

Global Forum for Health Research

HELPING CORRECT THE 10|90 GAP

2005 REVIEW

FOCUSING RESEARCH TO IMPROVE GLOBAL HEALTH

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FOREWORD

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Health research has vital roles to play in supporting efforts to improve the health of populations everywhere: creating knowledge, developing tools and products, studying whether interventions are working and delivering the evidence that policy makers need. This means taking action on many fronts - in high-, middle- and low-income countries; in basic research, product development, implementation research, social and behavioural studies; and across traditional boundaries of subjects and sectors, to address the social, economic, political and environmental determinants of health.

But far too little research is still devoted to the health needs of populations in low- and middle-income countries. The Global Forum for Health Research was established in Geneva in 1998, with a mission to identify major gaps in financial and human resources devoted to health research for development and to work for the closure of these gaps.

The year 2005 saw a deepening and widening of our efforts. Since 2000, more than US\$ 100 billion

per year worldwide has been devoted to all health research. Our 2005 analysis of financial flows for health research penetrated behind the global total and examined facets of investments from specific sources and for particular diseases. The Combined Approach Matrix, the Global Forum's tool to assist evidence-based priority setting for health research, was applied in a number of settings at national and international levels. Other areas pursued included work on product-development partnerships, mental health, research capacity strengthening and sexual and reproductive health.

The Millennium Development Goals have become a major driver of international development efforts since 2000 and have focused attention on issues of poverty and equity. We have established portfolios of work to highlight the health research aspects of these issues and work during 2005 saw progress on the development of global agendas and tools to support researchers in the field. This effort throughout the year was complemented by our annual Forum, which took the theme 'Poverty, equity and health research'.

Held in Mumbai in September 2005, Forum 9 was attended by over 700 policy makers, development agencies, researchers and diverse civil society groups. Opening the Forum, President AJP Abdul Kalam of India used the occasion to stress the need for India's R&D institutions to give higher priority to combating diseases that pose serious threats to the health of his nation. He also urged increased networking of institutions throughout the world to work together to achieve key goals in health research.

Communication is at the heart of our strategy to bring our arguments for greater resources for health research for development to the attention of key stakeholders and constituencies. In addition to the debates generated in the Forum, in 2005 we worked intensively through a range of other channels – presentations at conferences, publications, web-based information and resources, email discussion groups and private meetings with key individuals and groups – to deliver our evidence and arguments.

The Global Forum does not work alone, but collaborates and forms partnerships with many other organizations that are also working to increase the volume, range and impact of health research for development. 2005 saw continuing collaborations with a range of key players including the World Health Organization and with the family of networks and initiatives

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we have helped generate and nurture. It also saw the landmark signing of a Memorandum of Agreement with the Council on Health Research for Development, creating a unique partnership that will strengthen collaboration and develop new synergies in the common cause.

Health research is more vital than ever. 2005 saw the global landscape changing rapidly, with new actors and new funds bringing unprecedented focus on the health needs of developing countries but new challenges emerging in both infectious and chronic diseases.

The Global Forum remains committed to its mission of focusing the world's attention, resources and effort to meet these challenges.

PRAMILA SENANAYAKE, Chair of the Foundation Council
STEPHEN MATLIN, Executive Director



THE CHALLENGES OF THE HEALTH RESEARCH SPECTRUM

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In a rapidly changing global landscape, new actors and new funds are bringing an unprecedented focus on the health needs of developing countries. With new challenges emerging in both infectious and chronic diseases, health research is more vital than ever.

The health challenges faced by people around the world are to be seen in the global threats from emerging and re-emerging infectious diseases and in the rapidly increasing levels of noncommunicable diseases and injuries experienced in developing countries. Among the many obstacles to be overcome in achieving better health, especially for the poor and marginalized, key factors are the need to improve health systems and services, to ensure equitable and affordable access to these and to good quality care with safe and effective medicines.

An increase in public awareness of health issues, especially of infectious diseases and topical threats such as severe acute respiratory syndrome (SARS), avian influenza and Ebola, has contributed to focusing political commitment at both national and international levels. However, the momentum needs to be continuously supported by organizations and individuals who work and advocate in specific sectors of the health research spectrum upon which so much else depends.

Health research covers a wide spectrum encompassing such diverse fields as biomedical research, social sciences, behavioural and operational research. It also includes health policy and systems research to enable the use of proven and effective interventions by policy-makers, managers and deliverers of services.

Disease respects no boundaries

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This wide spectrum of essential health research requires the existence and utilization of appropriate research capacity at global and local levels. In an increasingly globalized health environment, who is funding research on what and where? Can we develop better tools and methodologies for the setting of priorities? How do we achieve better communication between researchers and policy makers, to ensure better use and focus of research to meet country needs? These are just some of the questions that we are working on at the Global Forum.

While health research may be categorized for convenience on academic disciplines, in reality the problem requires an approach that ranges across many disciplines and does not operate on the basis of a North/South divide or other compartmentalized model. The inter-action of environment, lifestyle and disease creates new challenges every day. Whilst the focus, especially in Africa, has been on infectious diseases, we are now facing an epidemiological shift towards noncommunicable diseases as a result of developmental and life-style changes in many low- and middle-income countries. The interdisciplinary nature of the challenge is confirmed by the fact that the social, economic and political determinants of health cannot be neglected. The health of populations depends as much on factors outside of the health sector as those within it. And capacities to conduct and use the results of health research are just as important for the poorest countries as they are for wealthier ones.

