

# Chapter 2

---

## *An overview of the Global Forum for Health Research*

*Section 1  
The problem*

*Section 2  
Central and specific objectives*

*Section 3  
Partners, governing bodies and management*

*Section 4  
Vision, values and role*

*Section 5  
Global strategies*

*Section 6  
Projects supported*

*Section 7  
Financing of the Global Forum and perspectives on the 10/90 gap*

## Section 1

---

### The problem

#### 1. Ill health: a crucial link in the vicious circle of poverty

As discussed in chapter 1, ill health is a crucial link in the vicious circle of poverty and improvements in health can contribute much to breaking this vicious circle and to economic development in general. This has been particularly underlined in the United Nations Millennium Summit in September 2000.

#### 2. The 10/90 gap in health research: a key factor in the persistence of ill health

One of the roles of health research is to ensure that the measures proposed to break out of the vicious circle of ill health and poverty are based, as far as possible, on evidence, so that the resources available to finance these

measures are used in the most efficient and effective way possible.

Despite its critical role, health research has suffered from insufficient funding and from a huge discrepancy between the magnitude of disease burden and the allocation of research funding. For the past decade, following the ground-breaking work of the Commission on Health Research for Development in 1990,<sup>1</sup> this imbalance in health research funding has been captured in the expression “the 10/90 gap” – drawing attention to the fact that of the US\$ 70 billion a year invested in global health research by the public and private sectors, less than 10% is devoted to research into the health problems that account for 90% of the global disease burden.

## Section 2

---

### Central and specific objectives

The overall objective of the Global Forum is to help correct the 10/90 gap in health research and focus research efforts on the health problems of the poor by bringing together key actors; creating a movement for analysis and debate on health research priorities, the allocation of resources, public-

private partnerships; and ensuring that all people benefit from the outcomes of health research.

In pursuit of this overall objective, the Global Forum places particular emphasis on efforts to meet the following specific objectives:

---

<sup>1</sup> Commission on Health Research for Development, *Health Research, Essential Link to Equity in Development*, 1990.

- Contribute to efforts to measure the 10/90 gap, monitor developments and disseminate information relating to this gap, including its causes and consequences.
- Support the development of priority-setting methodologies and policies to identify priority research areas, including in sectors other than health which have a crucial role to play in the promotion of health.
- Identify and debate critical, controversial and pressing issues affecting the 10/90 gap in health research.
- Give special consideration to the health problems of the poor.
- Ensure that gender analysis is consistently and systematically applied to all work on the 10/90 gap.
- Be a platform for debate, synthesis and review of efforts in the field of research capacity strengthening, paying special attention to the needs of the national health research systems.
- Support the development and concerted efforts of networks/partnerships (between the public sector, private commercial sector and CSOs) in the priority areas of health research, when appropriate and when the benefits of joint action are larger than the sum of individual actions.

## Section 3

### Partners, governing bodies and management

#### 1. Who are the partners in the Global Forum?

Correcting the 10/90 gap requires the commitment of thousands of institutions and individuals in the North and South, including the following: government decision-makers; research institutions and universities; multilateral agencies; bilateral development organizations; private foundations; private sector companies; women's organizations; national and international CSOs; and the media.<sup>2</sup> All of them have an impact on the 10/90 gap and are therefore considered to be partners in the Global Forum. No attempt is made to establish formal "membership" of the Global Forum as such, not only because of the

practical difficulties involved, but also because of the many institutions which, for different reasons, would not become members, while continuing to have a large impact on the 10/90 gap. The aim is rather to create a *movement* for the correction of the 10/90 gap in which partners, concerned by the very serious consequences of such misallocation of resources, contribute in very different ways to the overall objective.

#### 2. Governing bodies and management

##### *Foundation Council*

The Foundation Council, composed of 20 members representing the constituencies of the Global Forum, is the highest policy and

<sup>2</sup> Most of these constituencies are represented in the Foundation Council of the Global Forum.

decision-making body of the foundation. It establishes the broad orientations of the Global Forum and is responsible for the definition of its objectives and priority areas as well as its long-term vision. Its duties and powers are defined in Article 8 of the Global Forum's Statutes.

#### *STRATEC*

The Foundation Council is assisted by a Strategic and Technical Advisory Committee

(STRATEC), composed of six members selected from Council members.

