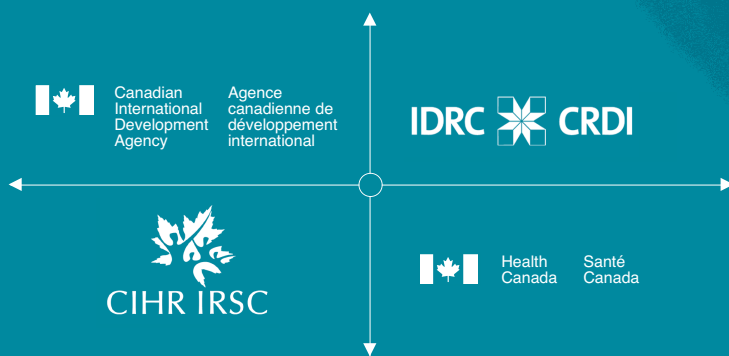


Forging Partnerships — Building Bridges





D. Mowbray

Global Health Research Initiative (GHRI)

Vision Statement

Canada will be a world leader in supporting transdisciplinary global health research and its application, fostering equitable South-North collaborations, institutional capacity building and evidence-informed policies and programs that improve the health and well-being of Canadians and citizens of low- and middle-income countries (LMICs*).

Mission

Through the Global Health Research Initiative, four federal agencies with complementary mandates and expertise will enable Canada to effectively address the health and health system priorities of LMICs through innovative research and capacity building programmes, strategic collaborations and by influencing global health policy and research agendas.

Strategic Objectives

- Strengthen global health research to address priority challenges of LMICs
- Inform and influence policy relating to health, global health development, and global health research
- Strengthen information exchange and collaboration among GHRI agencies and strategic partners
- Foster organizational excellence in GHRI and other global health organizations

Operating Principles

- Innovation
- Collaboration and coordination
- Transparency
- Evaluation for accountability and learning

* LMICs are countries that have been identified by the World Bank, which classified all countries in the world primarily based on the gross national income (GNI). Low-income countries have a GNI of \$905 and less and middle-income countries have a GNI ranging from \$906 to \$3,595.

Building Capacity Across Borders

Established in 2001, the Global Health Research Initiative (GHRI) is a unique partnership that combines the strengths and capabilities of four federal agencies to maximize Canada's support for health research and its application in low- and middle-income countries (LMICs). The partners are: the Canadian Institutes of Health Research (CIHR), the Canadian International Development Agency (CIDA), Health Canada, and the International Development Research Centre (IDRC). The GHRI is administered by a small professional secretariat, and its activities are directed by a Steering Committee comprising representatives of the four partners — a group of champions who jointly developed the GHRI vision.

The focus of the Initiative is two-fold — to support the health priorities of LMIC countries through innovative research and capacity building, and to inform and influence global agendas for health policy and research. It is based on the belief, stated in the memorandum of understanding that brought the four agencies together, that “relatively modest investments in research on the health problems of developing countries and on global health priorities could go a long way towards getting both better health outcomes and lower program costs.”

The memorandum points out that such investments could have the double advantage of improving the effectiveness of Canada's official development assistance while contributing to the health of citizens of all countries, including Canada.

This initiative was specifically designed to complement and catalyze existing and future investments and programming within the four partner agencies and more broadly. The reader is encouraged to explore the more complete story of Canadian endeavours in this field through the websites of GHRI's four main partners. ([See last page](#))



IDRC: P. Bennett

1 GHRI Program Features

- Promote more egalitarian Canada-LMIC teams
- Encourage multidisciplinary approaches to addressing priority health problems to LMICs
- Engage multiple stakeholders
- Strengthen knowledge exchange and transfer mechanisms
- Develop sustainable research environments
- Support effective training and mentoring
- Provide ongoing technical support and networking
- Promote research excellence through peer review and related mechanisms



IDRC: S. Campbell

2 The GHRI review process

- Peer review rates scientific excellence and the application's potential to generate new knowledge, build capacity and inform and influence the health system
- Reviewers drawn from both the research and research-user communities in Canada and LMICs
- Clear conflict of interest guidelines
- Constructive feedback helps applicants to strengthen their proposals

