Catalysing innovative solutions for the health of the poor
C O N T E N T S

1 Foreword

3 Getting research into policy and action for the health of the poor and marginalized

5 Helping to get the right research for health done

16 Helping to get the right policies in place

17 Increasing momentum in research for health

25 Global Forum supporters

26 Financial highlights

27 The Foundation Council

28 The Secretariat

C R E D I T S

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2007 has been an extremely productive and strategic year for the Global Forum for Health Research.

We have produced new evidence and tools for decision-makers in research funding and policy to improve the health of the poor everywhere through research.

To make most impact with limited resources, we collaborated with international organizations such as the World Health Organization and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, governments such as of the People’s Republic of China, nongovernmental organizations such as the Council on Health Research for Development, research institutes such as the Ifakara Health Research and Development Centre and the Swiss Tropical Institute, publishers such as The Lancet and ProBrook and individual experts.

In ancient Rome, a ‘forum’ was a public meeting place for open discussion. Throughout the past 10 years, the Global Forum has demonstrated
Together with Foundation Council members and in discourse with stakeholders, the Secretariat developed a new strategy for the years 2008-2014.

2008 will mark a major milestone in the Global Forum’s history with the celebration of its tenth Anniversary, a new chair of the Global Forum’s Foundation Council who has a private-sector background, the technical steering of the Global Ministerial Forum on Research for Health as a key partner and the début of its strategy 2008-2014.

The Global Forum will continue to provide evidence and tools and help decision-makers make the right decisions in research funding and policy.

We are grateful to all our supporters, partners and participants.

Pramilla Senanayake
Chair of the Foundation Council
Stephen Matlin
Executive Director
It is the mission of the Global Forum for Health Research to play a leadership role to catalyse global research for the health of the poor.

Why should we care about research?

Health is evolving. New knowledge and technologies are radically changing approaches to people’s health and health systems, and constantly raising new questions. Since the 1990 report of the Commission on Health Research for Development, the landscape of health research for development has evolved rapidly. Today, developing countries like China and India figure among the top 10 investors in research and development (R&D) for health worldwide, donors, philanthropic foundations and developing countries see new knowledge and innovation as key drivers of socioeconomic development and public-private partnerships have become a popular mechanism to address diseases of the poor.

Why should we care about research for health?

Health equity is an ethical imperative and has been established in a wide range of global conventions and treaties: all human beings have the right to equal opportunities, including to enjoy the highest attainable level of health.
In 2007, the Global Forum continued to provide evidence, tools and discussion forums for decision-makers in research funding and policy to:

- get the right research done
- get the right policies in place
- increase momentum in research for health to improve the health of the poor.

In a globalizing world, rich countries cannot isolate themselves from insecurity: poverty and weak health systems are vulnerable to disease outbreaks, conflicts and natural disasters. Investments in the health of the poor make economic sense: they have been proven to reduce poverty and yield higher rates of return than virtually any other investment that a government can make.

Global Forum vision
A world in which the potential of research and innovation are fully utilized to address the health of the poor.

The measure of effectiveness is the ability to ‘get the right things done’, as Peter Drucker said. For the Global Forum, this means research and policies that:

- improve all the fundamental factors that create, promote or restore health
- enhance health equity, i.e. increase health-promoting opportunities for the poor
- meet local, national and global priority health needs.
Identifying research gaps and promoting their closure to enhance health equity

The investment data tracked by the Global Forum show that despite the global increase in investments in R&D for health, many areas of research benefiting the health of the poor remain severely underfunded and, therefore, underresearched. As information on research gaps is often very scarce, fragmentary, widely scattered and hence difficult to collate and compare, the Global Forum commissions studies and conducts surveys, often with partners, to identify gaps and help shape global research agendas. 2007 examples follow.
Mental and neurological health

Although mental and neurological conditions comprise 13% of the global burden of disease and are a leading cause of disability worldwide, mental health remains among the most neglected areas in public health.

In many low- and middle-income countries (LMICs), a combination of scarce resources and the stigma associated with mental and neurological conditions means that services are poor and little use is made of research to address the needs of affected people.

The Global Forum, in collaboration with World Health Organization (WHO) Mental Health: Evidence and Research, conducted a three-year study that mapped mental health research capacity in 114 LMICs in Africa, Asia and Latin America. It was the first systematic mental health research study of this scale.