#### *Core Secretariat*

The Foundation Council and STRATEC define the objectives, policy guidelines and budget for the Secretariat, which is responsible for reaching these objectives within the given policies and orientations and for reporting, as appropriate, to the Foundation Council and STRATEC.

## Section 4

### Vision, values and role of the Global Forum for Health Research

#### 1. Vision

The vision of the Global Forum is a world in which health research is recognized as a global public good and a critical input in health system development; a world where priority is given, at the global and national levels, to the study of those factors with the largest impact on people's health and to the effective delivery of research outcomes for the benefit of all people, particularly the poor.

#### 2. Values

In all its activities and within its vision as defined above, the Global Forum is committed to the values of human rights, equity, gender equality, ethics, justice, democracy, the defence of the vulnerable, protection of the environment, transparency and accountability. The Global Forum is a not-for-profit foundation, with no ties to any political, religious, partisan or national interests.

#### 3. Role of the Global Forum

In the past two decades, many institutions have taken individual and joint actions contributing in very different ways to the correction of the 10/90 gap in health research, including the development of networks and partnerships at the national, regional and global levels.

Among this wide range of research institutions and networks interested in helping to correct the 10/90 gap, the Global Forum has the following role and comparative advantage:

- as an independent, evidence-based and informal platform bringing together very different actors from the public and private sectors to encourage critical debate and to analyse the best ways to help correct the 10/90 gap;
- as a network of individuals, institutions and networks, linking the efforts of very

diverse institutions with an impact in reducing the 10/90 gap;

- as a catalyst for these efforts and facilitator of work by others, but not itself a research funding agency.

In these collaborative efforts between the national, regional and global levels, the view of the Global Forum is that the principle of subsidiarity should apply, i.e. the regional level should only undertake what cannot be done at the country level and the global level should concentrate on issues which go beyond the regional level. In this sense, overall health research collaboration at the

global level could be the result of a bottom-up approach starting with the national health research systems and relayed by the regional efforts (see Insert 4.5 in chapter 4). With the many sovereign and autonomous institutions involved, the efforts should focus on a set of collaborative principles which could contribute much to the allocation of health research funds to priority health research needs. This draws attention to the crucial role to be played by the “national health research systems” in the construction of an international collaborative system in health research.<sup>3</sup>

## Section 5

---

### Global strategies of the Global Forum and types of support

The key strategies of the Global Forum are based on its:

- central objective of helping to correct the 10/90 gap
- specific objectives
- vision, values and principles
- comparative advantages and experience over its first period of activity (1998-2003).

The common denominator of all strategies is the role of the Global Forum in bringing together different actors to analyse, debate and propose actions on key issues in

international health research affecting the 10/90 gap. These strategies are designed to be mutually supportive in pursuit of the objectives of the Global Forum.

#### Strategy 1 Organization of the annual Forum meeting

Since the creation of the Global Forum in 1997, a Forum meeting has been held each year, the most recent (Forum 7) in December 2003 in Geneva, involving over 600 partners from some 104 countries. According to the External Evaluation Report of December

---

<sup>3</sup> International Conference on Health Research for Development, Conference Report, October 2000. WHO is to issue a major report in 2004 focusing on a description and analysis of the national health research systems in the context of global health research.

2001, “there is practically unanimous opinion that the annual Forum meeting is a very useful and, in many ways, unique opportunity and market place where health problems and priorities are discussed by a variety of decision-makers, policy-makers and researchers. No other organization can replace the Global Forum as a convener of this type of meeting.”<sup>4</sup>

#### *Results to date*

In summary, the main results of the annual Forum meetings over the past seven years have been the following:

- a systematic review of the progress made in the correction of the 10/90 gap in health research in its various dimensions at the level of the major diseases and risk factors
- a regular exchange of views on the work undertaken in the field of priority-setting methodologies in health research
- an annual report on the work of major networks engaged in helping correct the 10/90 gap
- regular discussions on cross-cutting issues in the field of poverty, gender and research capacity strengthening as they relate to the 10/90 gap in health research
- annual presentations of the latest thinking on the 10/90 gap in health research and perspectives for its correction
- discussion and definition of the priority actions to be undertaken for the continued correction of the 10/90 gap in its various dimensions

- link between larger periodic conferences, such as between the 2000 Bangkok Conference on Health Research and the planned 2004 Mexico Summit.