THE ROLE OF THE GLOBAL FORUM FOR HEALTH RESEARCH

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In its 1990 report, the WHO Commission on Health Research for Development estimated that less than 10% of all the research resources being devoted to health in 1986 were focused on the health problems and needs of developing countries. The fact that it was in these countries that most of the world's burden of ill health were to be found, later led to the use of the phrase "10/90 gap" to illustrate the imbalance between needs and resources. The Commission called for more resources and more rational use of research to address the health problems of developing countries. In 1996, the report of the WHO Ad Hoc Committee on Health Research again stressed that insufficient attention was being devoted to research on the health problems of developing countries and that many neglected health issues were not being adequately addressed.

With this as background the Global Forum for Health Research was set up in 1998, to promote research to improve the health of the poor.

In broad terms this means working to

- › Change the priorities governing how existing resources for health research are used
- › Encourage new resources that would be directed to research in neglected areas
- › Foster research in the neglected areas to reduce burdens of disease and disability

Today, the Global Forum describes its tripartite approach as composed of advocacy, brokerage and catalysis.

Our job is to convince others how and where to apply their resources

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PARTNERS IN PROGRESS

We owe our existence to a constellation of partners who were committed to making a difference to the impact of health research for and in low- and middle-income countries.

The initial contributions that set us on our course back in 1997 came from the Swiss Agency for Development and Cooperation, The World Bank and WHO. They have been staunch supporters over the years. In 1998 they were joined by the Rockefeller Foundation, the Norwegian Ministry of Foreign Affairs and the Swedish International Development Cooperation Agency. The Canadian International Development research Centre came on board in 1999 followed by the Ministry of Health of Mexico in 2004.

In 2005, Development Cooperation Ireland joined this well established group to further strengthen support from governments and development agencies. And, at Forum 9, the Union Minister of Health and Family Welfare of India announced that it would also become a core contributor.

The Global Forum as an advocate for change

We assemble clear arguments based on careful analysis and synthesis. We then deploy these arguments to persuade governments, donor and development agencies, research institutes and research councils, the private sector and the media.

The Global Forum as a broker

We bring groups together, facilitate dialogue, arrange collaborations, initiatives and networks. We are a committed agent and although not necessarily neutral, we endeavour to remain recognized as a fair and honest broker.

The Global Forum as a catalyst

We use our small size and limited resources to leverage as much change as we can. We engage with a worldwide range of key actors and work to ensure a high frequency of productive interactions with target groups.

How we have performed in these three functions, mainly during the course of 2005, is the subject of this publication.

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These partners in financial resources have been joined over the years by many others who contribute to our projects and provide research and scientific support. Of particular importance in 2005 was the memorandum of agreement signed in March with the Council on Health Research for Development (COHRED). This formalized the reality of the intensive collaboration that now operates between the two organizations.

The strengthened collaboration between the Global Forum and COHRED builds on a history of evolving interactions: previous joint experience includes collecting data to measure resource flows for health research (Monitoring Financial Flows for Health Research 2001 & 2004), working together to improve approaches to priority setting and organizing the Conference on Health Research for Development (Bangkok, 2000).

We also work closely with WHO, collaborating with a wide range of departments and programmes that, in 2005, included the Special Programme on Research and Training in Tropical Diseases (TDR), the Special Programme of Research, Development and Research Training in Human Reproduction (HRP), sections dealing with research and policy coordination, gender, women and health, noncommunicable diseases, mental health and injuries, as well as with WHO's EMRO and PAHO regional offices.

Other collaborations have been initiated with the International Network for the Availability of Scientific Publications (INASP) to support the email discussion list HIF-net.

MAKING THE CASE FOR HEALTH RESEARCH

OUR ADVOCACY WORK IS BASED ON SOUND EVIDENCE BACKED UP BY CAREFUL ANALYSIS AND SYNTHESIS WHICH ALLOWS US TO PUT FORWARD COGENT ARGUMENTS TO TARGET AUDIENCES AND ENGAGE WITH THEM IN CONSTRUCTIVE EXCHANGE.

THIS CHAPTER REVIEWS OUR MAIN ACHIEVEMENTS AND ACTIVITIES DURING THE COURSE OF 2005

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AIMING FOR THE RIGHT TARGET

In a context where there is a multiplicity of needs and pressure on available resources, setting priorities is as critical as conducting the research itself. However, efforts to evolve methodologies to help set health research priorities is a relatively recent development which started with the recommendations of the 1990 Commission on Health Research for Development.

Priorities in health research have traditionally been identified through prioritizing any disease or condition representing a very high burden on the world's health.

This is usually expressed in terms of mortality and morbidity through the Disability-Adjusted Life Year or DALY and similar indicators. Today, we need to move beyond this purely statistical interpretation and this presents us with a greater methodological challenge.

"Disease focus" is only one dimension of health research and major risk factors affecting health have also to be prioritized in the competition for resources. For this reason we also look into the priorities within a range of global cross-cutting issues affecting health and beyond these we examine the very methodologies used for priority-setting.

BRINGING CLARITY TO A CLUSTER OF ISSUES

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The health status of a population is influenced not only by behaviour, genetics, healthcare and immediate risk factors, but also by a cluster of cross-cutting issues. Several of these issues are interlinked by societal or economic factors, but their impact upon health and often vice versa are well documented. Gender, ability, race, social class, poverty, social, physical, ethical, political, spiritual, cultural environments and other equity-related factors form one group of issues. Then come health policies, systems and research capacity which will impact upon the manner in which the former are or not addressed. While we cannot work in all these areas, we focus our activities on selected themes in areas where we believe research for health can make a difference.

