



Research for Health

A Position Paper on WHO's Role and Responsibilities in Health Research

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Executive Summary

In response to a resolution by the 58th World Health Assembly, this paper seeks to clarify WHO's current and future roles and responsibilities in health research both within the Organization itself and among the multiple constituencies and partners with which it interacts.

WHO's Constitution states that "the extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health" and that "in order to achieve its objectives, the functions of the Organization shall be ... to promote and conduct research in the field of health". Article 1.1 of the 1948 agreement between UNESCO and WHO gives WHO the primary responsibility for "the encouragement of research...in the fields of health and medicine."

In line with its mandate in health research, WHO has developed technical strengths and competencies across the entire spectrum of scientific enquiry, from setting priorities to formulating policies and guidelines, and from developing interventions to implementing and evaluating programmes. WHO's research activities are spread across different departments and programmes, between headquarters, regions, and countries, and through diverse institutional arrangements, partnerships, and collaborations.

In light of continued inequities in global health, the persistence of the "10/90" gap (less than 10% of global health research resources spent on health problems affecting 90% of the world's population), the existence of much larger research programmes outside of WHO, and the changing research environment, WHO's programme of action for the period 2006-2015 (its General Programme of Work-GPW) envisages a reorientation of its mission, vision, and responsibilities in the area of health research. The 11th GPW¹ states that "shaping the research agenda for health and stimulating the generation, translation and dissemination of valuable knowledge", "articulating ethical and evidence-based policy positions" and "setting norms and standards, and promoting and monitoring their implementation" are among the Organization's core functions.

WHO's research emphasis

WHO has a long tradition of being engaged in research strongly related to health issues of the poor and disadvantaged. Through its flagship research programmes (TDR, HRP, IVR), its dedicated research centres (IARC, WHO Kobe Centre), its collaborations with key partners (AHPSR, GFHR, COHRED), and its many and varied networks, the Organization has played an important role in identifying neglected areas and, where possible, in filling some of the gaps left by academia, the private sector, and other actors in health research.

The Organization has an equally long tradition in helping to build research capacity in low- and middle-income countries. By providing technical support and assistance and through the designation of collaborating centres, WHO has facilitated and improved health research governance and capabilities, introduced the concept of a national health research system, and promoted solidarity between and within regions and subregions. These activities have been instrumental in creating networks of research centres and scientists who can engage in global research, as well as serve the needs of their countries.

¹ Currently in draft form-to be discussed at the 59th World Health Assembly, May 2006.

Among its other objectives, WHO's work is in particular invested in research synthesis and the translation of knowledge into practice. Even though a technical department may not have the resources to produce, fund, or implement health research, it must in the very least have the capability to find, synthesize, analyze, and interpret research results. Communication and knowledge sharing are integral components of the Organization's research activities. Thus, technical departments must also be able to develop policy briefs, documents and other materials to effectively communicate research results to different target audiences.

WHO's roles and responsibilities in health research

In addition to its specific roles and responsibilities as a producer, capacity builder, user, and communicator, several unique comparative advantages point to other key roles WHO has to play in global health research. Among WHO's comparative advantages in health research are its position within the United Nations system, its role as the world's leading technical support agency in health, its mandate in health research, its ability to draw on and convene the best scientific expertise globally across all key disciplines, its cost-effectiveness in conducting research, its credibility and the fact that it is respected by all stakeholders, and its direct links to Ministries of Health and direct reach into national health-care systems. Therefore, depending on the research activity, WHO may act as an advocate, a catalyst, a consensus builder, a convenor, a setter of norms, and/or a steward.