The GHRI in action

In its first six years the GHRI funded more than 70 research projects to seed partnerships between Canada and low- and middle-income countries (LMICs) on a broad variety of issues in global health research. Many of the projects funded during this period are showcased in the Global Health Research Casebook published in 2006. (Available online at www.ghri.ca)

The response to these competitions was critical in proving that Canadian and LMIC capacity and interest existed to support a broader initiative. And the experience gained from these earlier projects directly shaped the broader GHRI vision, concepts and design features guiding current programs. (See sidebar 1)



GHRI review processes are important to ensure scientific excellence, but also to assess the potential to generate new knowledge, build capacity and inform and influence health systems. Reviewers drawn from both the research and research user communities in Canada and the LMICs provide constructive feedback to help applicants to strengthen their proposals for implementation or for future consideration in other competitions. (See sidebar 2)

Strengthening immunization practices to reduce child mortality

The first larger-scale GHRI program, the Canadian International Immunization Initiative, Phase 2 (CIII2), is nearing completion. This program draws on Canadian and international expertise to strengthen and expand the delivery of immunization services, while building the capacity of local researchers in the South and North. It is also helping to identify why and where immunization programs are failing.

(See sidebar 3)

The program supported six research teams for projects in 12 countries, ranging from biomedical and epidemiological research to health human resources to management and medical anthropology. The projects, featured at a knowledge-to-practice workshop this year are completing their data collection and analysis and some have begun disseminating findings.

Lessons learned from this program will help influence immunization practice and determine future research needs for the continued improvement of immunization programs. One of the projects with partners in Pakistan illustrates the potential return emerging from these projects. (See sidebar 4)



3 CIII2 Teams

- Development of novel vaccination strategies against helicobacter pylori in Latin America — Bolivia, Chile, Cuba, Nicaragua, Paraguay, Peru, Canada
- Household cost-benefit equations and equity in immunization: strengthening local evidence to action for sustainable universal childhood immunization — Pakistan, Canada
- Development, validation and implementation of simple household instruments to measure immunization-related childhood mortality among 7.6 million people in India followed from 2004–2015 — India, Canada
- Équité d'accès et immunisation en Afrique de l'Ouest — partenariat de recherche — Benin, Burkina Faso, Mali, Canada
- Expérimentation d'une stratégie d'amélioration de la couverture vaccinale des enfants de 0 à 11 mois dans le district sanitaire de Nouna — Burkina Faso, Canada
- Effectiveness of supportive supervision in improving the performance of national immunization programs in Georgia — Georgia, Canada

4 Pakistan: a pragmatic randomized control trial of knowledge translation for increasing immunization rates

Some 8000 children were involved in this study testing knowledge translation (KT) in Lasbela District, Pakistan. Community-level dialogue about the benefits of immunisation had a convincing effect on household views on childhood immunization, with a measurable impact on immunization uptake: 52.8% in the intervention and 32.4% in the controls. The approach to KT tested in this study, could be relevant for sustainability of immunization programs worldwide.

5 Priority Themes

- Health policy and health systems issues
- Prevention and control of pandemics and/or emerging infectious diseases (including HIV/AIDS)
- Prevention and control of chronic diseases, their underlying causes and related healthy public policy issues
- Interactions of health, environment and development

6 A successful TC Team Grant proposal

Revitalizing Health for All: Learning from Comprehensive Primary Health Care (CPHC) Experiences is a partnership of researchers, practitioners and policymakers from low, middle and high income countries. The four-year, \$1.6 million project will take place in Australia, Bolivia, Canada, Ecuador, El Salvador, India, Nicaragua, South Africa, Tanzania, and Zimbabwe.

The project objectives include: training a cohort of junior and mid-level researchers and research users in partnering countries; strengthening links between researchers and research users; initiating and supporting a program of new research on critical issues facing CPHC; developing a sustainable infrastructure for capacity building in CPHC, and building or strengthening networks of CPHC researchers and research users.