“Stigmatization against people with mental illness is common wherever it has been studied (...) Now is the time to: (i) undertake evidence-based interventions to reduce stigma; (ii) increase access to mental health treatment and care; and (iii) scale up the available services in proportion to the magnitude of the need.”

Graham Thornicroft, Professor of Community Psychiatry, King’s College, London

In: Global Forum Update on Research for Health Volume 4
The study report, *Research capacity for mental health in low- and middle-income countries: Results of a mapping project*, was launched on World Mental Health Day, 10 October 2007. It confirms the pressing need in LMICs to improve research capacity and fill research gaps in mental health.

The report makes nine recommendations as to how to review and strengthen mental health research management in LMICs:

1. Consider mental health crucial to the overall health of a country's populations and an important bearing on national development.
2. Integrate mental health research within health research systems.
3. Establish a leading body to identify and monitor gaps in national and regional mental health research, formulate priorities, advocate for funds, etc.
4. Formulate and implement mental health research priorities through a transparent, participatory and scientific process.
5. Increase national funding for mental health research in line with the country's burden of mental disorders.
6. Invest in mental health research capacity strengthening.
7. Develop research networks and public-private partnerships.
8. Mainstream cross-cutting issues, such as socioeconomic status and gender, as key variables in all strategies and research designs.
9. Connect with information networks in health research to ensure the sharing and utilization of mental health information by researchers, policy-makers and the general population.
In collaboration with UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, the Global Forum has identified gaps in knowledge and practice in sexual and reproductive health.

The report, *Research issues in sexual and reproductive health for low- and middle-income countries*, released in 2007, uses a rights-based, life-course framework for analysing and filling gaps in current knowledge of sexual and reproductive health problems. It also underlines that it is important to conduct research using a multidisciplinary spectrum of approaches ranging from basic research, research into clinical management of conditions, demographic and fertility research to social sciences research and research into health systems and services.

**Partner:**
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

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**Sexual and reproductive health**

Every individual has a right to adequate sexual and reproductive health care. However, despite various global commitments to sexual and reproductive health for all, profound inequalities and problems persist. Some examples:

- A woman’s lifetime risk of dying from pregnancy-related causes varies from one in six in some countries to one in 1300 in others.
- HIV/AIDS prevalence among 15-49 year olds ranges regionally from under 1% to 35% or more.
- Almost four million babies die every year during the first four weeks of life, mostly in LMICs.

It is not surprising then that sexual and reproductive health has been identified as the ‘missing Millennium Development Goal’ and the new target of “Achieving, by 2015, universal access to reproductive health” was therefore added in 2007 to Goal 5, which is to “Improve maternal health”.

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2007 REVIEW
Equitable health-care financing

Health-care financing is once again prominent on the global health policy agenda. The current focus on poverty reduction, as reflected in the Millennium Development Goals, has spurred a growing emphasis on the need for health-care financing mechanisms that protect already poor populations from impoverishing effects of health-care costs.

“There is now little doubt that prevailing systems that rely heavily on out-of-pocket fees (…) are too dominant now and need to give way to more modern solutions drawing on prepayment and integrated risk pools.”

David de Ferranti, Chair, Health Financing Task Force

The Global Forum for Health Research commissioned a study by Diane McIntyre from the University of Cape Town, South Africa on examples of good practice in the equitable financing of health systems. The study showed that several countries with limited financial resources, such as Costa Rica and Sri Lanka, have managed to improve the health of their populations by introducing innovative health-care financing mechanisms and health-care provision.

The study report, Learning from Experience: Health-care financing in low- and middle-income countries, offers a framework to assess the performance of health-care financing systems using criteria of feasibility, equitability, efficiency and sustainability. Launched at the 6th World Congress on Health Economics in July 2007, the report analyses health-care financing in terms of revenue collection, pooling of funds and purchasing.
Initiatives for other neglected areas

The Global Forum has helped to generate and nurture a number of networks and initiatives addressing neglected diseases, conditions and determinants:

- Alliance for Health Policy and Systems Research [www.alliance-hpsr.org](http://www.alliance-hpsr.org)
- Child Health and Nutrition Research Initiative [www.chnri.org](http://www.chnri.org)
- Global Network for Research in Mental and Neurological Health [www.mental-neurological-health.net](http://www.mental-neurological-health.net)
- Initiative for Cardiovascular Health Research in the Developing Countries [www.icereath.org](http://www.icereath.org)
- Road Traffic Injuries Research Network [www rtirn.net](http://www rtirn.net)
- Sexual Violence Research Initiative [www.svri.org](http://www.svri.org)
An inclusive process involves all stakeholders from high-, middle- and low-income countries and from all sectors, including populations in need. Setting priorities based on research evidence ensures that resources for research are used in the most efficient and effective way possible.

