



Institute of Health Services and Policy Research

IHSPR

January 2005

Spotlight on Global Health

Introduction

The CIHR Act acknowledges that excellence in health research is fundamental to improving the health of Canadians and the wider global community, and envisions that Canada should be an internationally acknowledged leader in contributing to the global advancement of health research. Keys to success in realizing this vision are collaborative agreements with appropriate organizations and financial support of the global health research community.

CIHR is part of a collaborative effort, the Global Health Research Initiative (GHRI), intended to mobilize and increase investment and involvement in global health research, focus and coordinate that investment, and bridge the gap between researchers and people who can use the research to solve health or health system problems. GHRI Partners include the Canadian International Development Agency (CIDA), Health Canada, and the International

Development Research Centre (IDRC). Together these organizations have now agreed to coordinate efforts and focus their collective resources to help address priority health problems in low and medium income countries (LMIC). One example of the many GHRI initiatives is the new Canadian Coalition for Global Health Research. The Coalition works in partnership with citizens of LMIC to identify major health needs and concerns, and translate these issues into research priorities.

The Global Forum for Health Research (GFHR), an independent international foundation established in Geneva (Switzerland) in 1998, has estimated that global public and private spending on health research approximates US\$73 billion per annum (estimate for 2000). Less than 10% of these investments are dedicated to diseases or conditions that account for 90% of the global disease burden. It is this imbalance, where 10% of resources in health research are used for 90% of the

world's health problems, that has become known as the 10/90 gap.

Research that aims to benefit LMIC and reduce the "10/90 gap" can also yield benefits for Canadians. For example, some of the priority health problems of these countries – such as tobacco use and HIV/AIDS — are also issues for Canadians. In addition, infectious diseases, such as SARS, do not respect borders or immigration policy. Canada's own security is linked to meeting the needs – of which health is one – of societies that bear greater social, political, economic and health burdens than does ours.

For more information, please see the GHRI website at <http://www.cihr-irsc.gc.ca/e/5351.html>, the CSIH website at www.csih.org; the CIDA website at www.cida.ca; the IDRC website at www.idrc.ca; or the GFHR website at www.globalforumhealth.org.

In this Insert:

Facts and figures: Global Health	1
Canada and Global Health Policy and services Research	2
Ministerial Summit on Health Research	4
CIHR Priority Announcements in Health Research	5
Global Health Research Initiative (GHRI)	5
The Politics of Health: Who Really Counts!	5

FACTS AND FIGURES: GLOBAL HEALTH

Selected text adapted from Canadian Coalition for Global Health Research "Champion Kit" <http://www.ccghr.ca/tg01.html#championkit>

The Good News

We know the application of research to innovation in health can produce results:

- Life expectancy in the past 40 years has improved more than in the preceding 4000 years.
- Smallpox, a disease that once killed nearly 2 million people a year, has been eradicated.
- Child and maternal mortality rates have fallen by over 90% in many countries.
- Widespread promotion of oral rehydration therapy, along with improved sanitation, has contributed to a drop in the death rate of diarrhoeal disease from 5 million children a year in 1980 to 2 million a year in 1999.

Continued on page 2

Continuing Issues

There are still many challenges ahead:

- By 2020, tobacco will be the largest single health problem in the world, causing an estimated 8.5 million deaths a year.
- The global HIV/AIDS epidemic killed more than 3 million people in 2003, and an estimated 5 million were infected with the HIV virus, bringing the total number of people living with the virus around the world to 40 million. Most of these are in Sub-Saharan Africa.
- More than 10 million children die each year, mostly from preventable causes and almost all in poor countries.
- In 1998, almost a third of deaths in LMICs were due to communicable diseases, maternal and perinatal conditions, and nutritional deficiencies – a death toll of 16 million, equivalent to the population of Florida.
- Malaria is estimated to cost Africa more than US\$12 billion every year in lost GDP, even though it can be controlled for a fraction of that sum.
- The past 20 years of economic globalization failed to lift the majority of the world out of health-damaging poverty. The gap between rich and poor is widening, both within countries and between the richest and poorest countries.
- Climate change and depletion of food resources such as ocean fish threaten our future.
- More than 49 million visitors cross the Canadian border annually, resulting in new health challenges, such as infectious diseases like SARS.

Canada and Global Health Policy and Services Research

By Slim Haddad, David Zakus and Erica Di Ruggiero

Global health primarily concerns populations living in the poorest countries or in less developed regions where immense needs are far from being met. But global health is not just an issue for poor countries. Along with the interconnection of people, goods and ideas comes the globalization of environments, ways of life, and, it goes without saying, major public health issues. Recent epizootic diseases and the spread of communicable and non-communicable diseases that were formerly confined to specific climates and regions highlight this globalization of disease and the need to use transnational solutions to fight it. The solutions to social inequity and the degradation of natural ecosystems can only be global, and must be based on worldwide processes of knowledge production and transmission.