During the past three years our work in this area has intensified and we concentrate in particular on developing methods and instruments which can be used for evidence-based priority setting. One particular outcome has been the development of the Combined Approach Matrix (CAM) a tool which incorporates criteria and principles from earlier methods and links them into a matrix with the actors and factors that play a key role in the health status of a population.

A tool the better to aim with

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The CAM assists policy-makers and researchers to identify priority setting needs and opportunities for research to improve health in developing countries. More specifically, the CAM aims at (i) helping to classify, organize and present a large body of information that enters into the priority-setting process; (ii) identifying gaps in health research and on this basis (iii) identifying health research priorities, based on a process which should include the main stakeholders in health and health research.

The CAM is not a rigid or prescriptive template, but rather a flexible approach that can be adapted to varied conditions. During 2005, a number of applications of the tool were made and explorations of its potential for priority-setting examined in different contexts.

Building on the experience of two expert workshops held in Geneva in 2004 in which the capacity of the CAM was explored to undertake priority setting from a gender-based perspective, a field trial was conducted in India which applied the gender-oriented CAM to the prioritization of research on HIV/AIDS.

The CAM has also been used to assist in the setting of national priorities for research in TB in Mexico and for setting the overall national health research priorities for the Strategic Research Plan 2005-2009 of the Colombian National Science and Technology Health Programme (COLCIENCIAS).

The work in Mexico led to the development and funding of a prioritized programme that is being conducted as part of a collaboration on TB research between the Mexican Ministry of Health and the Canadian Institutes of Health Research.

The work in Colombia contributed both to priority setting in specific areas such as reproductive health conditions and to the development of an overall Strategic Emphasis Matrix, which was derived from the CAM.

WHOSE NEEDS DRIVE THE RESOURCE FLOWS?

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SEEING WHERE THE MONEY GOES

Understanding the origins, magnitude, distribution and results of the world's health research is central to our mission of influencing priorities for their use.

In 2004, we conducted the most detailed assessment ever undertaken of financial flows for health research. Annual global spending on health research more than tripled in the decade prior to 2004 reaching some US\$ 106 billion. Despite this sharp growth, there is continuing under-investment in health research aimed at reducing inequities for the world's most disadvantaged populations, especially those in sub-Saharan Africa and those marginalized on the basis of gender, ability, class and other social characteristics.

We have continued to track the financial resources being applied to health research because this provides key information for priority-setting. The resource flows study conducted in 2005. *Monitoring Financial Flows for Health Research 2005: behind the global numbers*, provides a detailed analysis of areas such as the financing of research on HIV/AIDS and microbicides, research on malaria, basic research in the private and public sectors as well as the gap in the financing of drug development for neglected diseases. Work has already begun on the next edition due out in 2006 with the construction of new databases and the development of methodologies for extracting data from sources such as OECD.

With the support of The Rockefeller Foundation, we were able to hold workshops in Brazil, India and South Africa to assist them to assess their allocations for health research and to develop national mechanisms for regular collection and reporting of data on the flow of resources.

Building on previous collaboration between the Global Forum, COHRED and WHO, an agreement was reached with PAHO to publish the 2005 report of the Ministry of Health, Brazil on tracking the country's resources for health research.

We provided the Mexican Ministry of Health with a methodology and questionnaires which it translated into Spanish and then used to initiate a project to track the allocations of health research resources in its national institutes of health.



Capacity building has been long on promise and at times rather short on delivery

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BUILDING FOR THE FUTURE

Many developing countries have made substantial investments in building and enhancing their capacities for research in health and health-related fields. These efforts have been supported and extended by programmes of development agencies and research institutions in high-income countries. Activities have included education and advanced training as well as investments in establishing and equipping high quality education, training and research centres in developing countries and forming partnerships among institutions in the North and South.

There have been notable examples of success, but the overall picture of progress is a mixed one. A complex set of factors has helped to maintain a certain disconnect between the efforts of the research community and the application of their work in the field. Too often, the investments have failed to result in significant impact on health policies and practices.

As capacity building has long been heralded as a key instrument in development assistance of all kinds, it is therefore unfortunate that in the South this remains a largely unfinished agenda.

So although health and health research is increasingly recognized as one of the driving forces behind development and the fight against poverty, research capacity in many low- and middle-income countries remains very weak

(in spite of the efforts undertaken in the past decades). On the whole, training opportunities remain fragmentary with no coherent international approach. As a result, problems which are specific to the low- and middle-income countries do not receive much attention.

During 2005, we commissioned and published a review of health research capacity building in developing countries, which highlighted the progress and problems so far. It noted the importance of developing a more comprehensive approach, in which health research is viewed within the framework of a national health research system that considers the linkages between resources, capacities, needs and the utilization of results.

An expert workshop in August 2005 assessed the needs and opportunities for further international efforts on research capacity strengthening and considered methods for evaluating the outcomes. Our partners in this were COHRED and TDR.



MAPPING THE RESEARCH AGENDA WILL ALWAYS BE WORK IN PROGRESS

It is time to review the old assumptions

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HEALTH POLICIES AND SYSTEMS

Health policies and systems vary greatly in their performance – in how efficiently they improve health conditions, extend access and contain expenditure growth. Yet there remains a surprising lack of information on the performance of systems, on how effectively policies have been implemented and why policy makers do not make better use of evidence available to them.

An 18-month project, begun in July 2005, seeks to understand the perspectives and attitudes of policy-makers towards the use and impact of research in the performance of the health sector in low- and middle-income countries. The project called “Exploring demand for health research by national policy-makers: an empirical approach” is led by the Global Forum and WHO-EMRO with technical assistance from Johns Hopkins University.

