CUGH Webinar: Canadian Global Health Institutions

October 14, 2020
2:00pm EDT

Moderator

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IDRC’s Value Proposition

- IDRC funds research to foster large scale positive change, sustainable and equitable development and self-reliance.
- IDRC contributes knowledge, innovation and action toward global goals.
- IDRC enables voice and agency of people in the Global South.
- IDRC’s expert staff enhance the quality and impact of the research results.
- IDRC builds capacity and leadership for research, innovation and evidence-based decision making.
- IDRC is nimble; it can move quickly, innovate and take risks. IDRC also invests over the long term.
- IDRC is a global leader in development research and creates long-term goodwill and global partners for Canada.
- IDRC’s Board of Governors ensures focus on the needs of the developing world and accountability to the Canadian public.
At 50: A 10 year, ambitious strategic plan, with transitioning Program foci

2015 - 2020

Agriculture and Environment
- Agriculture and Food Security
- Climate Change
- Food, Environment, and Health

Inclusive Economies
- Employment and Growth
- Governance and Justice
- Maternal and Child Health
- Think Tank Initiative

Technology and Innovation
- Foundations for Innovation
- Networked Economies

2020 - 2030

Climate and food systems
- Catalysing change for healthy, sustainable food systems.
- One Health, Antimicrobial resistance

Health equity
- Pandemic response, prevention, preparedness.
- Sexual and reproductive health and rights

Governance for democracy

Education and innovation

Sustainable and inclusive growth
Food, Environment, and Health
A population health research program with 3 foci

Healthier diets for prevention of chronic non-communicable diseases
- food system/environment change
  (fiscal, policy, community)

Tobacco control
- fiscal & policy measures
- sound economic rationale

Preventable infectious diseases
- vector-borne diseases
  - helminths
  - Ebola
  - Chagas

A common, binding goal of prevention by:

- Addressing determinants of health and risk factors for disease through actions that are largely outside the control of the health sector
- Changing the environment and circumstances in which people live to enable better health
IMCHA is:
- A joint initiative of the Canadian Institutes for Health Research (CIHR), Global Affairs Canada (GAC) & the International Development Research Center (IDRC)
- CAD 36 millions
- 7 years: 2014 – 2020
- 11 countries: Burkina Faso, Ethiopia, Kenya, Malawi, Mali, Mozambique, Nigeria, Senegal, South Sudan, Tanzania, Uganda.

IMCHA supports:
- 19 Research Teams with:
  - One original grant to each, called Implementation Research Teams (IRTs). Each Team is led by a core group composed of: PI = African researcher; Co-PI = Canadian researcher; Co-PI decision-maker = African
  - Synergy Grants, awarded to 9 Research Teams in 2017 on a competitive basis, to allow them to conduct supplementary research activities or explore complementary promising areas of focus not included in the IRTs.
- 2 Health Policy and Research Organizations (HPROs): to provide research training and foster uptake of evidence into policy and practice
Animal Health, One Health

Antimicrobial RESISTANCE
IDRC’s response to COVID-19

- Contributed CA$1.5 million to the first Covid Rapid Research Response with Canadian Tri-Councils (March 2020)
- CA$7 million contribution to the Canadian continued rapid response
- Work with Science Granting Councils in Africa to support domestic funding to research response CA$2.5m+
- Ongoing engagement with the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R)
- Artificial Intelligence and Data Innovation fund to enable LMICs respond to COVID-19 and future pandemics (launching soon) CA$6m
- Think COVID initiative: Evidence for socio-economic policies (including health) in response to pandemic impact CA$25m
- Support research to help displaced women and girls and countries with large displaced populations put in place responses to COVID-19 with a focus on public health, community agency and social challenges affecting refugee populations.
- Teams from the 2018 Rapid Research Fund for Ebola in DRC are applying tools for Covid-19 (e.g. psychosocial intervention guide)
- $5M to understand the impact on food security and strengthen resilience of food systems.
Partnerships

Global Environmental and Occupational Health (GEOHealth) Hub program

- LMIC regional hubs for collaborative research, data management, training, curriculum and outreach material development, and policy support around high-priority local, national and regional environmental and occupational health threats

- support a global network of hubs that serves as a platform for coordinated research and training activities in environmental and occupational health.
Catalysing Change for Healthy and Sustainable Food Systems