Based on feedback from users around the world, the 2004 Combined Approach Matrix has been revised in 2007 to explicitly include gender issues.

Setting research priorities that meet the health needs of the poor and marginalized

To have the greatest effect on the health of the poor, the Global Forum urges decision-makers to set R&D priorities in a systematic, inclusive and evidence-based process.

The Combined Approach Matrix is a methodology developed by the Global Forum to help institutions at the national, regional and global levels analyse the likely cost-effectiveness of different types of interventions and set priorities in a systematic process.
Identifying and eliminating social biases in research for health

Many people are unable to achieve or maintain good health as a result of inequities and social biases based on factors such as ability, class, caste, ethnicity, gender, race, religion and income.

The BIAS FREE Framework (Building an Integrative Analytical System for Recognizing and Eliminating InEquities) is a powerful tool for uncovering such biases in research and promoting the design, conduct and interpretation of research in ways that do not discriminate.

Assisted by co-funding from the Swiss Tropical Institute, the Global Forum for Health Research has progressed on the BIAS FREE Framework Database, an online system which will collect global experiences in the application of the BIAS FREE Framework. The project is based at the Ifakara Health Research and Development Centre in Dar es Salaam, Tanzania.

Partners:
Swiss Tropical Institute and Ifakara Health Research and Development Centre

During 2007, the Global Forum conducted workshops in a number of organizations to encourage the adoption of the tool, including the United States Centers for Disease Control and Prevention and the International Development Research Centre in Canada as well as at conferences such as the IUHPE World Conference on Health Promotion and Education.
Making the case for appropriate research funding

Data on investments in R&D for health are indicators of current research priorities, overlaps, gaps and trends. As efforts to address the health needs of the poor are evolving, tracking these regularly is vital to make sure resources are used better: in more efficient, effective and equitable ways.

Yet, few LMICs have developed a machinery to regularly collect, analyse and synthesize vital health data. According to WHO, two thirds of deaths go unregistered in the world. Similarly, few LMICs have the capacity to collect data on investments in R&D for health and to utilize this data to help guide future investment priorities.

The Global Forum for Health Research is the only organization that has developed a sophisticated estimation methodology to regularly track the world’s investments in R&D for health.

“In the absence of sound evidence, we will have no good way to compel efficient investments in health systems.”
Margaret Chan, Director-General, World Health Organization at Forum 11
As a result of inadequate statistical systems, limited information is available on the details of how much is being invested in research in LMICs in relation to specific diseases, conditions, determinants, geographical regions or population groups. The Global Forum will continue to advocate for strengthening statistical systems in these countries to enable efficient investments in research for health.

Monitoring Financial Flows 2007: Behind the global numbers examines expenditures for R&D for health in Argentina, China, Mexico and the United States as well as investments in research on cancer and 20 historically high-burden infectious diseases. The rich tapestry of evidence provided shows that LMICs have the potential to collect and use vital R&D investment data and leads to key conclusions:

- Investments in research for a range of globally important diseases and conditions remain inadequate – especially with respect to the health of the poor.
- For many poor countries affected by the double burden of both noncommunicable and communicable diseases, matching investments with research priorities is of paramount importance.
- Whether large investors in high-income countries or governments in poor countries, they pay insufficient attention to local, national and global priority needs in allocating their research resources.
In 2007, the Global Forum publication *No development without research: a challenge for capacity strengthening* was ranked as one of the top 10 publications and articles on research capacity strengthening by *Health Policy and Planning*. It proposes a comprehensive framework for research capacity strengthening in various functions of the health research system (stewardship, financing, resource generation, production and utilization of research) and in various phases of an iterative research process, from managing the research agenda to producing, promoting and utilizing evidence in policy and practice.

Promoting research capacity strengthening

Countries such as Brazil, Chile, China, Cuba, India, Republic of Korea, South Africa and Thailand have demonstrated that strengthening the capacity of a country to do research goes hand in hand with health and economic development.

"The need for health research capacity strengthening is widely recognized as a major unmet need, particularly in low- and middle-income countries."