OUR RESEARCH PRIORITIES FOR HEALTH PROMOTION AND FOR MAJOR RISK FACTORS

In our work to identify gaps in health research for development an essential first step is generally an analysis of health status in a country or region to establish the broad scope of the research that needs to be conducted. This enables us to generate a research agenda from which different actors can select their research priorities. For some important areas that affect the health of populations of low- and middle-income countries – and especially the health of the poor, marginalized and disadvantaged – the overall research agenda has either not been mapped at all, or has not been delineated for some time and, in the light of major changes in global conditions, requires to be updated or re-drawn. We take an active role in a number of these cases, conducting surveys, analysis and synthesis to provide an overall mapping of the research agenda. Examples in areas such as mental health and sexual and reproductive health are given in sections below.

Major risk factors as identified by WHO include: malnutrition, unsafe water/sanitation, unsafe sex, alcohol, indoor air pollution, tobacco, occupational risks, hypertension, road traffic accidents, violence, illicit drugs....

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THE BURDEN OF DISEASE

Communicable diseases, maternal and perinatal conditions and malnutrition have long been considered as the major burden on the health of developing countries and have consequently been grouped together in the categorization of burdens of disease. In recent years, the resources required to address one component of this category have often been “fast-tracked” through the vehicle of public-private partnerships: PPPs. They have emerged as a major force in the development of candidate drugs for diseases such HIV/AIDS, TB and malaria as well as for so-called neglected diseases that lack “market-attractiveness” from a commercial perspective. The current challenge for PPPs is to achieve and sustain an adequate level of financing right through to the time when their products can be brought into clinical use.

During 2005, following the closure of the Initiative on Public-Private Partnerships for Health (IPPPH), the Global Forum took up several areas of work on PPPs. These included updating the much-used IPPPH database on health partnerships, beginning the development of more systematic assessment of PPP performance and brokering a major World Bank grant to a research group to study how adequate finance levels can be achieved for the development of drugs for diseases such as malaria.

THE FRONTIER BETWEEN DISEASES OF THE RICH AND OF THE POOR IS BREAKING DOWN

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RECOGNIZING THE BURDEN OF NONCOMMUNICABLE DISEASES

Chronic diseases now constitute over half of the disease burden in most low- and middle-income countries (e.g. India) and this figure rises to as much as three-quarters in China. During 2005 we were instrumental in brokering a substantial grant from the World Bank for the Initiative for Cardiovascular Health Research in Developing Countries. This will allow a study of the economic impacts of noncommunicable diseases in developing countries to be undertaken.

We are also working with WHO to initiate an international project to map the capacities of developing countries to conduct mental health research. The results from work in Asia, Latin America and Africa are due in 2006.

It is evident that there is a substantial research agenda that needs to be defined in developing responses to the new challenge of epidemic NCDs in low- and middle-income countries. We will collaborate with key players to map this priority research agenda and to promote the agenda's implementation.

POVERTY AND EQUITY

It is essential that efforts to tackle inequities in health and health research be fully integrated into all the work we undertake at the Global Forum. This requires analytical tools and research instruments and methodologies.

If research is to contribute to the equitable achievement of better health for all people, it must find ways of avoiding or correcting any inherent bias related to ability, gender, ethnicity, poverty, race, religion social class or caste and other sources of social discrimination. The work of the Global Forum includes a particular focus on these equity issues and is aimed at developing a systematic analytical approach, evidence base and strategy. A new analytical tool, the BIAS FREE Framework, has been supported by the Global Forum and was explored at workshops in Senegal and Tanzania in 2005. Just prior to Forum 9 in September 2005, an international workshop was held in India to examine equity-related problems with the use of the Disability-Adjusted Life Year (DALY) measure of ill-health.

Poor populations are usually less healthy and this condition perpetuates the cycle of poverty as it depletes family resources and decreases social and economic productivity.

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SEXUAL AND REPRODUCTIVE HEALTH

Sexual and reproductive health is sometimes called the "missing MDG". It is a key determinant of overall health and development with an effect on poverty reduction, maternal mortality, the empowerment of women and unsurprisingly the spread of HIV/AIDS. It has been identified as one of the most critical factors that will need improving to achieve the MDGs and unfortunately research in this field is severely under-funded.

We are working with the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) at WHO on a joint publication that will over-view the status of sexual and reproductive health and raise related research issues. This is the first step on the way to clarity in setting the future global agenda for research on sexual and reproductive health.

The forum of the Global Forum

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Our annual “Forum” meeting is one of our most prominent activities to focus attention on the neglected health research needs of developing countries. It is widely recognized as “the” annual gathering on health research for development. We bring together a wide range of actors in the field to present and discuss the latest results and trends and contribute ideas for the next stages of work in health research for development and the fight against poverty.

Forums were originally held in Geneva but now mainly take place outside of Switzerland, with the aim of engaging with different regions and facilitating the participation of a larger proportion of contributors from developing countries.

The first Forum in June 1997 acted as the catalyst for the establishment of a more formal organization and the Global Forum for Health Research was itself launched as an independent entity the following year. Since then, annual forums have continued to act as focal points for all those involved in some way with health research in the context of the development process.

Forum 7 in 2003 was the last to have taken place in Geneva. A close examination of the status of “the 10/90 gap” led to a call for a re-orientation of research towards the world’s key health priorities.

Forum 8 was held in Mexico in 2004, alongside and interlinked with the WHO Ministerial Summit on Health Research. The theme was “Health research to achieve the MDGs”.