#### **Strategy 2 Analytical work on the 10/90 gap and health research priorities**

The 10/90 gap is a multi-dimensional problem which is, at least in part, the consequence of the complexity of identifying priorities at the global and national levels and following up with joint actions. Since the early 1990s, an attempt has been made to set priorities in health research based on a systematic assessment of the burden of diseases, basically identifying as a priority any disease representing a very high burden on the world's health (i.e. as a percentage of the total burden of disease, as measured by DALYs or similar indicators),<sup>5</sup> while research funding for that particular disease remained very limited (i.e. as a percentage of total health research funding in the world).

Following this first effort at systematization, it was quickly realized that the “disease focus” is only one dimension of health research and that major risk factors affecting health also have to be prioritized, as they are competing for the same funding as disease-focused priorities. However, there are at least two other dimensions to health research which have to be prioritized, i.e. the global cross-cutting issues affecting health (poverty, gender, research capacity, health policy) as

<sup>4</sup> Binka F., Holmgren J. and Murthy N. *Findings from the External Evaluation*, a report to the Foundation Council of the Global Forum for Health Research, December 2001.

<sup>5</sup> The DALY (Disability-Adjusted Life Year) is an indicator developed for the calculation of the burden of disease which quantifies, in a single indicator, time lost due to premature death with time lived with a disability. A number of explicit choices about age weighting, time preference and preference for health states are made in the calculation of DALYs. Other indicators have been developed in recent years (HEALYs, QALYs for example) based on the same model. However, the results of the various models lead to similar conclusions about the burden of disease and risk factors in the world and their likely evolution in the coming years. (See Murray CJL and Lopez AD. *Global Burden of Disease and Injury Series, The Global Burden of Disease, A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projections to 2020*, Harvard University Press on behalf of WHO and the World Bank, 1996.) WHO is currently undertaking a new global burden of disease assessment for the year 2000, the so-called GBD 2000 Project. See *Global Programme on Evidence for Health Policy, Discussion Paper No. 36*, WHO, November 2001.

well as the methodologies for priority setting themselves.

Therefore the second strategy of the Global Forum is to support analytical work on the 10/90 gap in health research, focusing on the following four dimensions, which are all part of health research and competing for the same funds.

### **1. Development and application of priority-setting methodologies to help correct the 10/90 gap**

Following the review of the main methodologies in the field of priority-setting and the development and testing of the Combined Approach Matrix (CAM)<sup>6</sup> during the period 1998-2003, the Global Forum is interested in its application to main diseases and risk factors at national and global levels, the resulting identification of gaps in research on diseases and risk factors, and the dissemination of the results regarding research priorities at the national and global levels.

#### *Results to date*

The CAM methodology and the results of its application are presented in chapter 4 below, sections 3 and 4.

### **2. The 10/90 gap and cross-cutting issues affecting health**

The health status of a population is influenced not only by behaviour, genetics, health care and immediate risk factors but by a number of cross-cutting issues such as poverty, gender, research capacity and government policies.

#### *(a) Poverty and health research*

Ill health is a crucial link in the vicious circle of poverty. A large number of epidemiological and social studies have pointed out the disparity between health status at different socioeconomic levels, often with significant gender differentials.<sup>7</sup> Disease burden studies have corroborated these findings. Poor people die earlier and get sick more often. Today there is increasing pressure for a shift from analysis of rich/poor differences to analysis of what to do about them – drawing attention to the central role that health research can play.

In response, the strategy of the Global Forum is to highlight the poverty issues in the various aspects of its work, promote analysis and debate around these issues, study how to decrease poverty and disseminate the results. For example, in the analytical work on the 10/90 gap in health research supported by the Global Forum, analysis and measurement of progress focus on the following aspects:

---

<sup>6</sup> The Combined Approach Matrix incorporates the criteria and principles for priority setting defined in the Essential National Health Research approach, the Visual Health Information Profile proposed by the Advisory Committee on Health Research, and the five-step process of the Ad Hoc Committee on Health Research (magnitude of disease burden, determinants, present level of knowledge, cost-effectiveness of interventions, resource flows). These five steps are linked with the four broad groups of actors and factors determining the health status of a population (individuals and communities; Ministry of Health, research institutions and health systems and services; sectors other than health; central government and macroeconomic policies) to form a proposed matrix for priority setting. The CAM is useful to incorporate and summarize all information obtained through a variety of processes and sources. Information gathered at country, regional and global levels can be processed to identify gaps and help set priorities in health research. For more information on the CAM see chapter 4, sections 3 and 4.

