

# Prioritizing International Health: The Global Forum for Health Research



Woman and baby in a Bangladesh hospital. (IDRC Photo: N. McKee)

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The [Global Forum for Health Research](#), an independent international foundation housed at World Health Organization (WHO) headquarters in Geneva, is forging partnerships with public and private sector agencies to focus health research spending on the world's most devastating diseases.

The Forum, which began operating in January 1998, was launched to help correct the "10/90 gap" in health research — a problem identified in 1990 by the Commission on Health Research for Development, the World Bank's 1993 World Development Report, *Investing in Health*, and the 1996 Report of the Ad Hoc Committee on Health Research. The Forum receives funding from the World Bank, WHO, the Rockefeller Foundation, and other organizations including the International Development Research Centre (IDRC).

## 10/90 gap

At least US\$70 billion is spent annually on global health research by public and private sectors. But less than 10% of this amount is devoted to addressing 90% of the total global disease burden, says [Louis Currat](#), Executive Secretary of the Global Forum for Health Research. This misallocation of global health research spending has been dubbed the "10/90 gap."

Using the Disability-Adjusted Life Year (DALY) measure — an indicator that reflects the total amount of healthy life lost due to premature mortality, disability, and other causes — an estimated 40% of the global disease burden is caused by ten diseases or conditions: pneumonia (which accounts for 6% of the total DALYs), perinatal conditions, diarrheal diseases, HIV/AIDS, depression, heart disease, cerebrovascular disease, malaria, road traffic accidents, and tuberculosis, reported Currat during a presentation at IDRC in April.

## Health determinants

In terms of health determinants, the top risk factors are malnutrition (which causes an estimated 16% of the total disease burden), water/sanitation, unsafe sex, alcohol, indoor air pollution, tobacco, occupational hazards, hypertension, physical inactivity, illicit drugs, and outdoor air pollution, notes Currat.

To increase research spending on the major diseases and health determinants, the Forum is pursuing three strategies: (i) hosting an annual meeting to review progress and define future actions to correct the 10/90 gap; (ii) supporting partnership initiatives in key health research areas; and (iii) supporting the development of priority setting methodologies.

### **Annual meetings**

Since the Forum's inaugural meeting in June 1997, attendance at these annual events has increased from 120 to more than 800 participants last October (at the International Conference on Health Research in Bangkok). According to Currat, the Forum welcomes "any institution that's in a position to reduce the 10/90 gap including government policy makers, multilateral agencies, bilateral agencies, foundations, NGOs, women's organizations, research institutions, the private sector, and media."

As a result of its discussions with partners, the Forum has launched seven strategic initiatives (with another three under development): the Alliance for Health Policy and Systems Research, Medicines for Malaria Venture, Public/Private Partnerships for Health, Global Tuberculosis Research Initiative, Cardiovascular Health in Developing Countries, Sexual Violence Against Women, and Child Health and Nutrition Research. "One of the characteristics of our initiatives is that the problem to be solved has to be beyond the capacity of any single institution," says Currat. "And, of course, we don't launch any initiative unless we have a very clear definition of the problem, the objectives, the strategies, the resources, the organization, the costs of financing, and the indicators of performance."

### **Health systems**

He says the Alliance for Health Policy and Systems Research was launched because health systems affect so many diseases. "Why is pneumonia still the number one disease burden? Because health systems do not perform well. People don't have access to health care. And when they do have access, they are not always adequately treated, they get the wrong answers, the treatment is often too complicated, it is badly administered, or it creates drug resistance — so it contributes to the problem rather than the solution. Thus, the functioning of health systems is at the root of many problems we're facing."

Another initiative, the Medicines for Malaria Venture (MMV), aims to accelerate the development of anti-malarial drugs — there is no new research currently being undertaken by the private sector, says Currat. MMV is a public-private partnership. During its first year of operation, the team reviewed 101 drug research proposals from both the public and private sector, from which the most promising five or six were selected. "With the US\$15 million we have this year, we are going to both finance the continuation of this research and identify further projects to support," he explains. One stipulation is that any potential medicines must be affordable for developing countries.

### **Priority setting**

The Forum's third strategy is to make a contribution in the field of priority setting methodologies. So far, it has developed a priority setting framework, which combines useful elements from existing methods. "There were no real priority setting methods before 1990," says Currat. Until then, "we never really worried whether we were investing in health research according to priorities or not." However, some factors are clearly more important than others when it comes to international health protection, he stresses.

The framework poses five questions that aim to characterize the burden of different diseases, determine why the disease persists, assess the current level of knowledge about the disease, estimate the cost-effectiveness of future interventions, and tally the current resource flows devoted to research on the disease. For each question, framework users must indicate which of four intervention levels — individual, family, and community; health ministry, health research institutions, and health systems and services; sectors other than health; or central government — are most promising for further research.

## **Best judgement**

"It's not a mechanical conclusion. Everyone has to apply his or her best judgement in order to use the framework," says Currat. For example, to reduce malnutrition among children, someone may argue that it's important to focus on the education of girls between the age of 12 and 16, "because two years from now they'll have their first child and five years from now they'll have three children." Another expert may argue that a malnutrition reduction strategy should focus on micronutrients, and involve research institutions and health ministries.

In this way, the framework offers "a container for holding different ideas about how to attack a major health problem. People can disagree, and they can do different things. But at least there is a common denominator for this discussion," concludes Currat. To date, the Forum's approach to priority setting has been adopted by some WHO units, while research institutions in India, Tanzania, Pakistan, and Canada are examining the framework.

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## **For more information:**

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