7 Teasdale-Corti Teams

- Revitalising health for all — learning from comprehensive primary health care experiences — Australia, Bolivia, Ecuador, El Salvador, India, Nicaragua, South Africa, Tanzania, Zimbabwe, Canada
- Strengthening nurses' capacity for HIV policy development in sub-Saharan Africa and the Caribbean — Barbados, Jamaica, Kenya, South Africa, Uganda, Canada
- Veterinary public health as part of the global response to emerging diseases — building a sustainable model in Sri Lanka with extension to South and Southeast Asia — Bangladesh, Cambodia, India, Laos, Malaysia, Sri Lanka, Thailand, Vietnam, Canada
- Équipe de recherche interdisciplinaire sur la vulnérabilité et l'équité en santé en Afrique — Burkina Faso, Mali, Canada
- Prevention, care and support for vulnerable populations at risk for HIV/STI in Shanghai, China — China, Canada

Teasdale-Corti Global Health Research Partnership Program

The Teasdale-Corti Global Health Research Partnership Program is named in honour of Drs Lucille Teasdale and Pierro Corti, a Canadian husband and wife team who devoted their lives to improving health care in Africa until Dr Teasdale's death from occupationally-acquired AIDS in 1998. The program is designed to strengthen the research and research capacity of LMICs through a series of grants and awards already exceeding \$25 million over five years.

The grants are focused in four theme areas, but also require consideration of several crosscutting themes: gender, equity and ethics. (See sidebar 5)

The first component of the program — the Teasdale-Corti Team Grants — is intended to fund multi-year programs of research, research capacity strengthening and knowledge transfer responding to key health and development issues in LMICs. More than 250 teams partnering Canadian and LMIC researchers, managers and health-system policy-makers, responded to the call for proposals by submitting a letter of intent. In response to a subsequent call for full proposals, in March 2007 the first 13 multinational, multidisciplinary teams were selected by an international peer review panel and received four-year grants averaging \$1.5 million each. An international peer review panel selected the successful teams. (See sidebars 6 and 7)



The second component of the Teasdale-Corti Research Partnership Program was launched in August 2007 with the release of the call for applications for Global Health Leadership Awards. This new award program will support the development of emerging leaders based in LMICs currently engaged in research partnerships with a focus on health policy and systems issues. Two streams of candidates—applied health researchers *and* research users, such as health system managers or policymakers — are eligible for these grants. The goal is to help the candidates advance in their work as leaders in the execution of research and its use for better health policy and health systems.

Up to 15 Global Health Leadership Awards will be awarded. Successful candidates are eligible to receive up to a maximum of \$200 000 Canadian from GHRI over three years.

HIV/AIDS Prevention Trials Capacity Building Grants

According to latest estimates, some 39 million people worldwide are living with HIV/AIDS. Nowhere is the burden of the epidemic heavier than in Africa, where the disease affects some 28 million people. In the struggle to bring the disease under control, the need to build the capacity of African research institutions is paramount. Clinical trials are a key step in the process of developing affordable, accessible and acceptable preventative technologies. This new grants program draws on Canadian expertise to support and strengthen researchers and institutions in Africa for conducting such trials. The program also aims to enable African and Canadian researchers to develop formal partnerships, and to support such interdisciplinary partnerships. (See sidebar 8)

With an initial \$3 million investment by CIDA, the first two-year grants under the program were approved in 2007 following a competitive international peer review process.

Sidebar 7 continued...

- Political violence, natural disasters and mental health outcomes: developing innovative health policies and interventions — Guatemala, Nepal, Peru, Sri Lanka, Canada
- Caribbean eco-health programme: public and environmental Health interactions in food and water-borne illnesses — Guyana, St. Lucia, Suriname, Trinidad and Tobago, Canada
- Research, policy and practice with regard to work-related mental health problems in Chile: a gender perspective — Chile, Canada
- Poor land use and poor health: primary prevention of ill human health through sound land use for small-scale farmers of the humid tropics — Brazil, Canada
- Increasing capacity to achieve Millennium Development Goal #6 in Honduras: combating infectious diseases — Honduras, Canada
- Researching equity in access to health care (REACH) — South Africa, Canada
- Paediatric pain management in urban and rural Thailand — Thailand, Canada
- Unravelling the emerging childhood obesity epidemic in Mexico: the nutrition transition and the double-edged sword — Mexico, Canada