Soon to be announced, with the Rockefeller Foundation:
Recognising the nutrition transition, the generation of locally led, context-specific evidence will inform food systems that deliver human health and environmental co-benefits.
Joint Canada-Israel Health Research Program

7-year, CA$35M Canadian-Israeli effort that draws on the unique scientific strengths of both countries and facilitates networking opportunities with peers from Africa, Asia, and Latin America for cutting edge biomedical research.
The RQ+ Assessment Framework provides a systems-informed approach to defining and evaluating the quality of research, and its positioning for use and impact. It allows tailoring to context, values, mandate and purpose, and can support planning, management and learning processes at any stage in the lifetime of a research project, program or grants portfolio.

**Framework Components**

1. **KEY INFLUENCES**

   Constraining and enabling contextual influences - within or external to the research effort - most likely to affect research performance are identified.

   The rating of the key influences using rubrics and a three point scale (e.g. low, medium, high) establishes a risk profile that is used to inform the quality assessment.

   The key influences can be 1) constraining (negative) or 2) facilitating/enabling (positive).

   **Examples from IDRC experience:**
   1. Maturity of the research field
   2. Research capacity strengthening
   3. Risk in the data environment
   4. Risk in the research environment
   5. Risk in the political environment

2. **DIMENSIONS & SUBDIMENSIONS**

   The four dimensions and their subdimensions encapsulate the quality assessment criteria.

   Tailored for IDRC:
   1. Research Integrity
   2. Research Legitimacy
      2.1 Addressing potentially negative consequences
      2.2 Gender-responsiveness
      2.3 Inclusiveness
      2.4 Engagement with local knowledge
   3. Research Importance
      3.1 Originality
      3.2 Relevance
   4. Positioning for Use
      4.1 Knowledge accessibility & sharing
      4.2 Timeliness and actionability

3. **EVALUATIVE RUBRICS**

   Performance is characterized using customizable research quality rubrics.

   Characterization of each key influence, dimension and subdimension is done using tailored rubrics that combine quantitative and qualitative measures.

   Ratings on an 8 point scale show four levels of performance (or progress). This is an example. Scales should be created to fit a purpose or intention.

   ![Rubric Chart](chart.png)
Quality Dimensions

1. Research integrity

2. Research Legitimacy

3. Research Importance

4. Positioning for Use
   4.1 Knowledge accessibility and sharing
   4.2 Timeliness and actionability

What is Gender Transformative Research?

- Addresses root causes that impact and/or perpetuate vulnerability and inequality: underlying gendered social norms and power relations.

- Addresses systemic or structural barriers - formal (policies, laws, budgets) and informal (underlying norms, attitudes, behaviors).

- Recognizes how gender interacts with age, race, caste, and socio economic status.

- Combines knowledge generation with a process that embeds change in gender relations locally.
Global Alliance for Chronic Diseases

Innovating for Maternal and Child Health in Africa

Collaboration on preparedness and response to public health emergencies
Canadian Global Health Institutions

Leeat Gellis, Director of Open Innovation

OCTOBER 14, 2020
What is Grand Challenges Canada?

Grand Challenges Canada is an innovation platform that seeds and transitions to scale scientific, social and business innovation to drive sustainable impact.

Our innovation platform is designed to:

• Deploy both grant and non-grant financing
• Fund and enable innovation in low- and middle-income countries and Canada
• Apply the best of public and private approaches
• Accelerate impact through provision of individual and collective support to innovators
• Iterate and evolve to improve our value for money
Grand Challenges Canada is a founding member of global partnership networks committed to scaling innovation for impact in the development sector.
Partnerships for Impact

Anchor partner in Development Innovation:

Global Affairs Canada

Affaires mondiales Canada

Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

BOLD IDEAS WITH BIG IMPACT®
Innovation Pipeline

- 1,300+ innovations supported to date
- 63% of projects led by innovators based in LMICs or conflict areas
- Innovators in 94 countries implementing in 106 countries
- $2.02 leveraged from investors and partners for every $1 of Government of Canada funding deployed
Lives Saved and Improved

492,000 – 1.78 million lives expected to be saved by 2030 through the use of innovative products and services proven to save lives

37,800 lives saved to date

20 – 64 million lives expected to be improved by 2030 through the use of innovative products and services proven to improve lives

7.5 million lives improved to date
Hosts open and targeted programs supporting reproductive, maternal, newborn, child and adolescent health innovation in low- and middle-income countries.
Initial calls for innovation (Rounds 1 & 2) focused on:
clean water and sanitation, health supplies and services, life
saving information and energy
Indigenous Innovation

Aims to empower Indigenous innovators and communities to identify and solve their own challenges, transforming lives and driving inclusive growth and health through innovation and social entrepreneurship.