<sup>7</sup> Examples include: World Bank. *Voices of the Poor (Can Anyone Hear Us, Crying for Change, From Many Lands)*, Oxford University Press, December 2000; World Bank *World Development Report 2000/2001, Attacking Poverty*, September 2001; and Rockefeller Foundation. *Challenging Inequities in Health*, Oxford University Press, 2001.

- scaling up of interventions and delivery of services to the poor
- risk factors by socioeconomic levels
- disease burden by socioeconomic levels
- cost-effectiveness and sustainability of interventions in reference to the situation of the poor
- more generally, integration of poverty issues in the application of the CAM for priority setting
- throughout these studies, the interaction of poverty and gender will be systematically analysed.

*(b) Integration of gender issues in the correction of the 10/90 gap*

The Global Forum believes that a systematic approach to gender issues must be a central part of its objective to help correct the 10/90 gap. It is estimated that more than 60% of the world's poor are women. The health of these women is often adversely affected not only by their poverty but by the gender inequalities that continue to divide many of the world's poorest countries.

In recent years, gender issues have been highlighted by most organizations concerned with the promotion of development and the enhancement of human well-being. They have integrated these issues into their ongoing work, justifying this with two main arguments. First, *efficiency and effectiveness* require that both women and men be at the heart of development. So long as artificial constraints prevent the full participation of both sexes, societies will be unable to reach their potential for meeting the needs of their citizens. Second, *equity* requires that both women and men should have the same opportunity to be active citizens, participating in the development process and having equal access to its benefits. Unless this is achieved, individuals will not be able to realize their potential for health and well-being.

Although they have many health problems and health care needs in common, women and men are divided both by their biological sex and their social gender. Unless these differences are taken into account, the delivery of medical and public health services will be severely constrained in their efficacy and their equity. Under these circumstances, it is likely to be women in the poorest communities who will be worst affected.

Thus the strategy of the Global Forum for Health Research is the integration of gender issues in all aspects of its work. The overall principle is that both sex and gender are mainstreamed as key variables in all strategies of the Global Forum.

*Results to date*

A number of different measures are used to ensure that sex/gender issues are integrated in all strategies and activities of the Global Forum, including content of papers and participation in the annual Forum meetings; consistent application of the gender component of the CAM for priority-setting; use of guidelines for gender sensitive work; efforts towards gender balance in research capacity strengthening; and attention to gender issues in project design and partnerships and in measuring project results.

*(c) Platform for debate and synthesis in the field of research capacity strengthening*

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 – despite efforts undertaken in recent decades – remains limited and/or of little relevance to the country's priority problems. On the whole, training opportunities remain fragmented, with no coherent international approach. This lack of capacity is a critical



factor in perpetuating the 10/90 gap as problems specific to the low- and middle-income countries do not receive the attention they deserve.

In response, the Global Forum strategy is to support a synthesis review and debate on the efforts for research capacity strengthening and collaboration. These activities will be conducted jointly with interested partners active in this field, such as TDR, HRP, the US National Institutes of Health (NIH), the Council on Health Research for Development (COHRED), the International Clinical Epidemiology Network (INCLEN), the Alliance for Health Policy and Systems Research, research councils and academic institutions. The specific contribution of the Global Forum will be based on its comparative advantages. Chapter 7 below is devoted to an overview of the issues in the field of research capacity strengthening.

#### *(d) Health policies and systems*

Health policies and systems vary greatly in their performance, i.e. in how efficiently they improve health conditions, expand access to health care and contain growth in expenditure. Yet there is a surprising lack of information on the performance of health systems and on how individual policies have affected performance. There is an urgent need to improve understanding of how and for what purposes societies organize themselves to achieve health goals, including how they plan, manage and finance activities to improve health, as well as the roles played by different actors in these efforts, their perspectives and interests. Furthermore, there is a need to better understand the relationship between macroeconomic and health policies.