In brief, WHO's roles and responsibilities in health research include:

- promoting the messages that research is fundamental to generating knowledge to improve health outcomes and that evidence must inform the design and implementation of health programmes as well as all attempts to reform and strengthen health systems;
- advocating for increased funding (from governments in low- and middle-income countries and from donors) for neglected areas of health research;
- influencing the global health research agenda and advocating for research and research-translation efforts to address the most pressing health needs in Member States;
- fostering communication among the main organizations devoted to health research for development and other key stakeholders;
- building consensus among governments, funders, researchers, NGOs, civil society, and industry around global health research priorities, policies, and strategies;
- creating, sustaining, and participating in national, regional, and global partnerships, including public-private partnerships, that aim to identify knowledge gaps, establish research priorities, initiate new research to generate such knowledge, and accelerate product development;
- setting norms and standards for health research, including its ethical oversight, and developing "best practices" guidelines;
- performing and supporting research in priority areas where the Organization has a comparative advantage;
- taking a leadership role in addressing potentially controversial and/or neglected research issues that have an impact on health such as those associated with

intellectual property rights, sexual and reproductive health, equitable access to the benefits of research, social determinants of health, human resources, patient safety, and public access to information on clinical trials;

- assisting Member States in developing capacity to conduct health research, identify health research priorities, evaluate research results, translate knowledge, solve health-related problems by using evidence to inform policy, assess the impact of interventions and programmes in terms of outcomes and sustainability for development and equity goals, and communicate lessons learned;
- gathering, synthesizing, and disseminating research results and ensuring that all users of health research have access to reliable, relevant, and timely information;
- building public trust in and support for health research.

Room for improvement

Despite significant contributions in many aspects of research, some aspects of WHO's involvement in health research could be further strengthened, especially in the way research is managed and used within the Organization. The present Position Paper calls for a stronger research culture at WHO, more evidence-based evaluations, standardized and transparent administrative procedures, better coordination of research activities between programmes, departments, regions, and countries, and increased and more sustainable funding for research. It also argues that more needs to be done to convince governments of the benefits of investing in health research.

Accomplishing these broad objectives and tackling the diverse issues will require the formulation of a comprehensive WHO strategy for health research. Because time and resource constraints limited the focus of this paper to WHO headquarters, the first step is a complete mapping and assessment of WHO's research activities, functions, and mechanisms across all levels of the Organization. The mapping must extend to all WHO's collaborating centres, dedicated research centres and partnerships that are involved in research.

Deciding what specific actions to take will largely depend on the answers to several crucial questions related to WHO's overall goals and framework, areas of research activity, and supporting and collaborative mechanisms.

The strategy must also address the following issues:

- WHO's staff capacity to implement the recommended changes;
- the structural changes and/or new mechanisms needed to improve the coordination and streamlining of research activities, to avoid duplication, and to communicate lessons learned across WHO; and
- the mechanisms that will be used to evaluate the activities and to monitor progress in the medium to long term.

The actions that have been proposed in this paper will be invaluable for WHO's own work, its support to Member States, and its interactions with partners, as well as for achieving the objectives of the 11th General Programme of Work (2006-2015).

1. Background

In May 2005 the 58th World Health Assembly requested the Director General "to undertake an assessment of WHO's internal resources, expertise, and activities in the area of health research, with a view to developing a position paper on WHO's role and responsibilities in the area of health research, and to report through the Executive Board to the next World Health Assembly" (WHA 58/34).

In response to this request, this paper seeks to clarify WHO's roles and responsibilities in health research both within the Organization and among the multiple constituencies and partners with which it interacts. It also considers how WHO needs to evolve to strengthen its capacity to help meet global health challenges and lead the world towards improved health.

It is important to note at the outset that this document and the initial, independent report of WHO's research activities that has informed it² have largely focussed on WHO headquarters — on its major research programmes and initiatives (HRP, TDR, IVR) and on departments involved in research or in the use of the results of research. A complete mapping and assessment of research activities across the entire Organization that includes regions, countries, dedicated research centres, collaborating centres, and partnerships would have required more time and resources.

The Position Paper was developed under the guidance of the Inter-Cluster Research Group (ICRG). The following departments, representing all clusters, participated as members of the ICRG: CDS/TDR, EIP/RPC, EIP/KMS, FCH/CAH, FCH/IVR, FCH/RHR, HTM/HIV, HTP/PSM, HTM/STB, HTP/PSM, NMH/VIP, SDE/ETH (see Annex 5 for abbreviations and acronyms). The Group worked in close collaboration with relevant programmes and departments within WHO, as well as with the Advisory Committee on Health Research (ACHR). It has also relied on documents prepared for the WHO Eleventh General Programme of Work for 2006-2015, other relevant documents and articles, and structured interviews with department directors. A draft of the Position Paper was widely circulated and comments received were incorporated during the preparation of the final draft.