Mary Ann Lonsang and Rodolfo Dennis

*In: Global Forum Update on Research for Health Volume 4*
The objective of this project was to understand the perspectives and attitudes of policy-makers in LMICs towards the use and impact of research in the performance of the health sector. The study provides the results of over 80 interviews with policy-makers from six countries: Argentina, Egypt, Iran, Malawi, Oman and Singapore.

Key findings include:
- A clearinghouse mechanism is needed to communicate research findings to policy-makers.
- Research evidence is only one factor in policy-making, others include the political structure and degree of sociopolitical and economic stability in the country.
- Research-based evidence competes with other forms of evidence, such as anecdotal evidence.
- Policy-makers are more receptive to research if they know researchers personally.
- Researchers need to be trained “to say in very few words or in exceedingly little time what needs to be said”.

Helping to get the right policies in place

"Researchers and policy-makers are different creatures living in different worlds"

Despite the intuitive, logical assumption that scientific evidence should automatically inform policy, there are problems in implementation (...). For example, the link of smoking to lung cancer was found in 1950 but it was not until 1957 that any legislative action was initiated. Tikki Pang, Director, Research Policy and Cooperation, WHO

In: Global Forum Update on Research for Health Volume 4

Although policy-makers in LMICs increasingly realize that it is important to carry out research to improve the performance of national health systems, not enough is known about why they do not sufficiently use research evidence when making decisions.

In collaboration with the WHO Regional Office for the Eastern Mediterranean and Johns Hopkins University, the Global Forum completed a study entitled Exploring demand for health research by national policy-makers: An empirical approach.
In 2007, Forum 11 was held in Beijing, at the invitation of the Ministry of Health of the People’s Republic of China and drew 620 participants from close to 80 countries to discuss research issues, best practices and gaps in securing equitable access. Forum 11 sessions:

- examined how research can help to identify and address barriers to access of all types
- identified how research could contribute to measures that would ensure equitable access for all, especially groups that have experienced long-standing historical discrimination.

To increase the global commitment to research for health, the Global Forum engages with key stakeholders through a variety of channels and media – from large-scale Forum meetings to small peer gatherings; from providing expert advice in high-level consultation groups to assembling and ‘metabolizing’ expert insights of topical interest; from making available technical reports to organizing an essay competition for young researchers.

**Forum 11**
The annual meetings of the Global Forum are premier international events for stakeholders in health research for development.

For instance, Forum 8 focused on how to achieve the Millennium Development Goals. The first Ministerial Summit on Health Research, held in 2004 in conjunction with Forum 8, produced a Ministerial Statement that was later approved by the 58th World Health Assembly.
Forum 11 also marked the end of Pramilla Senanayake’s service as Chair of the Foundation Council, and likewise for Carlos Morel as Chair of the Strategic and Technical Advisory Committee; both were members of the Foundation Council since the Global Forum’s inception ten years ago and important drivers of innovation.

“I have been associated with the Global Forum almost from its birth”, Pramilla Senanayake recalled. “It is at the Forum meetings that collaboration and networking have been most evident and enormously helpful, both formally and informally.” She also strongly endorsed “the need for the Global Forum to remain global, because I find that by remaining global, our impact nationally is enormous.”

“All countries need to step up efforts to increase investment in health research, to organize strong systems for innovative research and to bring value products from scientific research into production. At the same time, full use should be made of scientific evidence, and we should also work to bridge gaps between decision-making and scientific research.”

Chen Zhu, Minister of Health, People’s Republic of China
In: Global Forum Update on Research for Health Volume 4
Global Ministerial Forum on Research for Health

The Global Forum for Health Research is one of six partners co-organizing the Global Ministerial Forum on Research for Health, along with the Council on Health Research for Development, the Government of Mali, UNESCO, the World Bank and the World Health Organization.

Preparations have progressed in 2007 for the Global Ministerial Forum on Research for Health, which will take place from 17-19 November 2008 in Bamako, Mali and subsume Forum 12.

The Ministerial Forum will assess progress over the last 20 years and commitments from earlier conferences and look at current challenges and place health research and innovation within the wider context of research for development. While political momentum for strengthening research in and by low- and middle-income countries is growing, much remains to be done.

Innovating for the health of the poor

The Global Forum focuses on promoting an environment that fosters innovative solutions for the health of the poor. Innovation is a vital driver of human development. It creates novel ideas, processes and products and delivers practical solutions. Innovation for health encompasses innovative solutions in technology (such as drugs, vaccines and diagnostics), environment, economy, society and policy.