Initial seed funding call focused on “Advancing Indigenous Gender Equality through Innovation and Social Entrepreneurship”; collaboration and consensus building efforts have identified Grand Challenges in Indigenous Mental Health.
Levels of Funding

Seed
- **Testing** bold new ideas
- Application via open Request for Proposals
- $100K - $250K CAD over 18-24 months
- Over 1,060 innovations since 2010

Transition to Scale
- **Refining** proven ideas, bridging to scale and sustainability
- Application by invitation only
- Up to $1M CAD over 12-36 months
- Over 230 innovations since 2011
Only 8% of impact investors fund early-stage innovations, creating a financing void for innovators pioneering new models for social change*

Pioneer Gap

Available Funding

Where most grants are given

Capital is scarce for early-stage innovations, especially those reaching the BOP. GCC’s Transition to Scale program fills this critical Pioneer Funding Gap.

Where most impact funds invest

TTS1  TTS2  TTS3  TTS4
What do we look for at Transition-to-Scale?

1. **Is it a BOLD IDEA?**
   - What makes the innovation novel or superior to alternatives/competitors?

2. **Will it have BIG IMPACT?**
   - What is the evidence generated to date? What is the potential impact (modelling out to 2030)?

3. **Is there a viable path to SCALE?**
   - Is it going down a public, private or hybrid path? Are there smart partners on board?

4. **Is there a viable path to SUSTAINABILITY?**
   - Who will ultimately pay for the solution?

5. **What is GCC’s unique VALUE ADD?**
   - Would another funder invest without GCC? Is GCC able to offer value beyond money?
All innovations supported at Transition to Scale must undergo extensive selection, due diligence and approvals processes, pre- and post-funding.

**Innovations considered**
Application materials received and reviewed
- 381

**Due diligence**
Independent scientific review by CIHR and/or EWEC IM and internal due diligence
- 305

**Approved for funding**
BOD approved deals and $ committed
- 139 $94.8M

**Innovations funded**
Unique innovations funded and $ committed
- 111 $71.3M

**Closed**
Project period has ended
- 21

**Assessment Criteria:**
- Competitive advantage
- Proof of concept
- Potential for sustainability
- Identified path to scale
- Portfolio fit

**Due Diligence:**
- Health outcomes
- Smart partners
- Team and governance
- Sustainability
- Market
- GCC value add

**Negotiations:**
- Goal- and milestone-driven funding structures
- Global access
- Monitoring and evaluation systems

**Enabling Success:**
- Monitoring and evaluation
- Support for networking, fundraising and partnerships
- Optimizing governance
- Targeted technical assistance

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*Cumulative Transition to Scale pipeline progress, from March 1, 2016 (inception of IP4MNCH agreement with Global Affairs Canada) to March 31, 2020*
Grand Challenges Canada applies multiple models of targeted technical assistance to help innovators fill gaps in knowledge, resources and experience.

- **Accelerator**
  - Group learning of basics for scale and sustainability plans

- **Venture Advisors**
  - 1:1 support for governance, gender equality, monitoring & evaluation, marketing, sustainability, fundraising

- **Ongoing and Ad-Hoc Support**
  - Facilitating access to networks and partners

**Communities of Practice:**
- Location-based e.g. Kenya
- Sector-specific e.g. Saving Brains
Gender Lens Investing

**Gender lens investing** is demonstrating gender-equality throughout the value chain by considering investments through a number of gender frames, or ‘lenses’.

