Canada and Global Health Research

2005 Update

Victor R. Neufeld, MD¹

Jerry Spiegel, PhD^{2,3}

ABSTRACT

From a global perspective, large disparities persist between the focus of health research investments and the global burden of illness. Over the past four years, Canadian efforts to address these disparities have steadily increased. The objectives of this paper are to present these recent achievements and to highlight continuing challenges.

We summarize the activities of two complementary Canadian initiatives, both aimed at increasing Canada's investment and involvement in global health research. They are the Global Health Research Initiative – a partnership involving four federal agencies; and the Canadian Coalition for Global Health Research – a not-for-profit membership organization.

Several achievements include: increased investment in global health research; increased knowledge production and use through "South-Canada" partnerships; stronger advocacy and increased awareness; enhanced capacity development; and improved coordination and communication.

Based on these achievements, important current and future challenges are identified. They include: more coherent resource allocation; more focussed health research priorities; and the need to maintain and build momentum.

MeSH terms: Research priorities; developing countries; world health; Canada

La traduction du résumé se trouve à la fin de l'article.

1. National Coordinator, Canadian Coalition for Global Health Research (CCGHR), Ottawa, ON, Canada

2. Board Chairperson, CCGHR

3. Director, Centre for International Health, University of British Columbia, Vancouver, BC, Canada

Correspondence and reprint requests: Victor R. Neufeld, 70 Chedoke Avenue, Hamilton, ON, L8P 4N9, Tel: 905-526-8761, Fax: 905-526-9365, E-mail: neufeld@mcmaster.ca

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In October 2000, at an international conference in Bangkok, the global health research community met to review progress on the recommendations of the landmark 1990 report of the Commission on Health Research for Development.¹ The Commission had recommended that at least 5% of international aid for the health sector (from high-income countries) should be earmarked for research and strengthening of research capacity. The Commission also made recommendations about improving research partnerships and monitoring progress.

Among the 800 Bangkok participants were a few Canadians. Disappointed by the apparently low level of interest in health research for development in Canada, the Canadian participants published a call for stronger Canadian involvement in this important global endeavour.² Their concluding statement was:

"Following the invigorating exchange of ideas at the Bangkok conference, it is time for all those in Canada concerned with equitable health care and health development – our governments, the health care professions, academic and research institutions, and individuals – to renew our commitment to investing resources in equity-oriented health research. These resources include not only finance, but also, perhaps more importantly, our collective energy and talent."

This commentary will describe efforts since then to strengthen Canada's investment and involvement in global health research and reflect upon current and futures challenges.

Developments in Canada

Two separate but complementary Canadian initiatives have emerged.³ The first arrangement involves four federal government agencies: the Canadian International Development Agency (CIDA), the International Development Research Centre (IDRC), Health Canada, and the Canadian Institutes of Health Research (CIHR). In November 2001, these four agencies signed a memorandum of understanding (MOU) to collaboratively support global health research, creating the Global Health Research Initiative (GHRI). The activities of the GHRI include developing joint and complementary funding programs, influencing rele-

vant policies, and improving coordination and information sharing.

The second entity is a not-for-profit organization – the Canadian Coalition for Global Health Research (CCGHR), also known as “the Coalition”. The mission of the CCGHR is *“to promote better and more equitable health worldwide by: mobilizing greater investment and involvement in global health research; nurturing productive partnerships among Canadians and people from low- and middle-income countries; and translating research into action.”* Building from an informal network of researchers and non-governmental organizations that had first met in September 2001, to promote coordinated government support for global health research, the Coalition was established in late 2003. It now has an elected board of directors, several task groups, a small secretariat, and a membership from Canada and elsewhere that has grown to more than 500 individuals.

In fact, the two entities are synergistic. Many of the activities of the CCGHR are supported by the GHRI, and the Coalition often functions as the “effector arm” of the GHRI.

Achievements

We present several achievements to date of this collective Canadian effort, reflecting both the “investment” and “involvement” goals. Increased involvement, summarized below, is demonstrated by production and use of knowledge relevant to low- and middle-income countries (LMICs), advocacy and capacity building.

Increased Investment in Global Health Research

Over the last three years, the GHRI has invested about CAD \$8 million in new funding for global health research. These funds support more than 70 collaborative teams of researchers from Canada and LMICs, in the form of development grants, pilot projects and some longer-term grants. These research investments are guided by principles that ensure high-quality, ethical and effective research that in particular benefits the LMICs involved. In addition, a new \$10 million fund, the Teasdale-Corti program, has recently been announced. Overall, global health research is becoming more “mainstream” within the

four agencies, and other agencies are expressing similar interest.

Increased Knowledge Production and Use, Through Partnerships

The collaborative teams are conducting research on a variety of issues that represent priority health problems in LMICs. In addition to knowledge production and application, these teams are also paying attention to the principles and practices of effective and respectful research partnerships between LMIC and Canadian (“South-Canada”) groups. One CCGHR task group in fact targets this particular challenge through the development of relevant products and services.

Other Coalition task groups are focussed on issues of knowledge production and use. One is addressing the “research to action” challenge; it has produced a systematic review of models and methods for enhanced knowledge translation, and has contributed strongly to the Coalition’s Summer Institutes (described below). Two task groups are promoting increased research involvement in areas where Canada is well positioned to make special contributions. They are global health policy and systems research,⁴ and global indigenous health research.