Forum 9 held in Mumbai, India from 12 to 16 September 2005 was organized at the invitation of the Ministry of Health of India and in collaboration with the Indian Council of Medical Research and the National Institute for Research in Reproductive Health in Mumbai.

The President of India, Dr APJ Abdul Kalam opened the event and other speakers at the opening included the Union Minister of Health and Family Welfare, Dr Anbumani Ramadoss and the Chief Minister of Maharashtra State, Shri Vilasrao Deshmukh.

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The choice of the theme “Poverty, equity and health research” was particularly appropriate in the context of other events in 2005 – from the establishment of WHO’s Commission on the Social Determinants of Health to the UN Conference to reflect on progress on achieving the Millennium Development Goals.

Major themes for presentations and dialogue were: targeting the poor; health innovations in rapidly developing countries (e.g. India, Brazil and South Africa); neglected diseases and conditions (e.g. tropical parasitic diseases, mental health, road traffic injuries); equity (including considerations of gender, disability and race in health research); research capacity strengthening; reproduction and development; policies, priorities and resources (including resource flows and assessment tools).

Among other highlights of Forum 9 were:

- › The first public release of the findings of the «Reaching the Poor program» undertaken by the World Bank and the Bill & Melinda Gates Foundation together with the governments of the Netherlands and Sweden.
- › A pre-launch of the 2006 World Development Report: Equity and Development.
- › 16 satellite meetings before and after the Forum
- › The Marketplace which gathered over 50 stalls.

The Call for Abstracts brought in some 500 submissions – a most encouraging response from around the world, including many from developing countries. Facilitating participation from low- and middle-income countries is essential to achieving a balanced event. Forum 9 attracted 601 registrants from 71 countries and efforts were made to achieve a good gender balance in both general participants and in the programme faculty, as well as ensuring that over 70% of the participants came from developing countries. Over the years various financing arrangements have been developed to ensure that participants from all stakeholder groups can take part.

In Mumbai, some 200 participants benefited from some form of support to join the meeting, including subsidies or full cost grants from the Global Forum, the Indian Council of Medical Research and INCLIN (International Clinical Epidemiology Network).

The outputs from Forum 9 include a published Report entitled *Poverty, equity and health research*. This synthesis, together with a CD with the collected papers from the event, provides a valuable and widely accessible source of information not only for those who were there, but also for the wider community with which we are in touch.

SPREADING THE WORD

Forum 9: The President of India, Dr APJ Abdul Kalam (left) with Union Minister of Health and Family Welfare, Dr Anbumani Ramadoss.



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THE FORUM FORMULA

In almost a decade of existence, the Forum has interlinked a vast and diversified network of stakeholders. Each year we modify the programme structure and session format in our efforts to improve the value of the meeting and expand the opportunities for discussion, information and networking. New in 2005, we launched a discussion on the Forum 9 themes on HIF-net, an email discussion forum. We also initiated the use of rapporteurs for each major theme of the meeting. The theme rapporteurs spoke briefly of their experiences in the closing plenary, so participants were able to hear about sessions they might have missed.

In 2005, there was an encouraging over 50% return of the anonymous meeting evaluation form, providing invaluable comments and suggestions. We will continue to develop the “Forum formula” to make sure that we stay at the forefront with “hot” topics and lively debate whether this be in formal session, informal discussion groups or simply during coffee breaks.

The closing of Forum 9 saw the launch of the Call for Abstracts for the 2006 meeting: **Forum 10** will be held in Cairo from 29 October to 2 November. Its theme will be “Combating disease and promoting health”.

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A CLEAR MESSAGE IN PRINT & ELECTRONIC MEDIA

The diversity and even the complexity of our activities within the field of health research require clarity and coherence in our communications initiatives. From our very early days, we have at the Global Forum strived to establish a readily recognizable, visual family tie in all our print and electronic communications media. Our website took on a new look in 2005. It acts both as the main source of information for those wishing to learn more about our work and as a technical resource for individuals and organizations with whom we are in regular close contact.

The annual Forum provides us with a unique “one-stop-shop” opportunity to get our materials and our messages across to a wider audience. In addition, we disseminated around 9,000 individual publications in 2005, not including those distributed at Forum 9.

PUBLICATIONS AND PRODUCTS IN 2005

Monitoring Financial Flows series

High-Income Country Investors is a report prepared by Caryn Miller as a background contribution to Monitoring Financial Flows for Health Research 2004 and published on our website. Included are the largest high-income country investors from the public and not-for-profit sectors providing data for research on the major diseases and conditions affecting LMICs.

Reports on the annual Forum meeting

Forum 8 Report - Forum 9 Report
This new series of reports on the annual meeting, begun in 2005, includes a synthesis of discussions and debate at the Forum and (on an annexed CD-ROM) the final version of the programme, list of participants and papers presented. The reports, which bring the deliberations and conclusions of the Forum meetings to a broader audience, serve as a record for participants and as an information source for those unable to be present.

THERE IS NO COMMUNICATION WITHOUT COHERENCE OF MESSAGE

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Gender series

Gender and the Millennium Development Goals – a reflection on discussions at Forum 8 by Professor Lesley Doyal – was produced for distribution at Forum 9, thus completing this commissioned series of short reference texts on gender.

No Development Without Research: a challenge for research capacity strengthening by Yvo Nuyens
This publication reviews the literature and surveys the successes and failures of research capacity strengthening in the health field, in the context of its potential to contribute to health, development and equity.

Global Forum Update on Research for Health series

Global Forum Update on Research for Health 2
The second edition of this popular new annual publication was produced for Forum 9 in September 2005. It contained 35 short articles written by a selection of health ministers and other policy-makers, representatives of international and bilateral development agencies, the funders, controllers and users of research, and senior researchers and research leaders from around the world.