**Example Gender Lenses:**

1. **Business model** – products and services inclusively designed with women, girls and other marginalized groups in mind as customers/users and throughout the value chain
2. **Environment** – social norms, policy environment and broader contextual challenges and barriers considered
3. **Leadership & Operations** – focus on funding women innovators, ensuring women senior leadership/board representation and gender-inclusive policies
Gender Lens Investing

We assess innovations through a gender lens, using a **Gender Equality Coding System**:

- **GE0** - Negligible contribution to gender equality outcomes
- **GE1** - Limited contribution to gender equality outcomes
- **GE2** - Significant contribution to gender equality outcomes
- **GE3** - Targeted/principal initiative - narrowing gender inequalities is the primary objective

While we seek to **increase the number of innovations selected for funding with high Gender Equality scores**, GCC does not disqualify innovations ranked GE0/1. Rather, we see opportunity to **build gender equality champions** by actively supporting innovators in raising their gender equality scores.
COVID-19: Opportunity for Innovation

Target Populations:
- Women, children, adolescents in low- and middle-income countries
- People affected by conflict

Areas of Focus:
- Local manufacturing of personal protective equipment for healthcare workers
- Medical oxygen, ventilation and related training
- Dissemination of life-saving information
- Continuity of primary RMNCH care
Case Studies
Local Oxygen Generation and Supply
Hewatele Limited (Kenya)

Innovation: Reliable, cost-effective production and delivery of medical oxygen to health facilities with no prior oxygen access via public-private partnership model.

Scaling Model: For-profit oxygen production plants partner with governments and hospitals to supply facilities and catchment areas; associated NGO provides relevant training on oxygen therapy and equipment.

Investment: $1.08M CAD loan

Impact: 18,300+ lives improved and 18,100+ lives saved of patients receiving Hewatele oxygen for medical procedures. By 2030, estimate ~44,300 lives saved, ~119,300 lives improved

COVID-19 Response:
- At request of Kenyan Ministry of Health, providing medical-grade oxygen to COVID-19 treatment and isolation referral facilities in Siaya county
- Training healthcare staff on safe administration of oxygen and COVID-19 management
**Digital Tools for Life-Saving Information**

**Innovation:** **MomConnect** mHealth platform for pregnant women and new mothers in South Africa, promotes healthy behaviours and use of health services via stage-based WhatsApp and SMS messaging.

**Scaling Model:** Platform owned by and integrated with government health systems to improve service delivery and systems strengthening.

**Investment:** $1.1M CAD grant

**Impact:** 2.78M+ mothers registered for MomConnect to date; By 2030, expecting up to 6.7M mothers registered, improving up to 3.7M maternal and newborn lives

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**Gender Strategy**

- Adapt marketing and outreach campaign to engage fathers and promote their involvement in childcare
- Integrate rights based language in messaging so women know their rights at home and in seeking health care
- Include LGBTQIA representatives in future consultations regarding content development
- Draft policies around parental leave, inclusion of people of colour, people with disabilities, etc.
**Innovation:** The HOPE Peru project aims to reduce high rates of cervical cancer in Peru by informing women about cervical cancer, distributing self-administered HPV tests and providing quick results and referrals.

**Scaling Model:** Through a cross-subsidization model, sales of HPV tests to higher-income women are leveraged to subsidize the cost of tests for low-income women.

**Investment:** $650K CAD grants

**Impact:** 4,400+ women using HPV tests; 550 women receiving treatment upon testing positive

**Catalytic Funding:**
- GCC’s initial support of $150,000 enabled the team to demonstrate its ability to promote a cost-effective HPV test and to develop distribution channels.
- Further funding of $500,000 is supporting the project to spin-off from the Universidad Peruana Cayetano Heredia, creating a separate business entity to implement HOPE Peru’s commercial activities in partnership with NGO Via Libre.
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AIR Device for Newborn Resuscitation
Mbarara University of Science and Technology (Uganda)

Challenge: Birth asphyxia is a significant contributor to neonatal mortality, resulting in up to 1.8 million stillbirths and newborn deaths annually.

Innovation: Augmented Infant Resuscitator (AIR), a universally compatible add-on device to existing resuscitation bag-mask devices that enables proper ventilation of newborn babies, while recording objective performance and outcome data for birth attendants.