Global Health Research (GHR) also reflects the concerns of the international community in correcting today's imbalances in the allocation of research investments¹, and, although this generally does occur within the framework of North-South research partnerships, such research is certainly not in keeping with an assistance viewpoint. Rather, it is meant to allay widely-shared concerns and seeks to improve our own interventions, not only in health care, but also in protection and prevention.

Contributing to the **consolidation and expansion of GHR thus meets several needs**. First of all, it meets the need for research that serves the international community and that contributes to reaching Millennium Development Goals (MDGs²). As the Prime Minister stated in his Speech from the Throne, "*We are a knowledge-rich country. We must apply more of our research and science to help address the most pressing problems of developing countries.*" (Paul Martin's response to

Speech from the Throne (Feb. 2nd, 2004). Contributing to GHR also meets the need for research that is congruent with the reality of a multicultural society open onto the world. And lastly, a contribution to GHR meets the needs of research, particularly in the area of health policy and services, where experimentation is the exception to the rule and where changes are complex and long in coming. Here, the implementing of a fact-based, robust foundation must be fuelled with comparisons and experiences from elsewhere. **Canada's Global Health Research Initiative** fits in with this mutually beneficial outlook. The initiative brings together four major federal institutions (IDRC, CIDA, CIHR and Health Canada) to ensure coordinated promotion of Canadian research in the field.³

Research into health policy and services is **an area where knowledge production and transfer problems and needs are widely shared** across the planet. Virtually every health system has seen a need to tackle the challenges posed by epidemiological transition, the AIDS epidemic, and health inequities. And each equally faces the challenges of adjusting an environment transformed by globalization as well as the need to manage costs, equalize access, and improve health systems' macro and micro efficiency (WHO, 1996). Everywhere, researchers are called upon to assist with decision-making and contribute to reforming health systems while improving their governance. Here, more than elsewhere, there appears to be an urgent need for the value added represented by a global research vision, with its contribution to action and to a collective commitment going beyond the conventional boundaries separating internal and foreign research. The Ministerial Summit on Health Research and the Global Forum for Health Research, both held in Mexico in November

¹ This has become known as the 10/90 Gap, where 10% of health research funds are spent on the needs of nine-tenths of the world's population, who live in low-to-moderate income countries.

² For further information on the Millennium Development goals, please consult the following Web site: <http://www.undp.org/mdg/>.

³ To learn more, please consult the GHRI's Web site: <http://www.cihr-irsc.gc.ca/e/13249.html>.

2004, yielded an awareness of the insufficiency of current investment in global health research and, more specifically, research into health systems (the share given over to systems research has been estimated at 0.02% of health expenditures). Over 30 countries contributed to drawing up a statement that explicitly sets out the need for increased support for research into health systems. The statement will be presented at this year's World Health Assembly.

A great many organizations now recognize a significant **domestic value added in investing in global health research and, within that effort, research into health systems.** Such a value added lies in: (i) the new light cast by our own system; research conducted on

Box 1:
**Community Participation
in Guinea: Small
Investment - Large Return**

(Haddad & Zakus, 2002)

Within Canada's International Immunization Program (CIIP - financed by CIDA and managed by the Canadian Public Health Association), a research project on community participation was undertaken from 1993 to 1996 by a team of decision-makers and health workers from Guinea and researchers from the Université de Montréal. The project aimed to develop a tool to assist NGOs and other authorities, in the districts, to be better able to evaluate community perceptions of the quality of health services. An innovative methodology was developed for the purpose of developing a scale to identify user opinions on the quality of primary health care services.

Further studies determined that this tool is both reliable and valid and the instrument was subsequently integrated into the central monitoring system of the country. After the publication of these the methodology and results raised interest in neighbouring researchers in Burkina Faso who adapted and integrated them into their own research. The methodology has also been successfully used in Canada: Three projects involved with primary health care services and surgery have since been supported by grants from the Medical Research Council and the Fonds de la Recherche en Santé du Québec.

reforms; foreign experiences and models for regulating service funding and organization; (ii) the broadening of research opportunities, "research settings" and potential partnerships newly available to our research community, and (iii) direct benefits for research establishments, strengthening both their professional expertise and their traditional academic functions. There have already been significant benefits to Canada from research conducted in the South. Box 1 provides an example in which Canadian researchers assisted partners in Guinea to develop methodological tools to identify community perceptions of quality health services. The methodology developed in the South for this project was subsequently used in Canada.

