohazard risk. Early results are encouraging and indicate that these samples will have equal or higher pathogen yield than traditional bulk stool samples, and will allow for point-of-care diagnostics for one of the leading causes of childhood illness and death.

The more exciting result has been indirect, although significant. During the winter of 2011, there was a particularly severe diarrhea epidemic across Botswana. With funding from Grand Challenges Canada, the project team was the only group in the country testing diarrheal specimens for viruses (including rotavirus). They were asked by colleagues at the Ministry of Health to share their data and also to loan them point-of-care test kits for rotavirus detection, so that children from other regions could be tested. It was determined at all facilities that the vast majority of cases were due to rotavirus.

After consultation with the project team, the Ministry of Health decided to fast-track the approval of a national rotavirus vaccine program, which was started within a year. Botswana is now one of the first countries in Africa to roll out a national rotavirus vaccine program. This is particularly impressive, given that Botswana is not a GAVI-eligible country. Even more encouragingly, project investigators are now working with the Ministry of Health and other collaborators in order to establish a national rotavirus surveillance program, where the flocked swabs will be used for specimen collection.



*Flocked rectal swab design, anatomically designed for sampling rectal epithelium*

**SOIL Haiti, Sustainable Organic Integrated Livelihoods (SOIL)** – The lack of availability of clean sanitation services in many low- and middle-income countries is a clear threat to public health. This is a problem that neither governments nor NGOs have effectively come to grips with in many states where infrastructure is weak and resources are few. SOIL is a non-profit organization in Haiti dedicated to protecting soil resources, empowering communities and transforming wastes into resources. Specifically, it is developing and implementing a viable business model for providing complete sanitation using private sector tools to generate a common benefit. The model charges a small fee for the maintenance of toilets and it also receives revenues from selling waste products as fertilizer. Through design improvements and economies of scale, SOIL is working to reduce the cost of the toilets from \$200 to \$75 per unit.

SOIL's ecological sanitation (EcoSan) toilets were initially providing essential sanitation services to 20,000 people living in the camps of individuals displaced by the 2010 earthquake in Port-au-Prince, Haiti. Even at present, 5,000 people continue to rely on the toilets in both Port-au-Prince and Cap-Haïtien.



*A recent tweet from the SOIL Haiti team*

Through the support of Grand Challenges Canada funding, SOIL is mapping potential target neighbourhoods, hosting educational events to increase market demand, training local technicians and producing 50 EcoSan toilets to service targeted neighbourhoods. Their ultimate objective is to bring this approach to scale in Haiti and then globally.

**JANMA Clean Birth Kit: A Product of ayzh** – There are few challenges in global health greater than saving the lives women and children at the time of birth. A for-profit social venture, ayzh is developing low-cost technology designed to meet the unique needs of women in communities where resources are few and conditions are often unsanitary. Their first product is JANMA, a \$2 clean birth kit, which provides women with all the components recommended by the World Health Organization for a safe and hygienic birth. Ultimately, this project aims to reduce unnecessary infections, particularly with umbilical cords, which frequently results in morbidity and mortality.

Initially, about 10,000 units were sold and distributed in India, Malawi and Ghana. However, a lack of awareness among healthcare workers and a lack of formal data to demonstrate the product's impact posed substantial challenges to wider scaling. With



the funding from Grand Challenges Canada, ayzh has been able to better measure impact and strengthen distribution. As a consequence, ayzh now believes it will fill orders for 60,000 units – a six-fold increase. With additional partnerships, ayzh has also expanded its marketing efforts to include Nigeria, Laos and Haiti.



*ayzh employs women to package the JANMA Clean Birth Kit*

**Champions of Maternal and Neonatal Health: A Project in Transformative Leadership Amongst Islamic Opinion Leaders in Northern Nigeria** – Some of the greatest barriers to improving women’s and children’s health are cultural rather than technological. Even with the best scientific evidence for delivering good health care, few improvements can be made if influential community leaders believe that medical interventions and healthcare providers represent a threat. This problem is compounded when strict religious beliefs place cultural and community behaviours under the influence of faith leaders.

This unique and impressive project was designed to address this challenge directly, by engaging with religious leaders to leverage their involvement and support, rather than attempt to circumvent or contest it. The goal is to increase the demand for maternal and neonatal health services in poor, conservative communities with dominant Muslim populations. Specifically, 14 conservative religious leaders participated in a study tour to Egypt. Working alongside prominent Egyptian religious and medical scholars, participants received information about the importance of maternal and neonatal health, and the compatibility of these objectives with their faith. Particular attention was dedicated toward child spacing and childhood vaccinations.

The early results of this project are very promising and highly instructive. Before the study tour, 10 of the 14 religious leaders expressed doubts about immunization. Following the study tour, all but one faith leader had become persuaded to the contrary and indicated they would now support immunizations. Project leaders are also reporting that this openness is spreading to other important areas. Signs are amassing that these same religious leaders are now advocating maternal healthcare and health interventions during pregnancy. Such results have attracted interest. As a result of this project, the State Primary Health Development Agencies in the two programming states have established formal working relationships with the Ministry of Religious Affairs, and UNICEF has incorporated the individuals engaged through the project into their community mobilization activities.



*Religious leaders participating in the study tour in Egypt*

**ChipCare** – ChipCare offers an example of how Canadian enterprise is being leveraged to address a major health challenge in the developing world, while creating spinoff start-ups with the promise of financial and business reward at home in Canada.

ChipCare's portable tester uses wireless computer technology and disposable, low-cost "chips" to easily read a patient's CD4 cell count. They have designed their tester device to be rugged, so that it can be used in the field by doctors or health workers located in remote and rural areas, or in any poor setting where access to laboratories or hospitals is limited because patients can't afford tests or travel. The initial focus is on CD4 T-cell counting for HIV disease monitoring. It is estimated that the current global market for CD4 tests is 25 million tests annually, although the need is estimated at 60 million tests annually. The appeal of the innovation is that it relies upon a single, small blood sample using only one drop taken from a finger prick. The device can potentially be modified in future for the testing of other diseases, such as malaria or tuberculosis.

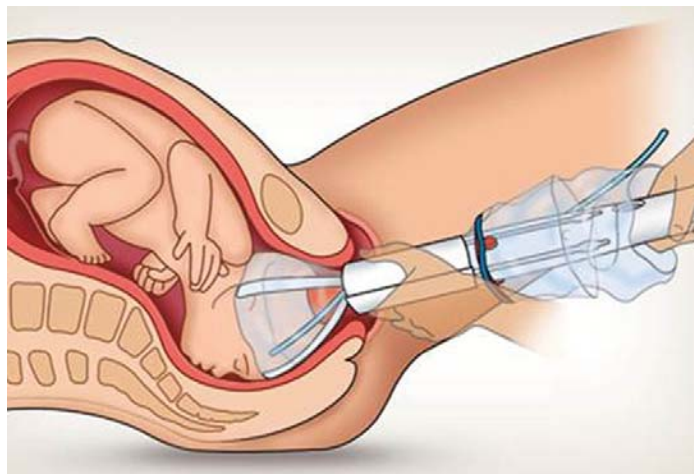
ChipCare has now developed a prototype that has been presented to prospective investors, with exciting uptake. With the support of Maple Leaf Angels, they are transforming their development idea into a company that's attracting private sector finance – thanks, in part, to a commitment by Grand Challenges Canada to match angel financing. The result is a win-win-win: an innovative device to help those in need, a new Canadian start-up, and the promise of jobs and growth down the road.