Investment: $2.5M CAD grant + loan package

Impact to Date: Birth attendants using AIR attained effective ventilation of newborns 51% faster and maintained effective ventilation 50% longer than controls

Potential for Transformation:
- Licensed to Philips Healthcare for redesign, manufacture and distribution
Newborn Hypothermia Alert Bracelet

Bempu Health Private Ltd. (India)

**Challenge:** Newborns are unable to regulate their body temperature, which often leads to hypothermia - a condition affecting up to 85% of newborns globally and approximately 4-12 million newborns in India per year.

**Innovation:** **BEMPU Hypothermia Alert Device** - a newborn temperature-monitoring wristband that alerts caregivers if their newborn is hypothermic, which enables early medical intervention to avert possible complications like newborn death.

**Investment:** $2.4M CAD grant package

**Impact to Date:** 8,410 lives improved of low birth weight neonates wearing the BEMPU bracelet, 108 lives saved due to averted cases of hypothermia among low birth weight neonates

**Potential for Transformation:**
- By 2030, expecting up to 1.8 million low birth weight babies accessing bracelets, and 34,000 neonatal lives saved due to averted cases of hypothermia among low birth weight neonates as a result of wearing the bracelet

Photo Credit: Bempu Health Private Ltd.
Waste Management for Urban Communities

Sanivation Limited (Kenya)

**Challenge:** Over 95% of fecal sludge in Kenya is disposed of without treatment. Poor waste management increases risk of diseases such as diarrhea, a leading cause of death among children under five.

**Innovation:** Container-based waste processing and management system for non-sewered urban communities that cost-effectively manages and treats fecal sludge, converting it into a reusable waste product: charcoal briquettes.

**Investment:** $1.78M CAD grant + loan package

**Impact to Date:** *4,051 lives improved* with use of sanitation facilities, waste removal and treatment

**Potential for Transformation:**
- By 2030, expecting *up to 451,000 lives improved* with increased access to adequate sanitation
- In partnership with County Government of Nakuru, co-developed Naivasha sub-county’s first County-Wide Inclusive Sanitation plan

Photo Credit: Sanivation Limited
Challenge: Immunization programs in low- and middle-income countries typically operate on paper-based systems, leading to lack of accountability, ineffective monitoring and sub-optimal immunization rates. In Pakistan, 27% of the ~1,000 daily deaths of children under-5 are due to vaccine preventable diseases.

Innovation: Hayat (formerly Teeko+)- mobile application to track vaccinations and maternal / child health with real-time data and build comprehensive e-health records for parents and children, improving coverage and accountability at the community level.

Investment: $1M CAD grant

Impact to Date: 129,617 beneficiaries registered on for the Hayat application

Potential for Transformation:
• By 2030, expecting up to 211,000 women, girls and children under 2 years old registered for the Hayat app, improving 49,700 lives with reproductive, maternal, newborn and child health services
Challenge: Mali has the 8th highest <5 mortality rate in the world, with over 1 in 10 children in Mali dying before age 5.

Innovation: **Proactive Community Case Management (ProCCM)** - proactive delivery model for reproductive, maternal, newborn and child health care in which Community Health Workers (CHWs) seek out patients, provide doorstep care and connect them to clinics.

Investment: $1.07M CAD grant package

Impact to Date: Over **35,000 lives improved** with reproductive, maternal, newborn and child health services as a result of CHW coverage via the ProCCM model

Potential for Transformation:
- **2019 Malian healthcare system overhaul** based on ProCCM strategies tested with government
- By 2030, expecting up to **57,000 lives saved** and up to **319,000 lives improved** with access to care via the ProCCM model
**Challenge:** Demand for sexual and reproductive health (SRH) services, including safe abortion, has lagged among young women in India due to the significant barriers they face to care.

**Innovation:** **Youth-based SRH outreach program** using peer-to-peer education to address barriers specific to young women, strengthening their knowledge and agency in accessing a full complement of reproductive rights while also making youth-friendly services available in the public sector.

**Investment:** $1M CAD grant package

**Impact to Date:** 2,639 adolescent girls and young women with lives improved as a result of SRH services

**Potential for Transformation:**
- Engaging in government-NGO cost-sharing to strengthen public sector SRH services
- By 2030, expected to improve the lives of up to 2.2 million women and girls with safe abortion services, long acting reversible contraceptives or treatment for STIs; Youth Ambassadors expected to reach up to 14.3 million beneficiaries with SRHR information
**Challenge:** Undernourished children are at increased risk for delayed cognitive development, underachievement in school, and persistent behavioural disorders.