Handbook on intellectual property (IP) management in health and agricultural innovation

In 2007, the Global Forum supported the production and distribution of a searchable CD-ROM that contains the two volumes of the ‘Intellectual Property Management in Health and Agricultural Innovation’ handbook, edited by MIHR, PIPRA, Oswaldo Cruz Foundation and bioDevelopments.
*Noordwijk Medicines Agenda*

During 2007, the Organisation for Economic Co-operation and Development (OECD) and the Government of the Netherlands organized a ‘High-Level Forum on Medicines for Neglected and Emerging Infectious Diseases: Policy coherence to enhance their availability’. The Global Forum delivered a plenary presentation at the preparatory meeting and participated in the High-Level Forum in Noordwijk, Netherlands, which agreed the ‘Noordwijk Medicines Agenda’ as a model for changing innovation for neglected and emerging infectious diseases.

“Insufficient incentives for R&D create bottlenecks to commercialization and access. In OECD countries, such problems are increasingly viewed as ‘failures of the innovation system’ - a network that extends to government, academia, industries and end users.”

Susanne Huttner, Director, Science, Technology and Industry, OECD reporting on the Noordwijk Medicines Agenda at Forum 11

*Inter-Governmental Working Group on Public Health, Innovation and Intellectual Property (IGWG)*

The Global Forum was one of seven Concerned Entities invited by the WHO Inter-Governmental Working Group on Public Health, Innovation and Intellectual Property (IGWG) to participate in the IGWG process. IGWG’s mandate is to prepare a global strategy and plan of action on essential health research to address conditions affecting poorer countries more than wealthier ones. IGWG drew particular attention to the work of the Global Forum in the areas of priority setting and funding for health research.
Young Voices in Research for Health

For the second time, the Global Forum for Health Research and The Lancet jointly ran the ‘Young Voices in Research for Health’ competition and published the winning essays. Young people under 30 were invited to submit original, provocative, idealistic and passionate ideas, taking established practices to task in a constructive fashion. The submissions were of very high quality, wide-ranging and imaginative and the five regional winners were invited to Forum 11, with all expenses being paid by the Global Forum.

Seye Abimbola, from Nigeria, one of the five winners, suggested a ‘Belding Scribner Award for Medical Innovation’ and the establishment of a UN agency to be run by a board of trustees that includes scientists, economists and politicians. The agency would fund medical research and reward innovations through contributions of 2–3% from every country’s gross domestic product. Seye’s suggestion echoes the recommendation by the Commission on Macroeconomics and Health to establish a ‘Global Health Research Fund’. It would channel around US$ 1.5 billion per year to basic and applied biomedical, health sciences, health systems and policies research benefiting the poor.

Denise Nacif Pimenta, from Brazil, another competition winner, questioned the dynamics of public health discourses between regions, particularly the North and South in her essay ‘Can the ‘North’ learn from developing countries: question or affirmation?’ “It is commonly stated that universal access to information for health professionals is a prerequisite for meeting the Millennium Development Goals and achieving Health for All, but is information alone really sufficient? (...) I see an urgent need to move beyond traditional practices in information transfer (one-way monologue), towards a more appropriate notion of information exchange (two-way dialogue).”
In her essay, ‘For the future, for tomorrow: evidence-based research in food security interventions’, winner Laura Silkstrom from Canada urged that “the eradication of extreme poverty and hunger – the first of eight United Nations Millennium Development Goals – will never be reached in Malawi or anywhere else in the developing world, without long-term solutions and strong evidence-based research.”

Malaysian winner Lee Yung Wong’s very touching essay, ‘The face of equitable access: going beyond health to life for all,’ draws on his experience with HIV-infected communities in Myanmar. “Perhaps, as Nietzsche aptly put it, we fool ourselves into becoming a function of the herds, following the ideas and ideals of ‘good research’ as defined by society. Likewise, here I was, seeing the developing-cum-needy world which ‘created problems’, through tinted glasses that came from my own world, the ‘better’ one which solved those problems with an air of superiority.”

‘Where have all the barefoot doctors gone in pursuing a more equitable new health-care system in China?’ questioned Chinese winner Zhang Lingling in her essay. She shared a childhood experience at a time when her own mother was one of the rural uncertified health-care providers called ‘barefoot doctors.’ “Training local people seems to be the optimal solution by far in terms of building sustainability in rural health-care services. The ‘barefoot doctor’ approach has then to be revisited and examined to meet a timely need.”

Partner: The Lancet
Insights into newest thinking

Every year, Global Forum Update on Research for Health provides insights into the newest thinking on gaps, priorities and case studies in health research for development.