Stronger Advocacy and Increased Awareness

The Government of Canada has come to recognize the importance of the GHRI as a uniquely Canadian contribution to global health research. The Kirby report included the statement: *“This joint undertaking (the GHRI)...will contribute to a great humanitarian cause—the health of citizens of all countries, including Canadians. This is the beginning; much more needs to be done.”*⁵ Canada’s prime minister, Paul Martin, recently reinforced this idea, *“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.”*⁶

Joint GHRI/CCGHR efforts are contributing to international advocacy opportunities. For example, a joint Canadian-African research team has published a “report card” on the performance of the G8 countries, in relation to promises made at previous summits.⁷

Enhanced Capacity Development

The Coalition is committed in particular to *“nurturing the next generation of global health researchers in Canada and in LMICs through training, mentoring and providing research opportunities.”* For example, the Coalition’s task group on Capacity Building organized a Summer Institute held in Halifax in July 2004, bringing together researchers who were relatively new to the field of global health research. A similar second Summer Institute was held in Tanzania in July 2005. Both institutes featured the “research to action” challenge.

Another Coalition task group is addressing the question: “how can a coordinated Canadian effort enhance national health research systems in LMICs”? Canada’s international development policy is now focussing resources on a small number of countries – among these, Mali, Mozambique and Bolivia. The task group has conducted a mapping exercise to create an inventory of the Canadian contributions in health and health research in these three countries. The intent is to look for synergies across the Canada-supported groups involved in a given country with a view to increased information sharing and coordination of effort. This “resource”, representing a sufficient Canadian presence to add value, will then be linked to the health research programs and projects of national partners.

Improved Coordination and Communication

Communication within Canada about global health research has been increased through the use of a website,⁸ newsletters, bulletins, joint task groups, and an annual “day on global health research” held in conjunction with the annual Canadian Conference on International Health.

Current and future challenges

The following directions are proposed in reflecting upon present and future challenges for what is very much a work in progress.

More Coherent Resource Allocation

As described earlier, some new funding has been made available to directly support research projects by “South-Canada” partnership teams. Global health research is

being supported in other ways by Canadian agencies. For example, in 2002, the Canadian government provided CAD \$50 million for HIV/AIDS vaccine development. Other substantial funding is provided by CIDA to multilateral organizations, some of it specifically for health research. The challenge, however, is to establish a more coherent Canadian investment portfolio, so that future investments can be more clearly aligned with health research priorities already identified by global consensus. There is currently no systematic comparative analysis of investments in global health research across Canadian agencies. Such an analysis would be timely, to ensure that in the aggregate, Canada's investment is allocated to areas that have the highest impact potential. It is also important to allocate resources not only for knowledge production, but also for knowledge utilization ("translation"), as well as for capacity development.

More Focussed Health Research Priorities

Although one of the stated goals of the GHRI is to influence both national and global health research priority setting, Canada's contribution to the debate on global health research priorities has been modest to date.⁹ There are ongoing discussions about how currently available (and potentially new) funding for global health research should be spent.¹⁰ The emerging consensus is that investment should focus on a few areas that reflect Canada's strengths. These include "intervention research" (on infectious diseases – including HIV/AIDS – and on tobacco-related and chronic diseases) and research on health policy and systems. A case has also been made for promoting research on "upstream" physical and social factors that impinge on health in the longer term.

The Need to Maintain and Build Momentum

All involved in this effort recognize that this is only the beginning of a longer-term engagement. Much remains to be done. For example, on the advocacy front, Canada's previous prime minister, Jean Chrétien, announced in 2002 that Canada would commit to an annual eight percent increase for official development assistance (ODA) for the remainder of this decade, thus doubling ODA spending by 2010. While these commitments are welcome, they represent only a modest effort to reverse a decade of decline when Canada's ODA in real terms fell by more than a third. The 2010 target still falls far short of the internationally accepted standard of 0.7% of gross national product.¹¹ The reality is that Canada still only contributes three percent of all ODA from the world's richest countries.

While we are still far from making a major breakthrough, the activities of the past four years represent significant progress on realizing a stronger role for Canada in health research for development. Furthermore, the prospects are excellent for maintaining momentum, and building upon the achievements to date.

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RÉSUMÉ

Dans une perspective planétaire, il subsiste de grandes disparités entre l'orientation des investissements dans la recherche en santé et le fardeau mondial des maladies. Au cours des quatre dernières années, les efforts du Canada pour résoudre ces disparités ont augmenté de façon soutenue. Nous voulons ici présenter ces réalisations récentes et mettre en évidence les défis qu'il reste à relever.

Nous résumons les activités de deux initiatives canadiennes complémentaires, toutes deux visant à accroître les investissements et la participation du Canada dans la recherche en santé mondiale. Il s'agit de l'Initiative de recherche en santé mondiale (un partenariat entre quatre organismes fédéraux) et de la Coalition canadienne pour la recherche en santé mondiale (un organisme sans but lucratif).

Elles ont donné lieu à plusieurs réalisations : des investissements accrus dans la recherche en santé mondiale; la production et l'utilisation accrues des savoirs par le biais de partenariats entre le Canada et les pays du Sud; une action sociale et une conscientisation renforcées; un meilleur renforcement des capacités; et une amélioration de la coordination et des communications.

D'importants défis présents et à venir ont été cernés à partir de ces réalisations : l'affectation plus cohérente des ressources; une plus grande concentration des priorités de la recherche en santé; et la nécessité de maintenir et d'accroître l'élan qui a été pris.