8 Capacity for HIV/AIDS prevention trials

- Renforcement des capacités de recherche en prévention du VIH en Afrique francophone — Benin, Canada
- ADAPT capacity — Southern Africa development of AIDS prevention trials capacity — South Africa, Canada
- Canada-Africa Prevention Trials Network — Uganda, Canada

Significant growth and development

The GHRI has dramatically increased both the scale and the scope of its grant-making and knowledge-translation activities in the past year. The funds available to the Teasdale-Corti program have doubled, and several new initiatives have been launched or are at advanced stages of planning and preparation. Still other initiatives have been strongly influenced in their overall approach by the GHRI experience (for example, the Canadian HIV Vaccine Initiative currently under development). GHRI partners are working to strengthen the base created by initial GHRI programs — using new knowledge emerging from GHRI research activities, partnership and capacity development models and processes to help inform and influence health system policy and practice with research. Look for new programs on the GHRI website in the coming months.

Teasdale-Corti Teams are preparing for the first meeting of funded research teams, where they will begin an ongoing process of dialogue, publication and action. This will ensure that teams learn from and with each other as well as from other initiatives to ensure that the program has a broader impact on health research capacity than could be achieved simply through the sum of the individual grants. The HIV/AIDS Prevention Trials Capacity Building Teams are poised for a similar reflection.

Secretariat on the move

On operational and management issues, an external review and organizational assessment were carried out during the last year. Significant progress has since been made in line with the recommendations of these reviews and input from the GHRI partners. One of the more immediate and visible results was the GHRI secretariat's move from the offices of CIHR to new quarters with IDRC in the fall of 2006. The move has the benefit of enabling the secretariat to take advantage of IDRC's well-established infrastructure for grant administration and project monitoring in developing regions.