2. Contemporary issues in global health research

Unprecedented advances in scientific knowledge in the past 50 years complemented by appropriately directed research and development efforts have led to medicines, vaccines, diagnostics, and medical devices that have dramatically improved health worldwide. With the genomics and proteomics revolutions well underway, even more impressive research-driven innovations may be on the horizon. The need for new interventions to fight both communicable and non-communicable diseases is great: a vaccine for AIDS or pandemic influenza, a new treatment for tuberculosis or dengue, cures for cancer, heart disease, and diabetes, and better methods to prevent and diagnosis sexually transmitted infections are just a few examples of the many contributions biomedicine has yet to make to global health.

² Kabir ZN, Holmgren J. Overview of research activities at the World Health Organization, report to the Swedish International Development Cooperation Agency (SIDA), December 2005. <http://www.sida.se/sida/jsp/sida.jsp?d=118&a=23350>.

Expanding health research agenda

But advances in biomedicine alone will not be sufficient to improve global health. New knowledge is required in all fields of health research, including operational, behavioural, economics, social sciences, and health systems and policy research. Such research often requires the use of qualitative as well as quantitative research methodologies. Some of the most urgent research questions relate to strengthening health systems: how to develop a sustainable health financing system that is responsive to the needs of the poor; how to train and sustain an adequate number of health workers to deliver health services; how to achieve universal access to safe, effective, and affordable interventions; how to develop a sustainable and reliable health information system; how to "scale-up" interventions; and how to better integrate "intervention-oriented" programmes within the broader health system?

Because the social and cultural determinants of health (gender, income, education, ability, conflict, violence, ethnicity, etc) have a significant impact on health outcomes, equity, and access to care, they have acquired a more prominent position on the global health research agenda. The health effects of globalization and climate change are among the multisectoral and cross-cutting topics that are being studied, as are responses to outbreaks of emerging diseases and to emergency health situations arising from natural and man-made disasters.

Improving research management and utilization

Ethics, intellectual property rights, systematic reviews and syntheses, public registration of clinical trials, and access to information are among the contemporary issues that concern the conduct of research.

Given that the development and implementation of evidence-based health-care policy and practice depends on research that addresses the need of the local population, all countries, including the least developed, need some capacity for analysis and research. Strengthening research capacity will allow for more research in and by low- and middle-income countries.

Research aimed at understanding policy-making processes and learning how to translate knowledge into practice more effectively has been receiving more attention from researchers in recent years. A participatory approach — collaborating with policy-makers in setting research questions and priorities — has been shown to improve the uptake of research results.

Linking health research to development

Several landmark events have raised awareness that improving population health in developing countries contributes to poverty reduction, that research is fundamental to achieving global health and development goals, and that health research needs increased investment. The 1990 report of the Commission on Health Research for Development drew attention to the "10/90 gap"— that less than 10% of global health research resources were being spent on health problems affecting 90% of the world's population. This report was followed by the Ad Hoc Committee on Health Research Relating to Future Intervention Options in 1996 and the International Conference on Health Research for Development in 2000.

In 2004, WHO published the World Report on Knowledge for Better Health, which focused on research to strengthen health systems, and it co-sponsored a Ministerial Summit on Health Research with Mexico's Ministry of Health. This was the first-ever

gathering of ministers held to discuss the role of health research in improving health globally. The main outcome of the meeting, the Mexico Statement on Health Research, defines an action agenda to help attain the key objectives. For example, it includes a call for the establishment and implementation of national health research agendas and the investment of 2% of national health expenditures into research and research capacity strengthening, as was suggested in 1990 by the Commission on Health Research for Development.

At the same time, the number of researchers and agencies undertaking and/or advocating for research on topics of relevance to health and development has been rising, as have overall levels of funding. These developments have been spearheaded by national and intergovernmental entities, in particular the USA's National Institutes of Health and the European Union; by foundations, most notably the Bill & Melinda Gates Foundation and the Wellcome Trust; and by industry. The work of groups like the International Clinical Epidemiology Network (INCLIN), the Council on Health Research for Development (COHRED), and the Global Forum for Health Research (GFHR) has been complemented by several public-private partnerships. These include, among others, Drugs for Neglected Diseases (DNDi), the European and Developing Countries Clinical Trials Partnership (EDCTP), the Global Alliance for TB Drug Development (GATB), the Accelerated Development and Introduction Plans of the Global Alliance for Vaccines and Immunization (GAVI), Malaria Vaccine Initiative (MVI) and the Medicines for Malaria Venture (MMV).