#### *Results to date*

The Global Forum actively participated in the creation in 1999 of the Alliance for Health Policy and Systems Research which focuses on the issues mentioned above. A summary of the activities of the Alliance is presented in Chapter 9 below, Section 14.

### **3. The 10/90 gap and major risk factors affecting health**

Risk factors causing the heaviest burden in low- and middle-income countries in 1998 were the following:<sup>8</sup> malnutrition, unsafe water/sanitation, unsafe sex, alcohol, indoor air pollution, tobacco, occupational risks, hypertension, illicit drugs, violence and road traffic accidents. These risk factors affect particularly the poor. The challenge now is to continue to expand this analysis and obtain better estimates of the contribution of risk exposure by region and socioeconomic status, as well as determine their policy implications.

#### *Results to date*

A first application of the Combined Approach Matrix to a risk factor has been tested with indoor air pollution. The results are promising and indicate that the methodology can be applied to risk factors. It is now being applied to road traffic accidents.

### **4. The 10/90 gap and major diseases and conditions**

Diseases accounting for the heaviest burden worldwide in 1998 were the following: childhood diseases, cardiovascular diseases (CVDs), mental health and neurological disorders, HIV/AIDS and other sexually transmitted infections (STIs), TB and tropical diseases.<sup>9</sup>

<sup>8</sup> Based on the Global Burden of Disease 2000 Project, Global Programme on Evidence for Health Policy, WHO, 2001. See also *The World Health Report 2002, Reducing Risks, Promoting Healthy Life*, Geneva, WHO, 2002.

<sup>9</sup> Murray and Lopez. op. cit.

### *Results to date*

During the past three years, work in priority-setting using the CAM has been conducted at the global level on malaria, onchocerciasis, other tropical diseases and epilepsy. A summary of the work in the application of the CAM to diseases and risk factors is presented in chapter 4.

### **Type of financial and technical support given by the Global Forum in the field of priority setting and the 10/90 gap**

The kind of support which the Global Forum provides to projects will vary depending on the most efficient and effective way for the Global Forum to support a particular action, and on the opportunities available at the time. The main types of support are the following:

- Support for the financing of analytical studies: this is based on a request for proposals which is then submitted to a peer review panel; commissioned studies are undertaken following a selection process involving specialists in the field.
- Support for the publication of papers/monographs: documents published by the Global Forum follow a process of peer review.
- Support for the financing of crucial meetings, involving as many key actors as possible.
- Support for partnerships and networks in key areas of health research: many networks have been created in the past two decades at the national, regional or global levels. Some of them can make an important contribution to the correction of the 10/90 gap. Thus the Global Forum decides, on a case-by-case basis and based on its criteria for granting such support, to provide short-term catalytic support to the development of some partnerships/networks in the priority areas of health research, when it is judged that such support may make a significant contribution to helping correct the

10/90 gap. This support may be of different nature. For example:

- technical support in kind may be given for the identification of partners, establishment of a core group, dissemination of information, administrative support, sessions in the annual Forum meeting, formulation of a work plan, networking;
- financial support in the form of seed money may be given for activities such as the recruitment of a consultant, financing of meetings, publications.

### **Strategy 3 Information and communication**

The third strategy of the Global Forum concerns what is known about the 10/90 gap (information) and how to use this knowledge to bring about change (communication). It also concerns building the image, influence and identity of the Global Forum.

In addition to being a strategy in itself, information and communication has a role to play in all other strategies, in terms of both specific activities and indicators of success. The main components of this strategy are the following:

#### **1. Documents and publications**

The Global Forum's flagship publication *The 10/90 Report on Health Research* has been published in 1999, 2000, 2002 and 2004. Its objective is to summarize, in alternate years, the progress made in the previous two-year period by the international community with respect to the 10/90 gap in health research and indicate the main direction to be taken in the following two years. It takes into account presentations made in the annual Forum meetings and other international meetings discussing the 10/90 gap. Other publications include a report on Phase II of the work on monitoring financial flows (October 2004); a study on gender and the 10/90 gap, illustrated with material presented at Forum

6 and Forum 7 (November 2002 and December 2003); and results of analytical work supported by the Global Forum.