The Update was published on behalf of the Global Forum by Pro-Brook Publications Ltd.

We issued a CD-ROM of collected **Global Forum publications from 1999 to 2004**

RealHealthNews

RealHealthNews is an electronic and print magazine containing very short articles about current developments in the field of health research relating to the needs of developing countries. Its goal is to bring fresh and valuable information about successes, breakthroughs and needs to the attention of policy-makers, resource controllers, priority-setters and all others with an interest in and influence over health research. Its articles, full interviews and background references ('Read on ...') are featured on the Global Forum's website.

After the trial issue published for the Mexico meetings at the end of 2004, *RealHealthNews* was produced and promoted, in paper and electronic versions, during 2005. Paper issues were produced in March, May and September. *RealHealthNews* is produced by an independent editor, Robert Walgate, working with an international editorial advisory committee.



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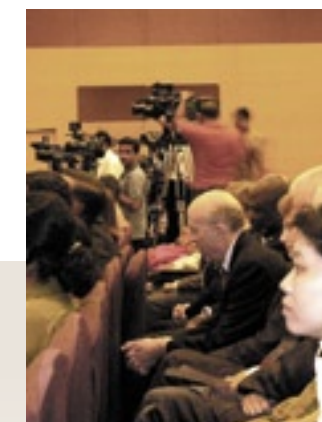
DISSEMINATION

We have a database of close to 10,000 names to whom we regularly send our communications free of charge. They represent a broad constituency of government policy-makers, multilateral & bilateral development agencies, foundations, international NGOs, women's organizations, research oriented bodies, business and the media. By special arrangement we distribute through targeted selections from WHO's publications dissemination database and we also maintain a permanent exhibition and document distribution site outside the library at WHO headquarters.

In addition, we ensure a presence of the Global Forum at major international events with a speaking platform and/or an exhibition booth.

In 2005 we were present at the following events:

- World Health Assembly, Geneva
- Commission on Intellectual Property Rights, Innovation and Public Health meeting in Geneva
- The annual meeting of the Global Health Council in Washington DC
- 6th Global Conference on Health Promotion, Bangkok
- The 2nd People's Health Assembly in Ecuador.
- Countdown to 2015 – Child Survival in London
- Argentinean Forum for Health Research, launch meeting in Buenos Aires
- National Seminar on Priorities in Health Research, Rio de Janeiro
- Norwegian Forum on Global Health meeting in Bergen



OUR RECORD AS AN HONEST BROKER

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PUBLIC-PRIVATE PARTNERSHIPS

There are close to one hundred PPPs according to the records of the Initiative for Public-Private Partnerships for Health (IPPPH) which was established by the Global Forum to study and promote this particular form of resource mobilization. Over thirty of these PPPs are specifically involved in product development and the Global Forum, in some cases together with WHO/TDR, has been instrumental in bringing some of them into being. Examples include the Medicines for Malaria Venture and the Global Alliance for TB Drug Development.

The public-private partnership has a number of key characteristics which make it a particularly suitable instrument in the field of health product development. These were highlighted in a report published in 2005 by Dr Mary Moran and her colleagues in a Wellcome Trust project conducted at the London School of Economics. (Ref: Moran M, Ropars A-L, Guzman J, Diaz J, Garrison C, 2005. The new landscape of neglected disease drug development. London: LSE). Subsequent to the

publication of this study, the Global Forum has established a continuing collaboration with Dr Moran's group.

GLOBAL FORUM INITIATIVES & NETWORKS

From its very beginning the Global Forum realized that the tasks that lay ahead were far beyond its limited financial and human resource and furthermore that this situation was likely to continue. The Initiatives were a key strategy we employed in our brokerage and catalytic roles to draw groups of actors together to develop a critical mass, concentrate attention, leverage resources and energize a forward movement in very specific problem areas. We could never have made the progress we have made since 1998 were it not for the initiatives and networks whose work is briefly reflected below. All those involved in developing the initiatives, sometimes to fully fledged independent status, deserve special recognition.

CHILD HEALTH AND NUTRITION RESEARCH INITIATIVE – CHNRI

This initiative was established to stimulate and support the expansion of research on priority child health and nutrition issues on a global basis and especially in the developing world. Pneumonia, diarrhoea and perinatal conditions and HIV/AIDS are the leading contributors to childhood global burden of disease. Malnutrition in children is a key determinant of ill-health and fatality through its interaction with these diseases in which at least 60% of childhood deaths are attributed to it. Nutritionists and child health researchers have historically worked independently from each other with the result that there has been little interdisciplinary discussion and sharing of information.

The goal of the initiative is to improve child health and nutrition through the promotion of appropriately targeted research.

In 2005 it began a new activity to apply a systematic methodology to identify research priorities for conditions affecting childhood morbidity and mortality that could be used to guide future investments in child health and nutrition research. It has also been working to establish a global online community for researchers, policy-makers and implementers. This network aims to offer an interactive resource for its users and to provide information and tools that will support the child health and nutrition research environment.

CHNRI continued legal consultations paving its way to become an independent Swiss Foundation in 2006 and established plans for new fund raising.

The secretariat of the CHNRI is based in Dhaka, Bangladesh.

www.chnri.org



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ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

The overall aim of the Alliance is to promote the generation and use of health policy and systems research as a means to improving developing country health systems. It was established in 1999 upon a recommendation of the WHO Ad Hoc Committee on Health Research and formally launched in 2000.