Although billions of dollars have been earmarked for global health research and development and significant progress has been made, the knowledge gaps are still greatest in areas of health where most of the people affected are poor and marginalized.

Leading the way

In light of continued inequities in health, the persistence of the "10/90" gap in the funding of research, the existence of much larger research programmes outside of WHO, and the changing research environment, WHO's new General Programme of Work (GPW), a programme of action for the period 2006-2015, envisages a reorientation of its mission, vision, and responsibilities in the area of health research. The 11th GPW states that "shaping the research agenda for health and stimulating the generation, translation and dissemination of valuable knowledge", "articulating ethical and evidence-based policy positions" and "setting norms and standards, and promoting and monitoring their implementation" are among the Organization's core functions. In addition to ensuring access to essential services, harnessing knowledge, science and technology, and building well-financed and equitable health systems, the GPW has also placed security, human rights, poverty, social determinants, the environment, the workforce, and governance on the global health agenda.

The GPW acknowledges that meeting these challenges will depend in part on the generation and utilization of tools and information arising from research, especially in least-developed countries. Also required are leadership, commitment, adequate funding, and equitable, effective, and innovative partnerships.

3. Overview of WHO's research activities

WHO's Constitution states that "the extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health" and that "in order to achieve its objectives, the functions of the Organization shall be ... to

promote and conduct research in the field of health". Article 1.1 of the 1948 agreement between UNESCO and WHO gives WHO the primary responsibility for "the encouragement of research...in the fields of health and medicine."

As a result of its mandate in health research, WHO has developed technical strengths and competencies across the entire spectrum of scientific enquiry, from setting priorities to formulating policies and guidelines, and from developing interventions to implementing and evaluating programmes. WHO's research activities are spread across different departments and programmes, between headquarters, regions, and countries, and through diverse institutional arrangements, partnerships and collaborations. See Annex 1 for selected historical milestones of WHO's involvement in health research and Annex 2 for examples of WHO-led research projects that have had a significant impact on public health. The Organization's current research activities include:

- two co-sponsored special programmes — HRP, which concentrates on human sexual and reproductive health research, and TDR, which focuses on tropical disease research, and one initiative — IVR, which is dedicated to vaccine research. All three are solely devoted to research;
- an alliance/partnership housed within WHO, AHPSR, focuses on health policy and systems research.
- 34 technical departments at WHO headquarters engaged in research activities, especially operational and epidemiological research;
- two partnerships housed within WHO — Roll Back Malaria and Stop TB — that actively support and coordinate a broad range of research activities;
- an alliance, the World Alliance on Patient Safety, and the Commission on Social Determinants in Health, housed within WHO, addresses research issues in their respective fields.
- several public-private partnerships play important roles in global health research. WHO's role in these groups ranges from host and collaborator to participant and sponsor;
- two specialized centres located outside Geneva—the International Agency for Research on Cancer (IARC) in Lyon, France and the Centre for Health Development in Kobe, Japan; and
- 368 (of 920) WHO Collaborating Centres as of May, 2006 that are involved in a wide range of research activities.

Annex 3 provides brief descriptive details about some of these entities.

Internal resources and expertise

Selected quantitative and qualitative data related to WHO's internal resources and expertise for the year 2004 (e.g. funding, projects, regional distribution, balance between different areas of research etc.) were obtained during an initial assessment of WHO's activities in this area³. Highlights include the following:

³ Kabir ZN, Holmgren J. Overview of research activities at the World Health Organization, report to the Swedish International Development Cooperation Agency (SIDA), December 2005. <http://www.sida.se/sida/jsp/sida.jsp?d=118&a=23350>.