**The Odón Device** – Complications that arise during the second stage of labour are a devastating cause of death for millions of women and babies each year. It occurs when the fetus is unable to move into the birth canal, leading to serious bleeding, infection, fistulas or death in women, and to asphyxia of the fetus. The Odón Device is a new, low-cost instrument that can assist in the safe delivery of a fetus, designed specifically to assist with and overcome obstructed labour. The device has been designed to be safer and easier to apply than forceps and a vacuum extractor (which is contraindicated in the event of maternal HIV infection), and to provide a safe alternative to some Caesarean sections in settings with surgical and human resource constraints. Created by Jorge Odón, an Argentinian mechanic, it is currently being field-tested with the support of the Saving Lives at Birth partnership.



The early results are sufficiently encouraging that the device is attracting the attention of companies. This is a good example of Shared Value, a concept developed by Michael Porter that emphasizes the importance of creating both economic and social value.



*The Odón Device*



In addition to these highlighted projects, there are other examples of bright spots we could have used and will showcase in the future as they mature. We were also thrilled to see a number of the projects we support win awards this year, including Laura Stachel for Solar Suitcase (CNN Heroes award), Kit Yamoyo from Cola Life (“Products” category in the Design Museum’s “2013 Designs of the Year” award), D-Rev for innovative healthcare product design (on Fast Company’s annual list of “The World’s 50 Most Innovative Companies”), Helen Dimaras’s work on childhood eye cancer (Greek America’s Forty Under 40 award) and Ophira Ginsburg’s work on cancer in Bangladesh (YWCA Women of Distinction award). Congratulations! We are proud to support you and all our innovators and entrepreneurs.

## THE WAY FORWARD

These encouraging results reinforce our deeply held view that the promise of Integrated Innovation that fuels the Grand Challenges approach is working and working well. In the coming year, we will build on these successes. And we will build on these early results.

We will also continue to pursue targeted efforts related to Saving Lives at Birth and Saving Brains, which align perfectly with the leadership Canada has established in women and children’s health since the Muskoka G8. At the same time, we’re also intensifying our focus on global mental health, working with partners to solve these neglected but critical global challenges. The latter two challenges together probe a critical and neglected domain in global health: the human brain.

A fundamental tenet of the Grand Challenges approach is that the challenges we face are too big for any organization or country to solve alone. At its core, the Grand Challenges model is a way for different partners in different countries and different sectors to solve global problems. The following blog explores this issue in greater detail: <http://bit.ly/WbUqGh>.

This is why we will continue to work closely with key partners, including USAID, the Bill & Melinda Gates Foundation, the UK’s Department for International Development, the Government of Norway, the Norlien Foundation and others. And naturally we work with both public and private sector partners, since these problems are simply too big to be solved by any one sector. A big thank you to all of our partners!

We are also contributing to the discussion about what shape global development goals should take after the current Millennium Development Goals expire in 2015. As shown in this video, we have proposed a life-course approach to this vision: <http://bit.ly/YPmt0C>. We also think the Grand Challenges approach can prove effective in helping to solve post-2015 development goals, as this blog helps to demonstrate: <http://bit.ly/TwUNjf>.

Of course, no undertaking of this size could be possible without a dedicated and tremendous team. I want to thank all those who make the Grand Challenges Canada vision possible, including our Board of Directors, chaired by Joseph L. Rotman, the Scientific Advisory Board, and partners at Canada’s International Development

Research Centre and the Canadian Institutes of Health Research. Above all else, I want to thank the Grand Challenges Canada team and, of course, the innovators themselves who make everything possible.

As Grand Challenges Canada continues its work year after year, our record of results will grow. Ultimately, what truly matters is the impact we make in the lives and the health of people in low- and middle-income countries. At the same time that we transfer knowledge, techniques and tools, we're also able to share a better life. That is the true inspiration for our work. That is the true inspiration for all of us connected with Grand Challenges Canada.

Thank you for your interest in our work. I will continue to keep you updated over the course of the coming months on our progress and efforts.

Yours truly



Peter A. Singer  
Chief Executive Officer



## Our Priorities and Programs

Grand Challenges Canada is driven by three strategic priorities.

Our primary strategic priority is **enabling innovators to solve critical health challenges in low- and middle-income countries**, including:

- **Innovator-Defined Challenges:** a broad range of global health challenges that are identified by the innovators who apply to the Stars in Global Health program
- **Targeted Grand Challenges:** three global health challenges that were identified, validated and approved by the Grand Challenges Canada Board of Directors:
  - **Women's and children's survival**, which is addressed through the Saving Lives at Birth program
  - **Child development**, which is addressed through the Saving Brains program
  - **Global mental health**, which is addressed through the Global Mental Health program.

Our secondary strategic priority is to **leverage the Grand Challenges Canada platform to engage strategic partners** by:

- Testing new models of financial innovation to mobilize private capital, through Shared Value, in support of global health. We are doing this through the following models:
  - Scaling Integrated Innovations through Partnerships with an emphasis on Social Angel Investors
  - Global Health Investment Fund
  - Pay on Results and Development Impact Bonds.
- Nurturing, supporting and partnering with Grand Challenges organizations in strategic partner countries. For example, Grand Challenges Canada is currently working with key stakeholders in Israel to design and implement Grand Challenges Israel.

Our tertiary strategic priority is to **leverage Grand Challenges Canada's platform to help advance the Government of Canada's priorities**, such as:

- **Mobilizing private investment, blended value and pay-on-results strategies** by leveraging the pilot activities outlined under our secondary strategic priority
- **Sparkling affordable health innovation** by utilizing innovations in the Grand Challenges Canada pipeline that, while designed for global health conditions, could have important applications to improve care or reduce health costs in Canada and in other high-income nations.

Grand Challenges Canada has also made investments in:

- **Point-of-Care Diagnostics**, in partnership with the Bill & Melinda Gates Foundation, as a distinct element of the Stars in Global Health program going forward.
- Canada's contribution to addressing the Global Alliance on Chronic Diseases' initiative on **hypertension**.

