

Remarks at the
WHO-Canada Dialogue on Global Health Research

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Bonjour, Mesdames et Messieurs. Good morning. It is a great pleasure for me to be here with you this morning, as you begin two days of concerted reflection on how Canada can continue to respond to two of the key challenges raised in last year's important Ministerial Summit on Global Health Research: doing more and better health policy and systems research, and closing the "know-do" gap between what we know and what we do. The implicit overarching challenge, of course, is to strengthen health systems in low- and middle-income countries — so that the intolerable burden of ill health in these countries can be eased.

In his address in response to the February 2004 Speech from the Throne, the Prime Minister of Canada, Paul Martin, affirmed:

"Our long-term goal as a country should be to devote no less than 5 % of our R & D investment to a knowledge-based approach to develop assistance for less fortunate countries."

All areas of R&D are needed, from the most fundamental science to the most complex application or "how to" research. But this meeting, and the new interagency program to which I will speak this morning, offer us an opportunity to reflect on critical but neglected 'Grand Challenges' — the global constraints to better health that operate at many levels:

- The community and household level
- The health services delivery level
- The health sector policy and strategic management level
- Public policies cutting across sectors
- Environmental and contextual characteristics

Meeting these neglected Grand Challenges, and the objectives of this workshop, requires innovative, persistent, and coordinated action on many fronts. It requires the best efforts of researchers, policy makers, health workers, activists, communities, and journalists. It requires that each of us identify how our own specific mandates and skills can contribute, recognizing that new specialties will evolve but also that health research, health systems, and closing the "know-do" gap are challenges with which all of us can engage. This is

not something that can simply be passed on to someone else, experts or otherwise. Far from implying homogeneity, the challenge of making research matter for better health systems and better health outcomes implies, if anything, a greater diversity of inputs and actors, working together for common ends.

In this regard, it is particularly appropriate that I am this morning representing both my own institution, IDRC, and a unique Canadian partnership, the Global Health Research Initiative. The International Development Research Centre was created by an Act of Parliament in 1970, with the mandate of supporting the creation and utilization of research for development. IDRC's primary mission is to support research by Southern researchers — that is, researchers resident in low- and middle-income countries —, enabling researchers and decision-makers in the South to identify and address their own development priorities. But IDRC also works extensively with Canadian and multilateral partners from universities, governments, non-governmental as well as intergovernmental agencies. This mandate and history meant that, for IDRC, helping to create the Global Health Research Initiative was a natural next step.

The Global Health Research Initiative was officially born four years ago this fall, when the heads of IDRC, CIHR, CIDA, and Health Canada — four federal agencies involved in funding, conducting, or applying health research and health development programmes — signed a Memorandum of Understanding committing their agencies to collaborate on global health research in Canada and to help reduce the 10/90 gap worldwide. The partnership aims to strengthen and build capacity for global health research in Canada and developing countries, and to strengthen the effectiveness of overseas development assistance.

The Global Health Research Initiative has provided a framework within which each partner can pursue its own specific mission, while actively seeking and using opportunities to collaborate with others. The end result is that each partner's own work is strengthened, and that entirely new initiatives and ways of working have also developed.

Today, I am pleased to announce a major new GHRI initiative, the Teasdale-Corti Global Health Research Partnership Program, which IDRC will administer on behalf of the partners. The program is starting now, with initial funding from CIHR and IDRC. It will:

- foster international partnerships and collaboration to promote the generation and effective communication and use of relevant health research in, for, and by low- and middle-income countries (LMICs) — including attention to environmental, economic, socio-cultural, and public policy factors;
- It will train and support researchers responsive to policy and practice priorities of LMICs relating to or influencing health; and
- It will support active collaboration between researchers and research users — policymakers, practitioners, civil society organizations, and community members.

The program is named in honour of Drs. Lucille Teasdale and Piero Corti, a wife and husband team who met in and then left Montreal, Canada, to live and work on health and health care in rural Uganda until Lucille Teasdale's death from occupationally-acquired

AIDS in 1988. The program name emphasizes the links we intend the initiative to foster: *international partnerships and collaboration in support of research and action, and grounding the work where it is most needed – among those most affected by global health challenges.*

The Teasdale-Corti Global Health Research Partnership Program will support a suite of activities and funding competitions over an initial phase of five years. The activities include: major grant and award competitions such as the Teasdale-Corti Team Grants and, in the future, a range of scholarships, fellowships, exchanges, and research and/or mentoring Chairs. Equally important will be brokering and networking activities to link research with research users and to link this program with others, such as PEARL — about which you will hear from our colleagues at the Canadian Health Services Research Foundation — and evaluation and synthesis activities to ensure ongoing learning from the program.

This week, all of the GHRI partners jointly launched a Call for Letters of Intent for the first activity of this new programme, the Teasdale-Corti Team Grants. This call invites letters of intent from teams composed of Canadian and low- and middle-income country researchers and research users interested in developing innovative multi-year programs that combine applied research, knowledge translation, and capacity building to solve pressing health problems in LMICs. The initial round will provide at least \$10 million Canadian over four years. Each grant can be worth up to a total of \$1.6 million Canadian over a four-year period.

After careful reflection and consultation with partners in Canada and the South, the GHRI has decided to focus on four thematic areas:

- health policy and systems research;
- prevention and control of pandemics and/or emerging infectious diseases (including a focus on HIV/AIDS);
- prevention and control of chronic diseases and their underlying causes (such as tobacco use and nutrition), and related healthy public policy issues; and
- interactions of health, environment and development.

Gender and equity analysis are an integral aspect of these grants. In addition, applicants can address one of the four thematic areas from an overall perspective emphasizing gender, equity, and/or the improvement of the health of vulnerable populations, such as Indigenous Peoples. I encourage all of you to pick up or look up the full Call on the Web sites of any of the four GHRI partner agencies. (I know that many of you are anxious to get started, as my office received calls on Monday morning asking where the announcement was posted!)

We hope that this new program, together with other initiatives of the GHRI partners and the many institutions and perspectives represented in this meeting, will indeed help to meet the challenges posed to us during these two days. The challenges are significant, but surely they are matched by the experience, creativity, and commitment of the larger community of practice for global health to which all of us belong.