**Innovation:** Nutritional care and play-based psychosocial stimulation to improve early cognitive development of malnourished children, integrated into the existing health care system through community clinics in Bangladesh.

**Investment:** $2.9M grant package

**Impact to Date:** Proof of concept demonstrated largest cognitive outcome improvement in Saving Brains portfolio; 80 community clinics trained in intervention, enrolling 1,597 children per year

**Potential for Transformation:**
- Evidence generated unlocked $1M from Bangladesh government for transition to scale across 13,000 community clinics
- By 2030, up to 2.1 million children expected to be accessing the intervention, of which 1.5 million will experience improvements in development outcomes
Path to scale is not linear
Mobile Crèches

Innovation: Quality workplace-based childcare (mobile crèches) for young children of migrant workers in India through partnerships with construction companies, NGOs and government bodies

### Proof of Concept
(1969 - 2014)

**Initial Model:** Directly operated crèches run in partnership with construction companies.

**Impact:** 13.5K children/year served by crèches

### TTS*
(2014 - 2016)

**Iteration #1:** Test training model of other NGOs to replicate & manage crèches on construction sites.

**GCC Investment:** $650K grant

**Impact:** 63K children/year by 2030

### TTS4
(2018 - 2020)

**Iteration #2:** Scale to 4 new industries via NGO replication & refitting government-run centres. Reposition MC as a platform for quality crèche adoption.

**GCC Investment:** $1M grant

**Impact:** 706K children/year by 2030; avg. 161 children/crèche

*Pre-phasing; New industries selected have high migrant work participation (e.g. factories, tea plantations, mines, brick kilns)
Private partnerships: Critical for both for-profits & non-profits

Golden Community
TTS2 $500K grant
Nepal
GE1

Innovation: Safer Births Bundle, package of proven perinatal interventions, medical devices and quality-improvement framework for healthcare workers

Laerdal (MNC) → Golden Community (Innovator)
• Laerdal is leveraging a local NGO, Golden Community, to embed & scale Laerdal’s bundle into a national quality improvement system.

Leveraged Funds: Laerdal Global Health $330K
Scaling Model: Multi-sectoral partnerships; dual market
TTS phase: Introduce and validate Safer Births Bundle in Nepal, starting with launch in 8 public facilities.

Mbarara University
TTS3 $2.4M grant*
Uganda, Ghana, India
GE1

Innovation: Augmented Infant Resuscitator (AIR), low cost add-on compatible with resuscitation bag-mask devices to measure ventilation quality during newborn resuscitation

Mbarara (Innovator) → Philips Healthcare (MNC)
• Mbarara is leveraging an exclusive commercial license with Philips to manufacture and distribute Mbarara’s AIR device; joint commitment to develop clinical use device.

Leveraged Funds: Philips ~$750K per year
Scaling Model: Licensing; dual market strategy
TTS phase: Complete product realization process, develop go-to-market strategy, test supply chains, etc.

*Includes funds from other Saving Lives at Birth funders
## Public partnerships: Government uptake takes time and resources

<table>
<thead>
<tr>
<th>Innovation:</th>
<th>Unique 3-tier model of integrated hospital ships, satellite clinics and CHWs able to reach rural migratory people affected by natural disasters</th>
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<tbody>
<tr>
<td>Govt. Partner:</td>
<td>Ministry of Health and Family Welfare</td>
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<tr>
<td>Uptake model:</td>
<td>Uptake of ongoing costs for integration into national health care system</td>
</tr>
<tr>
<td>GCC funding:</td>
<td><strong>TTS3</strong>: Validate methods for smooth transition to govt., advocacy to expand regions of govt. uptake, test replication to other country govts. vulnerable to climate change</td>
</tr>
<tr>
<td>2030 Impact:</td>
<td><strong>Lives saved</strong>: 1,750; <strong>Lives improved</strong>: 207K</td>
</tr>
<tr>
<td>Uptake:</td>
<td><strong>18 years</strong> (2002-2020)</td>
</tr>
</tbody>
</table>

| Innovation: | Integration of a caregiver-led, play-based child development program for malnourished children into community clinics |
| Govt. Partner: | Ministry of Women and Children’s Affairs |
| Uptake model: | Program integration into all community clinics nationally |
| GCC funding: | **TTS4**: Set up M&E, training, & supervisory systems within current govt infrastructure to facilitate uptake |
| 2030 Impact: | **Lives improved**: 1.5M |
| Uptake: | **20 years** (1999-2019) |