Approximately seventy researchers participated in a study carried out by the authors that sought to evaluate and describe possible directions for Canadian Global Health Policy and Services Research (GHPSR) efforts. The top five Canadian benefits from GHPSR involvement, as

identified by the survey, were: (i) the development and implementation of primary health care experiences, especially in strengthening community-based health systems; (ii) improving the use of cost-effectiveness analysis in the health system; (iii) enhanced policy development and translation of policy into practice; (iv) learning how to better determine priorities, especially in public and community health; (v) gaining a better understanding of how Canada and Canadian health policy are affected in the era of globalization (Haddad & Zakus, 2002). These viewpoints were widely corroborated by a workshop held in Ottawa in October 2002, attended by around fifty Canadian researchers, researchers from countries in the South and representatives from international and Canadian institutions supporting GHR. The workshop also gave rise to a consensus to the effect that "Canadian health services and policy research expertise can make a significant contribution to GHPSR in such fields as health policy and system analysis, social insurance and financing (e.g. public/private mix), evaluative research, economic evaluation, quality assurance, analysis of access and health care utilization, primary care and integrated models." This expertise would appear to be all the more relevant in that it covers the main GHPSR research priorities identified by the researchers participating in the survey (Box 2) and by various priority-setting processes that have been conducted over the last few years.

Box 2:
**Top ten priorities in GHPSR from
Canadian researchers**

(Haddad & Zakus, 2002)

- Equitable health service delivery
- Universality in basic health care coverage
- Human resource development
- Cost-effective financing system
- Primary health care
- Resource allocation and priority setting
- Health service management
- Decentralization
- Effects of globalization
- Prevention of critical diseases: HIV/AIDS, tobacco

In summary, Canada is poised together with partners in low and middle-income countries to contribute to the global health systems and policy knowledge base required to solve the myriad of complex problems, in order to improve the health of populations globally. The Canadian Coalition for Global Health Research, a non-profit organization committed to « promoting more equity in global health research and better health worldwide » is undertaking, with the support of the Global Health Research Initiative, a number of projects to strengthen health systems and increase Canada's response to these challenges⁴. A task group of the coalition with the mandate to "strengthen commitment and GHSPR capacity in Canada and abroad" is seeking to garner internal support within CIHR for global health

⁴ For more information about the Coalition, please see: <http://www.ccghr.ca/ccghr.html>

systems and policy research and encourage Canadian health system researchers to become further engaged. The task group met with the Institute of Health Services and Policy Research (IHSPR)'s advisory board in June 2004 and discussed the following possible actions, namely to:

- Establish a CIHR peer review panel for global health research
- Increase the visibility of global health research at the Institute level – for e.g. the Institute could show its commitment in documentation to encourage greater Canadian involvement in GHSPR; signal to the GHSP research community possible interest in co-investment of future funding opportunities; and,
- Create opportunities for networking and collaboration.

Building on the GHSPR background research and recommendations mentioned above, and the deliberations at the Ministerial Summit/Global Forum for Health Research meetings in Mexico City, a small workshop of key researchers, decision-makers and funders will be held in 2005 to further define priorities, including the unique contributions that the Canadian health services and policy (HSP) research community can make and the strategies required to strengthen their participation. In the meantime, we call upon interested Canadian HSP researchers to get more involved in GHSPR.

References:

1) Haddad, S., Zakus, D., Mohindra, K. & Wei, X. (2002). " Promoting Canadian Involvement and Capacity Building in Global Health Policy

and Systems Research (GHSPR): Perspectives and Recommendations" Université de Montréal & University of Toronto. Paper prepared for the Canadian Institutes of Health Research. May 2002, pp. 63.

2) World Health Organization (1996). Investing in Health Research and Development. Report of the Ad Hoc Committee on Health Research Relating to Future Intervention Options. Geneva, Switzerland

3) Alliance for Health Policy and Systems Research (2004), Strengthening Health Systems: The Role and Promise of Policy and Systems Research (available online as a PDF file [Whole book 120p.] at: <http://www2.alliance-hpsr.org/jahia/Jahia/pid/184>)

Publications:

1) Haddad S., Zakus D., Mohindra, K. & Wei, X: Promoting Canadian Involvement And Capacity Building In Global Health Policy And Systems Research: *Perspectives And Recommendations* (available online at: <http://www.cihr-irsc.gc.ca/e/5380.html>)

2) World Report on Knowledge for Better Health: <http://www.who.int/rpc/meetings/pub1/en/>

3) The Role and Promise of Policy and Systems Research; Alliance for Health Policy and Systems Research (available online as a PDF file [Whole book 120p.] at: <http://www2.alliance-hpsr.org/jahia/Jahia/pid/184>