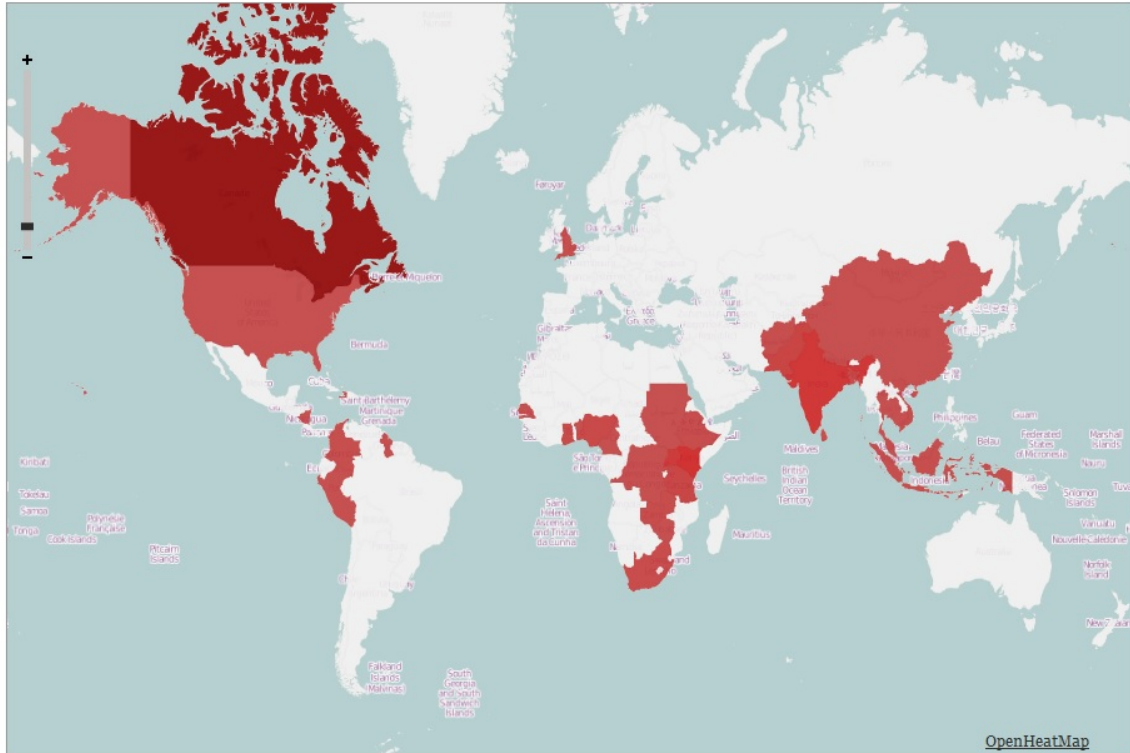
## PROGRAM REACH

Program	Letters of Intent Received	Full Applicants	Grants Approved for Funding
Stars in Global Health	Not applicable	1,316	211
GCE Stars in Global Health	Not applicable	Not applicable	6
Canada Direct Entry to Phase 2	14	14	3
Phase 2 Transition to Scale	Not applicable	Not applicable	1
Point-of-Care Diagnostics	205	24	12
Saving Lives at Birth	1,100	142	9 (of 39 total SLAB grants)
Saving Brains	69	75	23
Global Mental Health	121	133	35
Hypertension	Not applicable	Not applicable	6
Impact Investment Funds (Global Health Investment Fund I)	Not applicable	Not applicable	1
Saving Brains Platform	Not applicable	Not applicable	4
Global Mental Health Platform	Not applicable	Not applicable	2
Scaling Up Platform	Not applicable	Not applicable	1
<b>TOTAL</b>	<b>1,509</b>	<b>1,704</b>	<b>314</b>

## Location of Operations

Grand Challenges Canada operates programs in Canada, and in developing and emerging markets, as illustrated in the following figure (next page).

**Figure 1: Location of Current Grand Challenges Canada Grantees**



## Our Approach to Results

At Grand Challenges Canada, we think about results at three levels:

1. **Organization** – overall development impact
2. **Program** – measuring and aggregating the impact of the portfolio of projects
3. **Project** – measuring on-the-ground impact.

Our approach to measuring results is integrated across all three of these levels.

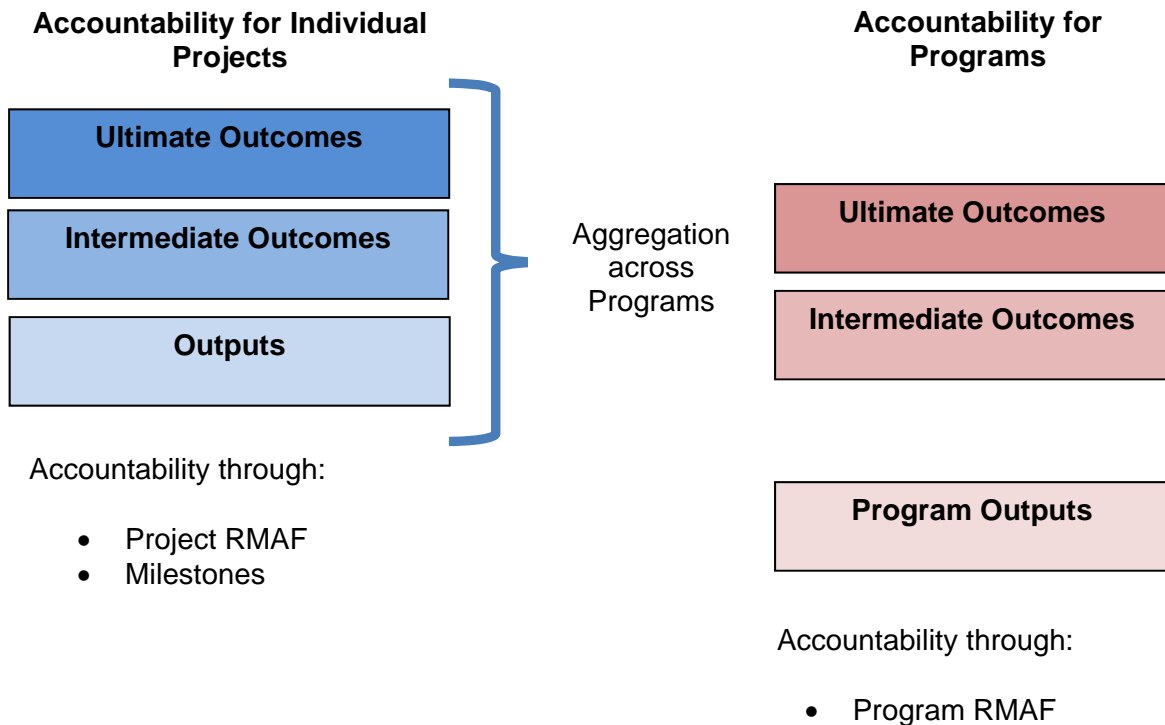
At the **organizational level**, we have developed and implemented a Results-based Management and Accountability Framework (RMAF) that is modeled on the standard Treasury Board RMAF. Our organizational RMAF is included as **Annex 5**.

At the **program level**, Grand Challenges Canada applies a strong focus to metrics and measurement. Building on the example set by the Commission on Information and Accountability for Women's and Children's Health, Grand Challenges Canada is leading the development of global metrics and a theory of change in both child development (through our Saving Brains program) and global mental health. (Similar work is taking place in the Saving Lives at Birth partnership.) The purpose of these platforms is to develop common metrics across all projects within the program and, more broadly, to develop a common set of metrics that are globally accepted.

At the level of **individual projects**, each project in our targeted challenges and all Phase II Stars in Global Health grants have their own specific milestones. Progress is monitored and is enabled through a 'venture capital'-type approach to project management. Payments are made on the basis of the achievement of the project milestones.