**Friendship Bangladesh**

- Ministry of Health and Family Welfare
- **$1M grant**

**icddr,b**

- Ministry of Women and Children’s Affairs
- **$2.96M grant**
Transformational gender strategies address important social determinants

**University of Ibadan – GE2**

$260K grant
Nigeria, Tanzania

**Innovation:**
Culturally adapted dementia screening tool combined with cognitive stimulation therapy to target the burden of dementia

**Gender Equality Strategy:**
• Due to historical gender imbalance in access to education, screening tools and intervention materials are designed without education bias to ensure equal access to diagnosis and treatment

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**Earth Enable – GE2**

TTS2 $500K grant
Rwanda, Uganda

**Innovation:**
Durable, affordable earthen floor with sealant that forms barrier between bacteria and parasites in the ground.

**Gender Equality Strategy:**
• Women and girls, responsible for caretaking and household chores, disproportionately affected by health risks
• Recruit more women as frontline sales staff

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**SaCoDe – GE3**

TTS2 $500K grant
Burundi

**Innovation:**
Reusable sanitary pads bundled with MHM education program, facilitated through school clubs, SMS and magazines.

**Gender Equality Strategy:**
• Due to lack of access, pads designed with strings so can be worn without underwear
• Vulnerable women employed to produce and sell pads
• Education targets stigma around menstruation
Canadian Coalition for Global Health Research

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Canadian Coalition for Global Health Research

Founded in 2003
29 Canadian University Members
17/17 Canadian medical faculties
12 Health sciences faculties
400+ global health researchers (Canadian + international)
Mission

To promote global health research as a model and a driver of collaboration, partnership and equity in the generation and use of new knowledge for improving health and wellbeing globally.
Our mission: how do we do this?

Capacity building:
Country Partnerships
Policy and Advocacy
Student & Young Professionals Network
University Advisory Council
Working groups
Research in support of our mission
Capacity Building

Coalition Institutes: 2-3 days, cross cutting issues
- Principles of equity in conduct of research
- Measuring health impact of mining

Resources
- Principles for global health research
- Partnership Assessment Toolkit
- Knowledge translation curriculum

Coalition for Advanced Research Training in Africa (CARTA)
Principles for Global Health Research:
Equity at the Heart
**Knowledge Transfer**

- **KT Summer course: Certificate, open-access course in equity-centered and integrated knowledge translation over 11 weeks**
- **Revised KT curriculum: 2020 (CIHR funding)**
- **KT curriculum package: 2012**

<table>
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<th>KT basics</th>
<th>Interface of research and policy</th>
<th>KT tools</th>
<th>Stakeholder analysis</th>
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</table>
Policy and Advocacy

Response to COVID-19 pandemic
- Challenge to Joint statement of WHO on allocation framework
- Multi-institutional statement in support of COVAX
- Webinar: From policy to practice – implications of COVID-19 at the global level
- Student chapter fundraising in support of local programs supporting marginalized populations

National consultations making the case for global health research in CIHR’s 2020 strategic plan
University Advisory Council: All 29 university members

- Organize regional Coalition Institutes focused on capacity-building and networking
- Curriculum sharing and preparing lists of courses with materials relevant to global health research
- Fostering a transdisciplinary research teams
- Promoting research harmonization in Canada - value-added coordination and collaboration.
Working Groups:
Climate change and health

Webinars: seven so far in 2020

Policy Intersections for the Global Crises of COVID-19 and Climate Change

Zoonoses, Wildlife and Humans in an Era of Climate Change

Policy briefs: CIHR and GAC
Research in support of CCGHR’s mission

Harmonized Metrics Project:
CCGHR: McGill, U de Laval, UBC

Global health partnerships equity assessment tool

Monitoring maternity experience tool

Male engagement in maternal and child health tool
90% of what has been presented accomplished through the volunteer work of our members

Thank you