4) De Savigny D., Kasale Harun, Mbuya Conrad, & Reid Graham: *In_Focus: Fixing Health Systems*; IDRC, 2004 (see: http://web.idrc.ca/en/ev-64437-201-1-DO_TOPIC.html)



Ministerial Summit on Health Research

By John Lavis and Jonathan Lomas

For the first time ever, health ministers from around the world participated in a summit on health research. The Ministerial Summit, which was co-hosted by the World Health Organization (WHO) and Mexico's Ministry of Health, took place in Mexico City in mid-November, 2004. Fifty-eight countries were represented by their health minister or another head of country delegation. Ministers focused on the role of health research in achieving the millennium development goals, and gave special attention to bridging the "know-do divide". They issued the Mexico Statement on Health Research (http://www.who.int/rpc/summit/agenda/en/mexico_statement_on_health_research.pdf) and agreed to meet again at a second Ministerial Summit to be held in 2008.

The Ministerial Summit coincided with the release of the World Report on Knowledge for Better Health: Strengthening Health Systems (<http://www.who.int/mediacentre/news/releases/2004/pr78/en/>). IHSPR's Advisory Board member John Lavis wrote the report that underpins the chapter on linking research to action. The meeting of ministers and this report positioned the WHO to have an increasing role in health systems research and in the knowledge translation agenda. Ministers heard from two Canadians — CIHR President Alan Bernstein and CHSRF's CEO Jonathan Lomas — in their plenary sessions. Many other Canadians were involved in the working-group sessions that comprised most of both the Ministerial Summit and Forum 8, an event that took place simultaneously under the auspices of the Global Forum for Health Research (<http://www.globalforumhealth.org/forum8/>). In his address to the meeting WHO Director-General, Dr LEE Jong-wook, reflected this Canadian influence when he highlighted Canada's positive experiences with involving decision-makers at all levels of the health system in the research process.

CIHR Priority Announcements in Global Health Research

CIHR has and will continue to fund global health research through its open and strategic competitions. Most recently, CIHR posted priority announcements to enable enhanced investments in operating grants submitted to the open competition, that align with strategic themes such as global health. Examples of global health research funded through priority announcements include, but are not limited to, research designed to: address the health implications of global climate change and ecological degradation; understand the effectiveness of world-trade and related policy interventions to increase access to generic medicines in low and middle-income

country settings; assess the cost-effectiveness of interventions to strengthen national health systems in an era of globalization; and evaluate the effectiveness of implementing regional/local interventions to address, for example, food insecurity, HIV/AIDs, water borne illnesses, violence against women and children, etc. through a strengthened public health and community infrastructure.

For more information on this initiative, please visit <http://www.cihr-irsc.gc.ca/e/25564.html>.

Global Health Research Initiative (GHRI): Canadians Mobilizing to Close the 10/90 Research Gap

The CIHR Institutes of Population and Public Health; Aboriginal Peoples' Health; Circulatory and Respiratory Health; Gender and Health; Infection and Immunity; Neurosciences, Mental Health and Addiction; and Nutrition, Metabolism and Diabetes, have recently partnered with Health Canada, CIDA and IDRC to coordinate and build upon Canada's global health research activities. Together, the partners will launch new programs and research strategies in the area of global health, with each organization bringing its own specific area of expertise to the table:

- Health Canada's considerable knowledge base and recognized leadership;
- IDRC's experience with research in developing countries;

- CIDA's considerable development experience and its emphasis on evidence-based health development; and
- CIHR's strong tradition of supporting excellent, peer-reviewed, research.

The collaborative approach will serve as a framework for research projects and programs carried out in partnership between two or more of the participating agencies. It will lead to improvements in the effectiveness and cost-effectiveness of official development assistance, improve the sustainable health gains per dollar of Canadian funds invested, and contribute to the protection of the health of citizens of all countries, including Canadians.

For more information on this initiative, please visit <http://www.cihr-irsc.gc.ca/e/13249.html>.

The Politics of Health: Who Really Counts!

"The Politics of Health: Who Really Counts" was hosted by the Canadian Society for International Health (CSIH) and was co-sponsored by CIHR. The conference was held in October in Ottawa. The event featured a number of health systems projects, and discussions with Minister Bennett and

senior Public Health Agency officials about the need to link national and international public health efforts.

For more information or for copies of presenters' slides, please visit www.csih.org/what/conferences2004.html.



IHSPR MANDATE

The CIHR Institute of Health Services and Policy Research is dedicated to supporting outstanding research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, & financed, paid for & used and delivered, in the interest of improving the health and quality of life of all Canadians.



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