Grand Challenges Canada is not itself a research-performing organization. Rather, it is our innovators who sustainably bring their innovations to scale to maximize their impact. Although Grand Challenges Canada has a number of organizational outputs, our outcomes are an aggregation of the outputs and outcomes of the projects that we fund (as illustrated in the diagram on the following page), each of which has its own project-level Results-based Management and Accountability Framework.

**Diagram 1: Logic Model for Grand Challenges Canada**



### **EXAMPLE OF PROGRAM-LEVEL RESULTS: POINT-OF-CARE DIAGNOSTICS**

Many of the projects in Grand Challenges Canada's portfolios are still comparatively new and, as such, have not yet begun to demonstrate their final outputs and/or their intermediate and ultimate outcomes. The Point-of-Care Diagnostics component of the Stars in Global Health program was the first program implemented by Grand Challenges Canada and, as such, has projects that have been operational for at least 18 months that have begun to yield specific results. As a pilot application of the aggregation of project-level Results-based Management and Accountability Frameworks, the outputs and outcomes of the point-of-care diagnostics portfolio at its mid-point are summarized in the table that follows (next page).

	Description of Outcome/ Output	Description of Indicator	Results Achieved at Mid- Point
Ultimate Outcomes	A. Lives saved and improved in low- and middle-income countries (LMICs)	# lives saved and/or individuals with improved health outcomes directly through the portfolio	117
Intermediate Outcomes	A. Changes in access for BENEFICIARIES to products or services	# of BENEFICIARIES who accessed products and / or services	312
	B. Changes in knowledge, attitudes or behaviours of BENEFICIARIES	# of BENEFICIARIES with improved knowledge, attitudes or behaviours	10
	C. Changes in knowledge, attitudes or behaviours of INTERMEDIARIES/ PROVIDERS	# of INTERMEDIARIES/PROVIDERS with improved knowledge, attitudes or behaviours	35
	D. Changes in skills/training of INTERMEDIARIES/ PROVIDERS	# of INTERMEDIARIES/PROVIDERS with increased training or skills	512
	E. Changes in awareness of INTERMEDIARIES/ PROVIDERS and BENEFICIARIES	# of people reached through awareness-building outputs	1,002,085.00
	F. Changes in policy, legislation and/or regulation	# of policies developed through the project	2
Outputs	A. Building Tools and Capacity to Execute	# of VALIDATED prototypes and/or service delivery models developed	2
		# of policy recommendations developed	4
		# of patents filed (expected) / granted (achieved)	8
		# of public awareness outputs	0
		# of analytical models developed	2
		# of papers (expected) / published (achieved)	15
		# of total members of project team	123
		# of total members of project team in LMIC	94

## Highlights

The Point-of-Care Diagnostics portfolio is a blend of both product development and implementation grants, and the outcomes of the portfolio are a product of this blending of project phenotypes. The projects that have focused on product development have, for the most part, produced outputs in terms of new prototypes, patents and papers, while the implementation-oriented projects have produced intermediate and even ultimate outcomes. This is to be expected given the much longer innovation cycle in bringing a new product to market where it can generate outcomes, as opposed to the comparatively shorter cycle required to more effectively implement existing technologies.

The most striking highlights of the portfolio to date include:

- Three (3) policy changes with several others in the works;
  - Findings from several of the projects in the portfolio have led to significant policy changes in the countries/regions in which they are being implemented. A strong example of the impact of these policy changes is outlined later in this section.
- > 300 patients have gained access to innovative diagnostics to help better treat/manage their conditions, and to help refine the diagnostics to further increase their efficacy
  - Although many of these projects are proof of concept, several of them have enabled patients to access critical diagnostic technologies who would not otherwise have had access, enabling the more rapid diagnosis of their conditions and the implementation of effective treatment.
- Over 100 lives saved while only part way through the grants
  - Despite only being at their halfway point, several of the projects have already yielded concrete direct outcomes in terms of lives saved through the timely diagnosis of critical health challenges. It is important to note that the “lives saved” outcome only includes those individuals who are saved directly as a result of the projects and does not include the many indirect impacts of the innovations that are being developed.
- Several more cutting-edge prototypes currently under validation, with the potential to transform the approach and scale of diagnosis for many significant global diseases, including tuberculosis, diarrheal disease and others.
  - Approximately half of the projects in the portfolio are focused on testing and implementing transformative new technologies. Several of these projects have already demonstrated proof-of-concept in patients and are moving closer to having prototypes that can be taken to scale.

Probably the most impressive result, as highlighted in the Chief Executive Officer's Annual Letter earlier in this report, was the impact that a point-of-care diagnostics project had on the implementation of a national child diarrheal vaccine initiative. In the words of the innovator (Dr. David Goldfarb):

*During the winter of 2011, there was a particularly severe diarrhea epidemic across Botswana. We were the only group in the country testing diarrheal specimens for viruses, including rotavirus. We had been approached by colleagues at the Ministry of Health to provide them with our data and also to loan them point-of-care test kits for rotavirus detection, so that children from other regions could also be tested. It was determined at all facilities that the vast majority of cases were due to rotavirus. After consultation with our group, the Ministry of Health decided to fast-track the approval of a national rotavirus vaccine program, which was started within a year. Botswana is now one of the first countries in Africa to roll-out a national rotavirus vaccine program. This is particularly impressive, given that Botswana is not a GAVI-eligible country.*

Project investigators are now working with the Ministry of Health and other collaborators in order to establish a national rotavirus surveillance program where the flocked swabs will be used for specimen collection.

Looking forward, as each portfolio matures; we will continue to track project results at an individual level and to roll all of the results from each portfolio into an integrated table to evaluate the overall impact of that portfolio as a whole.



## Corporate Profile

Grand Challenges Canada is a federally incorporated, not-for-profit organization. It receives funds from the Canadian government as part of a funding agreement with the International Development Research Centre. These funds, in turn, are provided through the Development Innovation Fund announced in Federal Budget 2008.

### GOVERNANCE

Grand Challenges Canada has a strong and highly engaged volunteer Board of Directors, chaired by Mr. Joseph L. Rotman. The Board and its Chair make a significant contribution to both the strategic and operational success of Grand Challenges Canada.

For a complete list of members of the Board of Directors, see **Annex 2**.

As Grand Challenges Canada has evolved, so too has the mandate of the Scientific Advisory Board. The revised mandate of the Scientific Advisory Board is to:

1. Provide advice and mentorship to management, to enable the success of portfolios
2. Serve as champions of Grand Challenges Canada.

For a complete list of members of the Scientific Advisory Board, see **Annex 3**.

### OPERATIONS

During its third year of operations, Grand Challenges Canada has shifted its focus from strategy development to execution and results. Operationally, we have four core areas of operations:

1. Human Resources
2. Communications
3. Risk Management
4. Grant Management.

Important milestones in the past year of operations are summarized in the following table.