During the course of 2005, the Alliance continued to stimulate and provide support into evidence-based policy making in developing countries. The Alliance also began its transition to a new status, independent from the Global Forum, within the Evidence and Information for Policy cluster of WHO.

The secretariat of the Alliance is based at WHO in Geneva.

www.alliance-hpsr.org

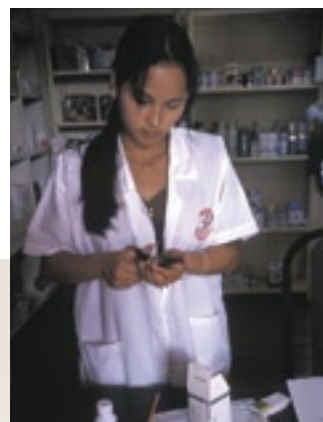
GLOBAL NETWORK FOR RESEARCH IN MENTAL AND NEUROLOGICAL HEALTH – GNRMNH

This network was established in 2001 following the report: Neurological, Psychiatric and Developmental Disorders: Meeting the challenge in the developing world published by the Institute of Medicine and the International Consortium for Mental Health Policy and Services, both of which had been supported by the Global Forum. After successfully achieving their objectives, the Consortium collaborating centres decided to extend the scope of their work by including the broad spectrum of nervous system disorders, by addressing research issues beyond mental health policy and by inviting further stakeholders. There are currently institutions in 26 countries collaborating in the network.

The Global Network for Research in Mental and Neurological Health is registered as a non-profit public benefit corporation in the United States and is also registered in Zambia.

www.mental-neurological-health.net

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INITIATIVE FOR CARDIOVASCULAR HEALTH RESEARCH IN DEVELOPING COUNTRIES – IC HEALTH

IC Health was established in 1999 as a joint programme of WHO (noncommunicable diseases cluster) and the Global Forum for Health Research to provide a research response to the already high and still rising burdens of cardiovascular disease (CVD) in the developing countries. The purpose of the initiative remains to stimulate, support and sustain research which will inform policy and empower programmes for prevention and control of CVD in developing countries. The initiative functions through a research network of developing country scientists and institutions that maintain connectivity with other national and global research networks and agencies. It currently supports research in 17 LMICs in Asia, Africa, the Middle East and Central and South America.

In 2005, ICH worked towards becoming an independent Swiss Foundation in 2006 with its own management structure. The ICH secretariat is hosted by the Centre for Chronic Disease Control in New Delhi, India.

www.ichealth.org



ROAD TRAFFIC INJURIES RESEARCH NETWORK – RTIRN

The Road Traffic Injuries Research Network (RTIRN) consists of more than 125 partners interested in collaborating on road traffic injury research in low- and middle-income countries. The central objective of RTIRN is to establish networking mechanisms and facilitate the establishment of partnerships between road traffic injury researchers and institutions internationally. This will support the development and strengthening of research agendas and research capacity in low and middle income countries.

The International Year for Road Traffic Injuries in 2004 under the umbrella of WHO was instrumental in raising consciousness for this health and societal problem. The Global Forum collaborated with RTIRN to produce a special issue of the Pakistan Journal of the College of Physicians and Surgeons which appeared early in 2005. The network was able to profile its activities at several international meetings. A plenary session was devoted to the subject at Forum 9 in Mumbai and an associated meeting on road traffic injury research priorities in South Asia was attended by over 60 researchers, clinicians and policy makers.

RTIRN operates with a rotating secretariat, presently located at the University of Peradeniya at Kandy in Sri Lanka.

A website is currently under development.



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SEXUAL VIOLENCE RESEARCH INITIATIVE – SVRI

The Sexual Violence Research Initiative arose from a meeting in 2000 supported by the Global Forum and held at the Key Centre for Research on Women in Melbourne, Australia. This meeting reached consensus on the need to raise awareness of and give legitimacy to sexual violence research.

The SVRI was established in collaboration with WHO and initially housed there, to address the lack of data on sexual violence and to lay the foundations for effective and sustainable interventions.

By the end of 2005, there were 600 members on the SVRI listserve representing academic institutions, advocacy organizations and treatment/care facilities. A monthly mailing to members was initiated and desk reviews on alternative justice interventions and client responses to services were performed. Various other products including evaluation tools, practice wisdom questionnaires, research agenda on ethical and safety issues were initiated during the year.

During 2005 a competitive tendering process was held to find a new home for the SVRI, which moves its secretariat to the Medical Research Council of South Africa in Pretoria in January 2006.

www.svri.org

RESOURCES FOR THE GLOBAL FORUM FOR HEALTH RESEARCH

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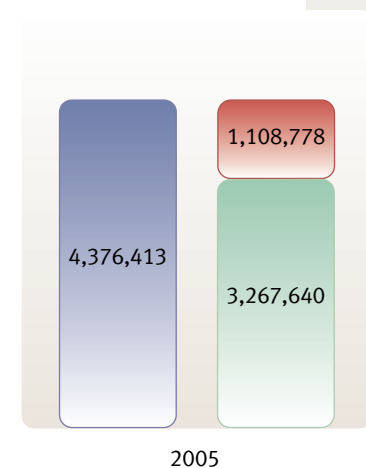
The Global Forum is a foundation established as a non-profit entity according to the legal framework operating in Switzerland. It draws its operating income from international organizations, philanthropic foundations and government agencies. The activities reflected in the data in this section of the 2005 Review are those for the core activities of the Global Forum as distinct from the operations of the various initiatives described in the previous section. For the latter, the Global Forum Secretariat acts as the agent of the donor, receiving and transferring funds according to specific instructions.