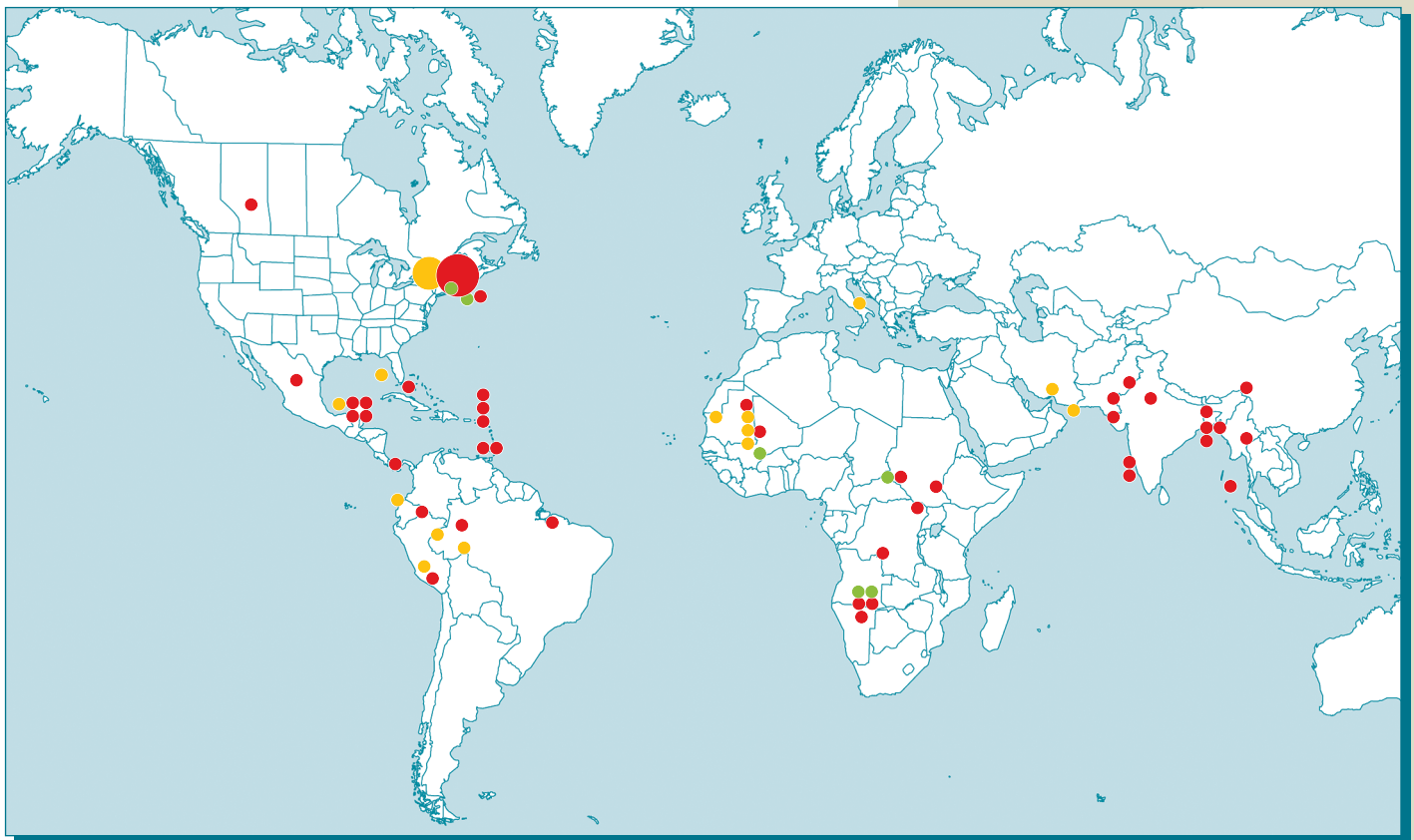
IDRC: S. Campbell

The secretariat was also strengthened by the addition early in 2007 of a Special Advisor and Program Coordinator who has a decade of senior grant-making experience with one of Canada’s most innovative health funding agency (the Canadian Health Services Research Foundation). Activities are directed by the GHRI’s original Steering Committee comprising representatives of the four partners. The secretariat is functioning smoothly, albeit under considerable pressure given the growing number of new programs under development. (See sidebar 9)

9 The Importance of Internal Champions

Vic Neufeld, Professor Emeritus, McMaster University and National Coordinator, Canadian Coalition on Global Health Research, credits the support of the top leadership in each agency — “the four presidents” but he attributes the real success of the GHRI to the key role of “internal champions, who first saw the vision in 2001 and have persisted tenaciously to see this vision operationalized — first within their own agencies and then nationally.

Participation of Canadian and LMIC Institutions in GHRI-funded Grants



- Teasdale-Corti Team Grants
- CII2 Operational Research Grants
- HIV Clinical Trials Capacity Development Projects

Getting the word out

As the body of research results obtained through GHRI research programs grows, it becomes increasingly important to ensure that new knowledge is widely disseminated. One example of this is a knowledge translation and dissemination meeting of the CIII2 immunization teams, held in conjunction with the 2007 annual meeting of the Canadian Public Health Association (CPHA). The session brought together the six CIII2 partners to share and discuss their research results to date not only with each other but also with donors, policy-makers including United Nations International Children's Emergency Fund (UNICEF), the Pan American Health Association (PAHO), CPHA and the Global Alliance for Vaccines and Immunization (GAVI). The meeting also provided an opportunity to engage donors and policymakers in identifying gaps, key future priorities and to explore other funding opportunities based on the results to date.

A growing and central feature of all GHRI programs is the emphasis on embedding linkage and exchange strategies that support partnership of the research and health system communities — to increase the potential for research evidence to influence and strengthen health systems. GHRI promotes new researcher-decision-maker partnerships, a range of researcher training opportunities that emphasize knowledge of the health system, communication and methodological skills and emerging innovations to increase the translation and uptake of knowledge.