Operational Highlights 2012–2013
<b>Achieved Target for Operations</b> <ul style="list-style-type: none"> <li>Operating Expenses (G&amp;A and Program Support) = 8.4%</li> </ul>
<b>Developed Strategic Plan to 2020</b> <ul style="list-style-type: none"> <li>Approved by Board of Directors on September 5, 2012</li> </ul>
<b>Established Financial System</b> <ul style="list-style-type: none"> <li>Implemented on April 1, 2012</li> </ul>
<b>Establishing Grant Management System</b> <ul style="list-style-type: none"> <li>Under development, with progressive implementation starting in May 2013</li> </ul>
<b>Established Results-based Management and Accountability Framework</b> <ul style="list-style-type: none"> <li>Implemented at an organizational, portfolio and program level</li> </ul>
<b>Established IT System</b> <ul style="list-style-type: none"> <li>Hired an IT Specialist to better manage our IT system (previously outsourced)</li> </ul>
<b>Achieved Steady State</b> <ul style="list-style-type: none"> <li>All programs fully implemented</li> </ul>

## HUMAN RESOURCES

An organization chart for Grand Challenges Canada can be found in **Annex 4**.

## Financial Summary

The following are the Financial Statements for Grand Challenges Canada for fiscal year 2012–2013, with comparative figures for fiscal year 2011–2012.

GRAND CHALLENGES CANADA

STATEMENT OF FINANCIAL POSITION

As at

	March 31, 2013 \$	March 31, 2012 \$	April 1, 2011 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash	10,012,751	14,477,224	8,813,168
Accounts receivable	124,222	51,603	5,616
Prepaid expenses and deposits	81,341	25,733	127,042
<b>Total current assets</b>	<b>10,218,314</b>	<b>14,554,560</b>	<b>8,945,826</b>
Capital assets, net <i>[note 3]</i>	95,477	145,944	75,382
	<b>10,313,791</b>	<b>14,700,504</b>	<b>9,021,208</b>
<b>LIABILITIES AND NET ASSETS</b>			
<b>Current liabilities</b>			
Due to University Health Network <i>[note 4]</i>	698,559	172,918	1,014,473
Accounts payable and accrued liabilities <i>[note 5]</i>	6,178,588	447,185	116,822
Deferred contributions <i>[note 6]</i>	3,436,644	14,080,401	7,889,913
<b>Total current liabilities</b>	<b>10,313,791</b>	<b>14,700,504</b>	<b>9,021,208</b>
<b>Net assets</b>	<b>—</b>	<b>—</b>	<b>—</b>
	<b>10,313,791</b>	<b>14,700,504</b>	<b>9,021,208</b>

See accompanying notes

On behalf of the Board:

Director

Director

GRAND CHALLENGES CANADA

STATEMENT OF OPERATIONS AND  
CHANGES IN NET ASSETS

Year ended March 31

	2013 \$	2012 \$
<b>REVENUE</b>		
Grant <i>[note 7]</i>	51,683,757	13,812,263
Interest	146,382	45,907
	<b>51,830,139</b>	<b>13,858,170</b>
<b>EXPENSES</b>		
General administration		
Personnel	1,554,180	1,199,351
Materials and supplies	98,505	92,320
Equipment and infrastructure	191,079	147,523
Business development	317,916	317,941
	<b>2,161,680</b>	<b>1,757,135</b>
Program support		
Personnel	1,343,141	974,609
Materials and supplies	48,940	31,636
Equipment and infrastructure	165,503	134,086
Business development	817,362	1,017,986
	<b>2,374,946</b>	<b>2,158,317</b>
Research program		
Issued grants	46,196,019	9,229,960
Research support activities	1,097,494	712,758
	<b>47,293,513</b>	<b>9,942,718</b>
	<b>51,830,139</b>	<b>13,858,170</b>
<b>Excess of revenue over expenses for the year</b>	<b>—</b>	<b>—</b>
Net assets, beginning of year	—	—
<b>Net assets, end of year</b>	<b>—</b>	<b>—</b>

See accompanying notes

GRAND CHALLENGES CANADA

STATEMENT OF CASH FLOWS

Year ended March 31

	2013 \$	2012 \$
<b>OPERATING ACTIVITIES</b>		
Excess of revenue over expenses for the year	—	—
Add non-cash items		
Amortization of capital assets	56,045	30,451
Change in non-cash operating working capital balances		
Increase in accounts receivable	(72,619)	(45,987)
Decrease (increase) in prepaid expenses and deposits	(55,608)	101,309
Increase (decrease) due to University Health Network	525,641	(841,555)
Increase in accounts payable and accrued liabilities	5,731,403	330,363
Decrease (increase) in deferred contributions	(10,643,757)	6,190,488
<b>Cash provided by (used in) operating activities</b>	<b>(4,458,895)</b>	<b>5,765,069</b>
<b>INVESTING ACTIVITIES</b>		
Additions to capital assets	(5,578)	(101,013)
<b>Cash used in investing activities</b>	<b>(5,578)</b>	<b>(101,013)</b>
<b>Net increase (decrease) in cash during the year</b>	<b>(4,464,473)</b>	<b>5,664,056</b>
Cash, beginning of year	14,477,224	8,813,168
<b>Cash and cash equivalents, end of year</b>	<b>10,012,751</b>	<b>14,477,224</b>

See accompanying notes

## GRAND CHALLENGES CANADA

### NOTES TO FINANCIAL STATEMENTS

March 31, 2013

#### 1. PURPOSE OF THE ORGANIZATION

Grand Challenges Canada [the "Organization"] is dedicated to supporting bold ideas with big impact in global health. It is funded by the Government of Canada through the Development Innovation Fund announced in the 2008 Federal Budget. The Organization funds innovators in low and middle income countries and Canada. The Organization 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. The Organization is hosted at the Sandra Rotman Centre.

The Organization was incorporated as Grand Challenges Canada on March 19, 2008 under the Canada Corporations Act as a not-for-profit organization without share capital. The Organization is a registered not-for-profit organization within the meaning of the Income Tax Act (Canada).

#### 2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Part III of the Canadian Institute of Chartered Accountants' ["CICA"] Handbook – Accounting Standards for Not-for-Profit Organizations, which sets out generally accepted accounting principles for not-for-profit organizations in Canada and includes the significant accounting policies summarized below.

##### Revenue recognition

The Organization follows the deferral method of accounting for contributions, which include grants. Contributions are recognized in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Restricted Contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.



## GRAND CHALLENGES CANADA

### NOTES TO FINANCIAL STATEMENTS

March 31, 2013

#### Grant payments

All contractual grant payments are subject to the provision of funds by donor partners. They are recorded as an expense when approved and when grantees meet all terms and conditions of the agreements. Refunds on previously disbursed grant agreements are credited against the current year expenses when the project is active or to other income when the project is closed.

#### Allocation of expenses

Personnel costs are allocated based on the time spent by personnel providing support for general administration and program support.

#### Capital assets

Capital assets are recorded at cost and amortized over their estimated useful lives on a straight-line basis. The estimated useful life of each asset class is as follows:

##### Tangible

Leasehold improvements	Lesser of remaining term of lease or useful life
------------------------	---

##### Intangible

Software	5 years
Website development	3 years

#### Financial instruments

Financial instruments, including accounts receivable and accounts payable, are initially recorded at fair value and subsequently measured at amortized cost, net of any provision for impairment.