Contributions to activities have in recent years been provided thanks to the regular and solid commitment of the World Bank, WHO, the Rockefeller Foundation and the governments of Canada, Norway, Sweden and Switzerland. Other government agencies that have begun contributing funds in 2004 and 2005 are those of Ireland and Mexico.

The Global Forum has established an operations reserve of over US\$ 3 million to enable it to function in a steady and predictable manner from year to year. From 2005, it was decided that the reserve should be levelled to US\$ 3 million and a small deficit of US\$ 168,665 between income and expenditure was incurred for the year in the move towards this target.

BALANCE SHEET / CORE ACTIVITIES

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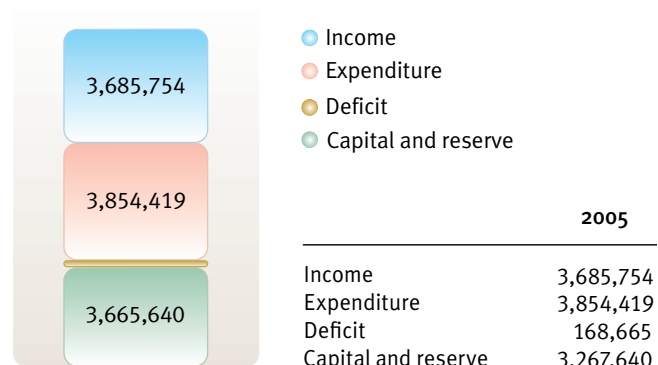


2005	
Capital and reserve	3,267,640
Liabilities	1,108,773
Assets	4,376,413

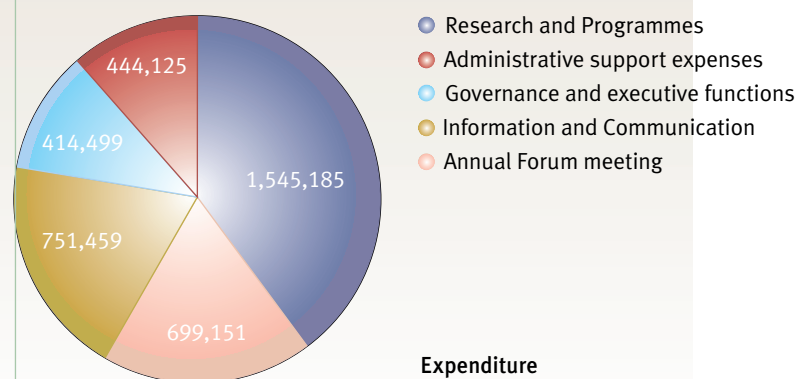


All figures are in US Dollars

Income, Expenditure, Deficit Capital & Reserve 31 December 2005



Expenditure - Core activities



Expenditure	2005
Research and Programmes	1,545,185
Annual Forum meeting	699,151
Information and Communication	751,459
Governance and executive functions	414,499
Administrative support expenses	444,125
Total	3,854,419

All figures are in US Dollars

THE GLOBAL FORUM FAMILY

Foundation Council Members

as at 31 December 2005

Pramilla Senanayake
Chairperson

Carlos Morel*
Chair of STRATEC
FIOCRUZ, Brazil

Jie Chen*
Fudan University, China

Mahmoud Fathalla
Assiut University, Egypt

Maria Guzman
Institute of Tropical Medicine, Cuba

Richard Horton
The Lancet

Carel IJsselmuiden
Council on Health Research for Development

Marian Jacobs
University of Cape Town, South Africa

Alejandra Lopez Gomez
Development Alternatives with Women for a
New Era (DAWN)

Adolfo Martinez-Palomo
Center for Research and Advanced Studies,
Mexico

Daniel Mäusezahl
Swiss Agency for Development
and Cooperation

Ravi Narayan

Society for Community Health Awareness,
Research & Action, India

Berit Olsson
Swedish International Development
Cooperation Agency

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World Bank

Robert Ridley
Special Programme for Research and
Training in Tropical Diseases (TDR)

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Makerere University, Uganda

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Manufacturers and Associations

Nahid Toubia
RAINBO – Health and Rights for African Women

Ragna Valen*
Research Council of Norway

Judith Whitworth
WHO Advisory Committee on Health Research
(ACHR)

Christina Zarowsky
International Development Research Centre,
Canada

* also member of the Strategic and Technical
Advisory Committee (STRATEC)

The Secretariat as at 31 December 2005

Stephen Matlin
Executive Director

Research & Programmes

Andres de Francisco
Deputy Executive Director and Head, R&P
Mary Anne Burke
Health Analyst/Statistician
Abdul Ghaffar
Health Policy and Systems Specialist
Jean-Jacques Monot
Statistician Assistant
Sylvie Olifson
Health Economist
Lakshmi Sundaram
Analyst/Adviser on PPPs for Health

Finance & Administration

David Hayward
Head, Finance IT & Administration
John Warriner
IT and Administration Manager
Melanie Brown
Administrative Assistant
Kate Neequaye
Administrative Assistant

Initiative Managers or Secretaries

Alliance for Health Policy and Systems Research
Ashok Yesudian
Child Health and Nutrition Research Initiative
Shams el Arifeen
Global Network for Research in Mental and Neurological Health
Walter Gulbinat

Communications & Information

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Head, Communications and Information
Nicola Braik
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Christine Mauroux
Communications Assistant
Anusha Sundaram
Database/Publications Assistant
Mark Wagner
Communications Officer

Meetings Organization

Kirsten Bendixen
Head, Meetings Organization
Alexandra Petersen
Meetings Assistant

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