## **2. Website [www.globalforumhealth.org](http://www.globalforumhealth.org)**

The Global Forum's website was redesigned in October 2001, to include new features that have proved popular and useful for visitors. These include a list serve for news from the Global Forum, a publications ordering service, and on-line registration and programme information for annual meetings. Future work will look at the feasibility of additional interaction with partners, strengthening the concept of the Global Forum as a market place.

## **3. Media**

With the changing global political landscape and renewed interest in the relationships between health, poverty, development and global security, usage of the term '10/90 gap' has broadened. There is increased awareness of the problem in political circles. The strategy in working with the media will continue to build relationships with leading journalists in key media and to disseminate appropriate and timely information for their use. It is

important to pursue such partnerships at the international, country and sometimes local level, focusing on relevant print, broadcast and web-based media.

## **4. Representation at international meetings**

Over recent years, the Global Forum has taken the opportunity offered by a few large health-related meetings to become better known to certain target audiences. Representation has taken the form of participation in the official programme (own session, panel presentation, poster, roundtable), having a stall or booth in the conference's exhibition and/or general participation and networking. It is planned to continue such public relations activities, in combination with other specific opportunities that arise.

## **Strategy 4 Monitoring and evaluation**

The fourth strategy of the Global Forum to help correct the 10/90 gap is measuring results through the monitoring of progress indicators and periodic external evaluations. Following the 2001 external evaluation, the next external evaluation is planned to take place in 2006.

## Section 6

### Projects supported by the Global Forum: origin and criteria

#### 1. Origin of projects

The analytical work supported by the Global Forum is identified in the Annual Workplan and Budget approved by the Foundation Council. The institution(s) responsible for undertaking projects are identified through a call for proposals or as part of a procedure for a commissioned study organized by the Secretariat. The objective of this procedure is to ensure that the Global Forum has access to the best sources of knowledge. The Global Forum actively promotes the participation of partners from the South in the analytical work and in the studies it supports.

When the Global Forum is confronted with a specific problem in the context of its work on priority setting, a commissioned study is undertaken involving time-limited scientific input by one or more researchers to facilitate progress in a component of analytic work.

#### 2. Criteria for the selection of priority areas and projects

Proposals reaching the Global Forum are evaluated by the Secretariat before submission to STRATEC, based on the following criteria:

- Value added by the project to the correction of the 10/90 gap in health research (based on the scientific quality of the proposals and an independent peer review, as per Global Forum policy).
- Value added by the Global Forum in supporting the project (based on the comparative advantages of the Global Forum).
- Clear information on the following

elements: definition of the problem, including poverty and gender issues; global and specific objectives of the project; strategies chosen to reach the stated objectives (including gender sensitivity in research design); identification of the main partners in the project; definition of the organization of the project and decision-making mechanisms; estimated costs and sources of financing; expected results and risks of the project; indicators of success and sustainability.

- Involvement of as many key actors as possible in a field of activity, thus opening up the debate to varied points of view, enriching the solutions, and reducing the risk of duplication of efforts.
- Longer-term sustainability of the project and its results (the technical and financial support given by the Global Forum is only of a short-term catalytic nature, i.e. seed funding).

#### 3. Time-limited support

The policy of the Global Forum is to continue to support a project as long as its estimated benefits are high and promising as compared to its estimated costs (both overall costs and costs to the Global Forum). At each stage in the support given to a project, the Global Forum makes a critical analysis of results achieved and perspectives, based on the criteria listed above. The support given to a project by the Global Forum is normally time limited (although different forms of support may be given for different periods of time).

## Section 7

---

### Financing of the Global Forum and perspectives on the 10/90 gap

The Global Forum Secretariat is supported financially by contributions from the World Bank, the Rockefeller Foundation, WHO (in kind) and the governments of Canada, Denmark, the Netherlands, Norway, Sweden and Switzerland. In addition, individual networks supported by the Global Forum receive funding from donors including the Bill and Melinda Gates Foundation, the Institute of Medicine of the US Academy of Sciences (IOM) and the UK Department for International Development (DFID).

Correction of the 10/90 gap can be achieved. But it will depend on the individual and combined efforts of thousands of institutions. Correction of the 10/90 gap will provide a major contribution to growth, development, the fight against poverty and global security. The Global Forum works as a catalyst to spur such efforts and to monitor results on a regular basis.