The Canadian Coalition for Global Health Research (CCGHR) is a not-for-profit network of people committed to promoting better and equitable health worldwide through the production and use of relevant knowledge.” The GHRI supported its creation and evolution with financial and other support. For example, each year the GHRI and CCGHR partner to present a workshop at the annual conference of the Canadian Society for International Health aimed at coordinating and mobilizing support for global health research in Canada. And the Coalition’s flagship Summer Institute is earning international attention for its innovative approach to fostering North-South dyads for taking research into action. (Sidebar photo)



IDRC: P. Bennett



CCGHR's 3rd Summer Institute, 2006

Last, but not least, over the past year the secretariat and Steering Committee members were active participants in numerous domestic and international gatherings, making presentations and providing information about GHRI's activities, aims and objectives as well as participating in the debate. Venues included the CPHA annual conference, the Canadian Conference on International Health, and the Global Forum on Health Research.

The value of partnerships

In its brief history GHRI has clearly demonstrated the value of partnerships: that the whole really is greater than the sum of the parts. Partnership, especially a partnership that embraces four strong, independent institutions, pushes boundaries to use the strengths of each to good effect. The GHRI is pioneering new models to overcome the traditional boundaries at several levels: between institutions, research approaches and disciplines, and through its programs...the boundaries between researcher and health system managers and policy makers. It isn't easy, but it is productive — expanding health research capacities between Canada and South, and South-South...partners.

In 2007 it is clear that the GHRI has shifted into a higher gear. To date the emphasis has been on research grants, and the grant programs will continue. However, its focus is shifting to include more implementation and value-added components. It needs to focus more attention on efforts to inform and influence policy in global health, and on working to increase information sharing and coordination between agencies working in international health.

GHRI will continue to build synergies across funded teams and programs by fostering collaborations across teams both regionally and thematically. Its strategic plan for the future will also include building a knowledge base on strategies for research, partnerships, capacity development, and on crosscutting issues, such as ethics, gender and equity.



IDRC: S. Campbell

Le Point sur les programmes
est aussi disponible en français
à www.irms.ca

Global Health Research Initiative (GHRI) Partners



Canadian Institutes of Health Research (CIHR)

The Canadian Institutes of Health Research (CIHR) is the major federal agency responsible for funding health research in Canada. As set out by Parliament, the objective of CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system. The Institutes of CIHR bring together researchers who approach health challenges from different disciplinary perspectives, drawing on the combined strengths of these approaches. The four pillars of CIHR include biomedical, clinical science, health systems and services, and the social, cultural and environmental influences on the health of populations. (www.cihr.ca)



Canadian International Development Agency (CIDA)

CIDA's aim is to reduce poverty, promote human rights, and support sustainable development in developing countries. The measure of success of Canada's official development assistance program lies in its contribution to the achievement of the Millennium Development Goals and Canada's broader international policy objectives. Building on lessons learned and best practices in health and HIV/AIDS programming over many decades, CIDA will continue to collaborate with key Canadian, international, and developing-country partners in an effort to build country capacity. CIDA will strive to support policies, initiatives, and relevant research that: prevent and control high-burden, communicable, poverty-linked diseases; combat HIV/AIDS; improve infant and child health; improve sexual and reproductive health and reduce maternal mortality; improve food security and nutrition; and strengthen health systems. (www.cida.ca)



Health Canada

Health Canada has as its mandate to help the people of Canada maintain and improve their health. Health Canada recognizes the importance of health issues in a global environment and works actively to ensure that Canada and the Canadian public are protected from external health threats, benefit from and contribute to the advancement of health in the global context. Health Canada represents Canada in the World Health Organization, the Pan American Health Organization and other international health fora. (www.hc-sc.gc.ca)



International Development Research Centre (IDRC)

In 1970, the International Development Research Centre (IDRC) was created by an Act of Parliament, with the mandate of supporting the creation and utilization of research for development. IDRC's primary mission is to support research by Southern researchers (i.e. researchers resident in low and middle-income countries), addressing development priorities identified by the South. The ultimate beneficiaries of the research supported by IDRC should be communities in the countries of the South, particularly marginalized or disadvantaged groups. Within IDRC (www.idrc.ca), the following programs are directly participating in this Call: Governance, Equity and Health (www.idrc.ca/geh); Ecosystems Approaches to Human Health (www.idrc.ca/ecohealth); Research for International Tobacco Control (www.idrc.ca/ritc); and Innovation, Policy and Science (www.idrc.ca/ips).

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