In the fourth volume of Equitable access: research challenges for health in developing countries, thirty leading institutions and professionals from around the world reflected on how research was, or could be, playing a role in identifying and overcoming economic, geographical, institutional, political, sociocultural and technological barriers to equitable access.

“IFFIm (International Finance Facility for Immunization) has put unprecedented financial weight behind prompt, near-term action to accelerate vaccine access and health system strengthening for the poorest countries. (...) Ethiopia is one of the world’s poorest countries. (...) For Ethiopia, the key is to address inequitable access to basic health services. (...) [Through IFFIm,] Ethiopia will receive a total of US$ 76.5 million for health system strengthening for 2007-2009 (...). The predictability of this funding is an essential part of its value.”

Alan Gillespie, Chairman of IFFIm and the Ulster Bank Group
In: Global Forum Update on Research for Health Volume 4
The Global Forum is an independent non-profit foundation operating under Swiss law. It draws its operating income from international organizations, philanthropic foundations and government agencies.

In 2007, the Global Forum received support from the following organizations: International Development Research Centre, Canada; Development Cooperation Ireland; Mexican Ministry of Health; Norwegian Ministry of Foreign Affairs; Swiss Agency for Development and Cooperation; World Bank, World Health Organization and Rockefeller Foundation.

The Global Forum thanks all supporters for their continuing commitment.
**Financial highlights 2007**

**Balance sheet**

<table>
<thead>
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<th>Assets</th>
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<th>Capital and reserves</th>
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<tr>
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**Income, expenditure, deficit, capital & reserves - 31 December 2007**

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenditure</th>
<th>Deficit (-$548,245)</th>
<th>Capital and reserves</th>
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<td>4,011,597</td>
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<td>3,126,508</td>
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**Expenditure - Core activities**

- Research and Programmes: $1,384,193
- Annual Forum meeting: $1,130,052
- External Relations, Publications and Information: $575,020
- Governance and executive functions: $386,624
- Administrative support expenses: $1,83,954

All figures are in US dollars
The Foundation Council

The Foundation Council is the highest policy- and decision-making body of the Global Forum. It gives the broad orientations of the organization and is responsible for the definition of its objectives and priority areas as well as its long-term vision.

Chair: Gill Samuels

Zulfiqar Bhutta
Aga Khan University, Pakistan

Jie Chen
Fudan University, People’s Republic of China

Mushtaque Chowdhury
BRAC, Bangladesh

María Guzmán
Instituto de Medicina Tropical Pedro Kouri, Cuba

Richard Horton
The Lancet

Carel IJsselmuiden
Council on Health Research for Development (COHRED)

Rose Leke
University of Yaoundé, Cameroon

Alejandra Lopez-Gomez
Mujer y Salud en Uruguay (MYSU), Uruguay

Daniel Mäusezahl
Swiss Agency for Development and Cooperation

Abdel Mahmoud
Princeton University, USA

Adolfo Martinez-Palomo
Center for Research and Advanced Studies, Mexico

Anthony Mbewu
Medical Research Council, South Africa

Ravi Narayan
Society for Community Health Awareness, Research and Action, India

Ok Pannenborg
World Bank

Robert Ridley
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)

Nelson Sewankambo
Makerere University, Uganda

Ragna Valen
Research Council of Norway, Norway

Judith Whitworth
WHO Advisory Committee on Health Research (ACHR)

Christina Zarowsky
International Development Research Centre, Canada
The Secretariat
as at 31 December 2007

Stephen Matlin
Executive Director

Andrés de Francisco
Deputy Executive Director and Head,
Research and Programmes

Andrea Bauler
Meetings Organization Assistant

Monika Gehner
Head, Publications and Information

Kirsten Bendixen
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Abdul Ghaffar
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Nicola Braik
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Health Analyst/Statistician

Sylvie Olifson-Houriet
Health Economist

Valérie de Roguin
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Oana Penea
Communications Assistant

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Junior Research Assistant

Alexandra Petersen
Acting Head, Meetings Organization

Ann Margareth Gaspard
Junior Accountant

John Warriner
IT and Administration Manager
Contents

1 Foreword
3 Getting research into policy and action for the health of the poor and marginalized
5 Helping to get the right research for health done
16 Helping to get the right policies in place
17 Increasing momentum in research for health
25 Global Forum supporters
26 Financial highlights
27 The Foundation Council
28 The Secretariat