GRAND CHALLENGES CANADA

NOTES TO FINANCIAL STATEMENTS

March 31, 2013

3. CAPITAL ASSETS

	2013		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
<b>Tangible</b>			
Leasehold improvements	36,197	21,718	14,479
<b>Intangible</b>			
Software	106,591	25,593	80,998
Website development	69,636	69,636	—
	<b>212,424</b>	<b>116,947</b>	<b>95,477</b>

	2012		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
<b>Tangible</b>			
Leasehold improvements	36,197	14,478	21,719
<b>Intangible</b>			
Software	101,013	—	101,013
Website development	69,636	46,424	23,212
	<b>206,846</b>	<b>60,902</b>	<b>145,944</b>



## GRAND CHALLENGES CANADA

### NOTES TO FINANCIAL STATEMENTS

March 31, 2013

#### 3. CAPITAL ASSETS (continued)

	2011		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
<b>Tangible</b>			
Leasehold improvements	36,197	7,239	46,424
<b>Intangible</b>			
Software	—	—	—
Website development	69,636	23,212	28,958
	105,833	30,451	75,382

#### 4. DUE TO UNIVERSITY HEALTH NETWORK

The Organization has entered into an agreement with the University Health Network for the following: [a] occupation of offices and work space at the University Health Network's premises; and [b] personnel, human resources, and other administrative services and resources provided by the University Health Network. The settlement of accounts between the University Health Network and the Organization is done on a regular and timely fashion. Amounts are non-interest bearing.

#### 5. GOVERNMENT REMITTANCES PAYABLE

As at March 31, 2013, accounts payable and accrued liabilities include government remittances payable of \$NIL [March 31, 2012 - \$12,750; April 1, 2011 - \$NIL].

## GRAND CHALLENGES CANADA

### NOTES TO FINANCIAL STATEMENTS

March 31, 2013

#### 6. DEFERRED CONTRIBUTIONS

Deferred contributions represent unspent resources externally restricted for expenses in future years. Changes in the deferred contributions balance are as follows:

	2013 \$	2012 \$	2011 \$
<b>Balance, beginning of year</b>	<b>14,080,401</b>	7,889,913	—
Amounts received during the year	<b>41,040,000</b>	20,002,751	10,281,332
Amounts recognized as revenue during the year	<b>(51,683,757)</b>	(13,812,263)	(2,391,419)
<b>Balance, end of year</b>	<b>3,436,644</b>	14,080,401	7,889,913

#### 7. GRANT REVENUE

In the 2008 federal budget, the Government of Canada announced the creation of the Development Innovation Fund ["DIF"]. The Government of Canada is committing \$225 million over five years to the DIF.

The terms of the DIF were reviewed by the Organization working with the IDRC and the CIHR. As a result of this review, an amended grant agreement with the IDRC for \$217,874,134 was signed on June 25, 2012 covering the period from January 10, 2010 to March 31, 2016. The Organization is depending on this funding to carry out its mandate.

## GRAND CHALLENGES CANADA

### NOTES TO FINANCIAL STATEMENTS

March 31, 2013

#### 8. GRANT COMMITMENTS

The Organization is committed to making payments, subject to funding being provided by the Government of Canada and to compliance by grantees with the terms and conditions of grant agreements.

Grants are payable to various organizations in the fiscal years ending March 31 as follows:

	\$
2014	20,154,000
2015	7,754,000
2016	1,540,000
2017	114,000
	<u>29,562,000</u>

#### 9. LEASE COMMITMENTS

Future minimum annual lease payments for operating leases are as follows:

	\$
2014	106,000
2015	110,000
2016	115,000
2017	123,000
	<u>454,000</u>

**GRAND CHALLENGES CANADA**

**NOTES TO FINANCIAL STATEMENTS**

March 31, 2013

**10. FIRST-TIME ADOPTION OF ACCOUNTING STANDARDS FOR NOT-FOR-PROFIT ORGANIZATIONS**

On April 1, 2012, the Organization adopted Canadian accounting standards for not-for-profit organizations in Part III of The Canadian Institute of Chartered Accountants' ("CICA") Handbook. These are the first financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations.

In accordance with the transitional provisions in Canadian accounting standards for not-for-profit organizations, the Organization has adopted the changes retrospectively, subject to certain exemptions allowed under these standards. The transition date is April 1, 2011 and all comparative information provided has been presented by applying Canadian accounting standards for not-for-profit organizations.

There are no adjustments to net assets as at April 1, 2011 or excess of revenue over expenses for the year ended March 31, 2012, as a result of adopting Part III of the CICA Handbook.

## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors of  
**Grand Challenges Canada**

We have audited the accompanying financial statements of Grand Challenges Canada, which comprise the statement of financial position as at March 31, 2013, and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### **Management's responsibility for the financial statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' responsibility**

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

**Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of Grand Challenges Canada as at March 31, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

**Comparative information**

Without modifying our opinion, we draw attention to note 2 to the financial statements which describes that Grand Challenges Canada adopted Canadian accounting standards for not-for-profit organizations on April 1, 2012 with a transition date of April 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2012 and April 1, 2011, and the statements of operations and changes in net assets and cash flows for the year ended March 31, 2012 and related disclosures. The comparative information was audited by another auditor who expressed an unmodified opinion on the comparative information on June 25, 2013.

**REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS**

As required by the Corporations Act (Canada), we report that, in our opinion, Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding year.

Toronto, Canada,  
June 25, 2013.

Chartered Accountants  
Licensed Public Accountants

## **INDEPENDENT AUDITORS' REPORT**

### **To the Board of Directors of Grand Challenges Canada**

We have audited the accompanying comparative financial statements of Grand Challenges Canada, which comprise the statements of financial position as at March 31, 2012 and April 1, 2011, the statement of operations, statement of changes in net assets, and statement of cash flows for the year ended March 31, 2012, and the summary of significant accounting policies and other explanatory information, including Note 2, which explains how the transition from pre-changeover Canadian generally accepted accounting principles to Accounting Standards for Not for Profit Organizations affected the entity's reported financial position, financial performance and cash flows.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Accounting Standards for Not for Profit Organizations and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on the comparative information in these accompanying financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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



**Opinion**

In our opinion, the comparative information in these accompanying financial statements present fairly, in all material respects, the financial position of Grand Challenges Canada as at March 31, 2012 and April 1, 2011, and its financial performance and its cash flows for the year ended March 31, 2012, in accordance with Accounting Standards for Not for Profit Organizations.

**Other Matter**

The statement of financial position as at March 31, 2013, the statement of operations, statement of changes in net assets, and statement of cash flows for the year ended March 31, 2013, and the summary of significant accounting policies and other explanatory information, are audited by another auditor who expressed an unmodified opinion on June 25, 2013.

Toronto, Canada,  
June 25, 2013.

Chartered Accountants  
Licensed Public Accountants



## Annex 1: Summary of New Grants in 2012-2013

The following is a summary of **new grants** that were approved by the Board of Directors during the **2012–2013** fiscal year:

**Stars in Global Health** (venture capital-like component, about half of the total investment to date)

- 177 proof-of-concept grants, each at \$100,000 CAD
- 4 transition-to-scale grants (pending completion of the partnership with the Canadian International Development Agency)
- 3 Grand Challenges Explorations grants (in partnership with the Bill & Melinda Gates Foundation)
- 1 Point-of-Care Diagnostics grant.

**Targeted Challenges** (about half of the total investment to date)

- **Saving Lives at Birth:** 1 grant
- **Saving Brains:** 8 grants
- **Global Mental Health:** 3 Hypertension grants

**Platform Grants** – 7 grants to develop common outcome metrics in Saving Brains and Global Mental Health

**Testing new models of financial innovation:** \$10M anchor investment in the Global Health Investment Fund.

To review our complete portfolio of projects, please visit:

[www.grandchallenges.ca/our-grantees/](http://www.grandchallenges.ca/our-grantees/)

## Annex 2: Board of Directors

GRAND CHALLENGES CANADA Members of the Board of Directors	
Name	Affiliations
<b>Joseph L. Rotman</b>	<ul style="list-style-type: none"> <li>• <b>Chairman of the Board of Directors of Grand Challenges Canada</b></li> <li>• Chairman, Roy-L Capital Corporation</li> <li>• Director, Clairvest Group Inc.</li> <li>• Member, Board of Directors, MaRS</li> <li>• Chairman, Canada Council</li> <li>• Officer of the Order of Canada</li> </ul>
<b>Robert Bell</b>	<ul style="list-style-type: none"> <li>• President and Chief Executive Officer, University Health Network</li> <li>• Former Regional Vice President, Clinical Council of Cancer Care Ontario</li> </ul>
<b>Alain Beaudet</b>	<ul style="list-style-type: none"> <li>• President, Canadian Institutes of Health Research (CIHR)</li> </ul>
<b>Daniel J. Carucci</b>	<ul style="list-style-type: none"> <li>• Former Vice President for Global Health, United Nations Foundation</li> <li>• Former Director, Grand Challenges in Global Health Initiative at the Foundation for the National Institutes of Health</li> <li>• Former Director, Malaria Program at the Naval Medical Research Center</li> </ul>
<b>Abdallah S. Daar</b>	<ul style="list-style-type: none"> <li>• Chief Science and Ethics Officer, Grand Challenges Canada</li> <li>• Chair, Grand Challenges Canada's Scientific Advisory Board</li> <li>• Senior Scientist, Sandra Rotman Centre</li> <li>• Professor of Public Health Sciences and of Surgery, University of Toronto</li> </ul>
<b>Elizabeth Dowdeswell</b>	<ul style="list-style-type: none"> <li>• President and CEO of the Council of Canadian Academies</li> <li>• Past Executive Director of the United Nations Environment Program and Undersecretary General of the United Nations</li> <li>• Founding President and CEO of Canada's Nuclear Waste Management Organization</li> <li>• Officer of the Order of Canada</li> </ul>
<b>Charles Field-Marsham</b>	<ul style="list-style-type: none"> <li>• President of Kestrel Capital Management Corp.</li> <li>• Founder and Executive Chairman of Panafrican Group</li> <li>• Chairman of Kenya Fluorspar Company</li> <li>• Member of the Board of Healthy Kids International</li> </ul>
<b>Alan E. Gotlieb</b>	<ul style="list-style-type: none"> <li>• Former Canadian Ambassador to the United States</li> <li>• Former Chairman of the Canada Council</li> <li>• Companion of the Order of Canada</li> </ul>
<b>Mohamed H.A. Hassan</b>	<ul style="list-style-type: none"> <li>• Co-Chair of IAP, the global network of science academies</li> <li>• Chairman of the Council of the United Nations University</li> <li>• Past President, African Academy of Sciences</li> <li>• Past Executive Director, Academy of Sciences for the Developing World (TWAS)</li> </ul>
<b>Jean Lebel</b>	<ul style="list-style-type: none"> <li>• President of the International Development Research Centre (IDRC)</li> </ul>

<b>Allan Ronald</b>	<ul style="list-style-type: none"> <li>• Distinguished Professor Emeritus, University of Manitoba</li> <li>• Visiting lecturer, Makerere University, Uganda, Africa</li> <li>• Founding member of the University of Manitoba/University of Nairobi/WHO Research and Training Program on Sexually Transmitted Diseases</li> <li>• Officer of the Order of Canada</li> </ul>
<b>Guylaine Saucier</b>	<ul style="list-style-type: none"> <li>• Former Chairman of the Board of Directors of the Canadian Broadcasting Corporation</li> <li>• Former Director of the Bank of Canada</li> <li>• Former Chair of the Canadian Institute of Chartered Accountants (CICA)</li> </ul>
<b>Peter Singer</b>	<ul style="list-style-type: none"> <li>• Chief Executive Officer, Grand Challenges Canada</li> <li>• Director, Sandra Rotman Centre</li> <li>• Officer of the Order of Canada</li> </ul>

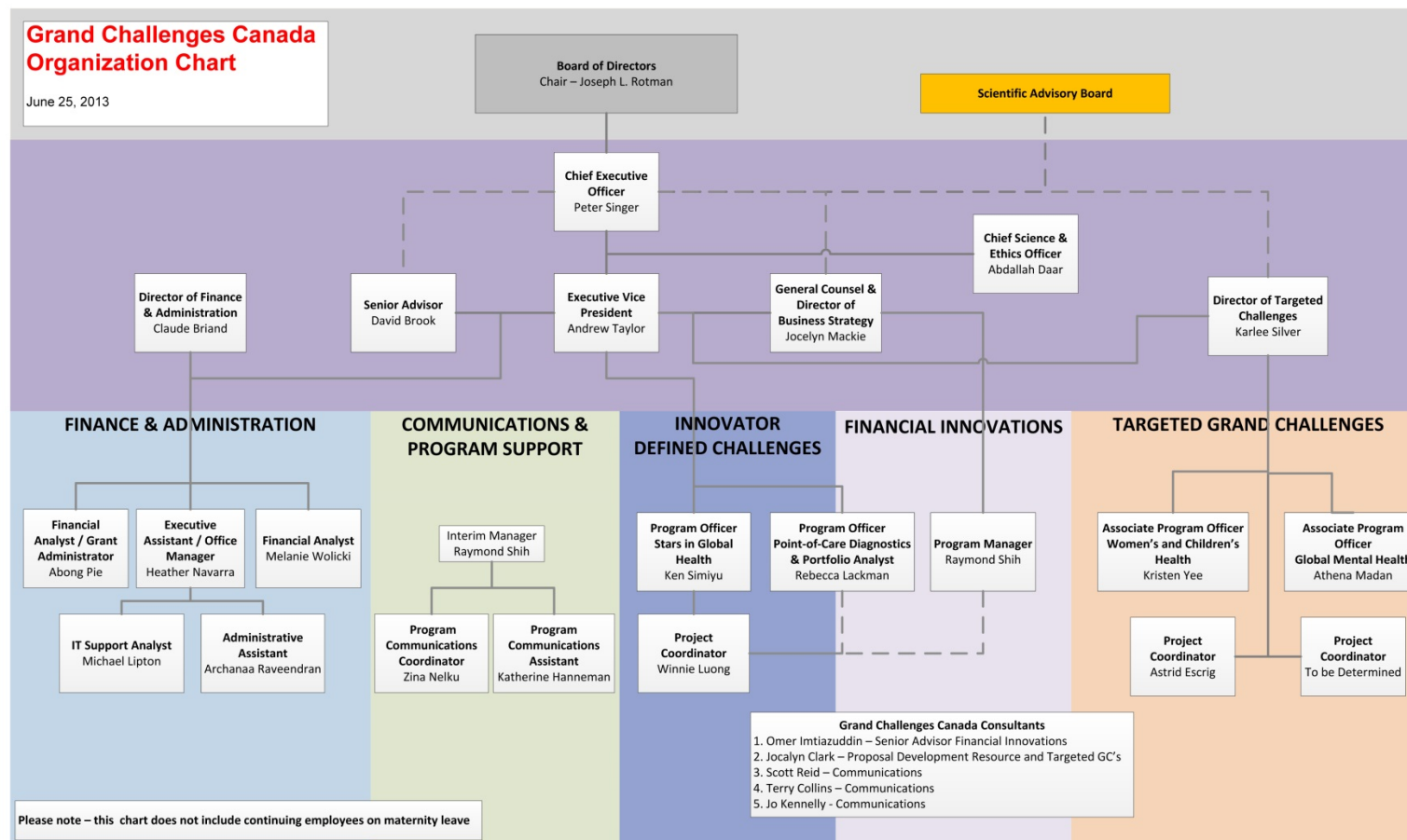
## Annex 3: Scientific Advisory Board

**Chair:** Abdallah Daar, Chief Science and Ethics Officer, Grand Challenges Canada

Name	Title	Sub-committee
<b>Lorne Babiuk</b>	Vice President, University of Alberta, Grand Challenge in Global Health Initiative Grantee	Stars in Global Health
<b>Michel G. Bergeron</b>	Professor, Founder and Director of the Centre de Recherche en Infectiologie (CRI) of Université Laval	Stars in Global Health
<b>Jane Cardosa</b>	Former Director, Institute of Health and Community Medicine, Universiti Malaysia	Stars in Global Health
<b>Christine Debouck</b>	Former Sr. VP, Genetics Research, GlaxoSmithKline	Stars in Global Health
<b>Tim Draimin</b>	Executive Director of Social Innovation Generation	Stars in Global Health
<b>Anita McGahan</b>	Associate Dean of Research, Rotman School of Management, University of Toronto	Stars in Global Health
<b>Frank Plummer</b>	Professor of Medicine and Medical Microbiology, University of Manitoba	Stars in Global Health
<b>Kishor Wasan</b>	Associate Dean of Research and Graduate Studies, and Director, Neglected Global Diseases Initiative	Stars in Global Health
<b>Mwele Malecela</b>	Acting Director General, National Institute for Medical Research, Tanzania	Women and Children's Health
<i>Others to be invited in Summer 2013 in conjunction with the upcoming Portfolio Review</i>		
<b>Vikram Patel</b>	Professor of International Mental Health and Wellcome Trust Senior Research Fellow in Clinical Science at the London School of Hygiene and Tropical Medicine	Global Mental Health
<b>Pamela Collins</b>	Director of the Office for Research on Disparities and Global Mental Health & the Office of Rural Mental Health Research at the U.S. National Institute of Mental Health	Global Mental Health
<b>Shekhar Saxena</b>	Director of the Department of Mental Health and Substance Abuse at the World Health Organization	Global Mental Health

<b>Crick Lund</b>	Associate Professor in the Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town	Global Mental Health
<b>Sir John Bell</b>	Regius Professor of Medicine, University of Oxford	Financial Innovations
<b>Jane Aubin</b>	Chief Scientific Officer/Vice President of Research, Canadian Institutes of Health Research	Financial Innovations
<b>Michael Clarke</b>	Director, Global Health Policy, International Development Research Centre	Financial Innovations
<b>Nirmal Ganguly</b>	Past Director, Indian Council of Medical Research	Financial Innovations
<b>Kiyoshi Kurokawa</b>	Former Science Advisor to the Cabinet of Japan	Financial Innovations
<b>Hassan Mshinda</b>	Director General of the Tanzania Commission for Science and Technology (COSTECH)	Financial Innovations
<b>Yongyuth Yuthavong</b>	Former Minister of Science and Technology, Thailand	Financial Innovations

## Annex 4: Organization Chart





## Annex 5: Results-based Management and Accountability Framework

	Description of Outcome/ Output	Description of Indicator	PROJECT RESULTS - EXPECTED		Data Source	PROJECT RESULTS - ACHIEVED		VARIANCE/MITIGATION	
			# / %	Indicator		# / %	Indicator	# / %	Narrative
Ultimate Outcomes	A. Lives saved and improved in low- and middle-income countries (LMICs)	Changes in percentage (x% to y%) of people with improved health outcomes							
		# people with improved health outcomes							
Intermediate Outcomes	A. Changes in access for BENEFICIARIES to products or services	Change in percentage (x% to y%) of BENEFICIARIES who have access to products and / or services							
		# of BENEFICIARIES who accessed products and / or services							
	B. Changes in knowledge, attitudes or behaviours of BENEFICIARIES	Change in percentage (x% to y%) of BENEFICIARIES with improved knowledge, attitudes or behaviours							
		# of BENEFICIARIES with improved knowledge, attitudes or behaviours							
	C. Changes in knowledge, attitudes or behaviours of INTERMEDIARIES/ PROVIDERS	Change in percentage (x% to y%) of INTERMEDIARIES/PROVIDERS with improved knowledge, attitudes or behaviours							
		# of INTERMEDIARIES/PROVIDERS with improved knowledge, attitudes or behaviours							
	D. Changes in skills/training of INTERMEDIARIES/ PROVIDERS	Change in percentage (x% to y%) of INTERMEDIARIES/PROVIDERS with increased training or skills							
		# of INTERMEDIARIES/PROVIDERS with increased training or skills							

Outputs	E.Changes in awareness of INTERMEDIARIES/ PROVIDERS and BENEFICIARIES	Change in percentage (x% to y%) of people reached through awareness-building outputs							
		# of people reached through awareness-building outputs							
	F.Changes in policy, legislation and/or regulation	# of policies developed through the project							
		# of policies adopted as a result of the project							
	A. Building Tools and Capacity to Execute	1. # of innovative prototypes and/or service delivery models developed							
		2. # of curriculum changes recommended							
		3. # of policy recommendations developed							
		4. # of patents filed (expected) / granted (achieved)							
		5. # of public awareness outputs (videos, news releases, radio shows, etc.)							
		6. # of analytical models developed							
		7. # of papers (expected ) / published (achieved)							
		8. \$ Funds leveraged							
		9. # of total members of project team							
		10. # of total members of project team in LMIC							