- Annual spending on research was approximately \$56 million (i.e. approximately 3.7% of the overall budget of the Organization) with more than 90% of this coming from extra-budgetary sources;
- Of approximately 600 research projects, 30% were based at AFRO, 17% at headquarters, 16% in AMRO, 12% in EURO, 10% in SEARO, 8% in WPRO, and 7% in EMRO;
- Major types of activities included coordinating research, performing research, and providing professional and financial support and technical expertise;
- For identification of research priorities, the most important determining factors were the current magnitude of the problem, implications for development of policy, and projected cost-effectiveness of interventions and expected results;
- For assessment of research proposals, the most important deciding factors were scientific merit, public health relevance of research topic, and policy implications.

4. Defining WHO's research emphasis

Each special programme, department, and WHO-linked institution places a different emphasis on types of research, institutional arrangements, and relationships with public and private partners. Governance, management, and funding mechanisms also vary. IARC, TDR, and HRP, for example, have independent governance structures and their programme of work is determined by their own governing councils. One common principle the Organization aspires to is that an ethical review committee within the WHO Secretariat examines all research proposals involving human subjects receiving any form of contribution from the Organization. The following four principles, which are shared across a diverse range research activities, define WHO's research emphasis.

Focussing on the poor and disadvantaged

Since its inception and in line with its mandate, WHO has been mostly engaged in research that is relevant to improving the health of the world's most marginalized populations. This is indeed a core element of WHO's research agenda and should remain an important criterion to make choices between the different roles of WHO and to identify priorities within each role. Through its flagship research programmes (TDR and HRP), its collaborations with key partners, and its many and varied networks, the Organization has played an important role in identifying neglected areas and, where possible, in filling some of the gaps left by academia, the private sector, and other actors in health research.

WHO should continue to strengthen its associated research programmes (in sexual and reproductive health, tropical diseases, vaccines, and health systems research) in areas where they have a comparative advantage. WHO should also perform a monitoring function in relation to the resources devoted to particular research areas. Given that research priorities are often influenced by strong financial interests, it is essential that WHO represents the needs of the poor and disadvantaged when it comes to setting the global research agenda. Where multiple and somewhat disparate initiatives and organizations are engaged in research activities (e.g. public-private partnerships for neglected diseases, health systems and health policy research) WHO and its programmes should try to be a unifying force, and bring coherence, understanding,

harmonization, and rationale to the multiple stakeholders and donors involved in such research.

Strengthening research capacity and collaborative networks

WHO has an equally long and important tradition of strengthening research capacity and research institutions in low- and middle-income countries. Its special programmes, departments, and partnerships carry out a range of country support and technical assistance activities. The designation of collaborating centres also contributes to strengthening national capacity. Through its work in this area, WHO has improved health research governance and introduced the concept of a national health research system. It has played a key role in supporting Member States as they set their own research priorities and agendas, and in helping them to develop infrastructure, such as Institutional Review Boards for conducting ethical review before research involving human subjects is undertaken, developing sound protocols for research that involves human subjects, laboratory expertise, etc.

These activities have also been instrumental in promoting solidarity and in creating networks of research centres and scientists within regions and subregions who can engage in global research, as well as serve the needs of their countries. Networks of WHO collaborating centres are an important channel to facilitate the exchange of information, experience, and expertise between developing countries.

Research synthesis and knowledge translation

Among its other objectives, WHO's work is in particular invested in research synthesis and the translation of knowledge into practice. Even though a technical department may not have the resources to produce, fund, or implement health research, it must in the very least have the capability to find, synthesize, analyze, and interpret research results. Adhering to the following five principles will help to ensure the translation of highly promising research into clinical applications and effective policies:⁴

- Good intentions are not enough to protect patients from unintended harm;
- Systematic reviews of research should inform decisions in health care;
- Biased under-reporting of research is unethical and should be condemned;
- More robust, high quality research is needed, and research should be undertaken for the right reasons; and
- New research should begin and end with systematic reviews of other relevant research.

WHO can encourage the adoption of these principles throughout the health research community by applying them to its own research activities and by linking researchers with decision-makers. It can also use its unique position as the United Nations specialized agency for health to bring about needed change. One recent example is WHO's leadership in setting up a meta-register of controlled clinical trials.

⁴ The five principles that should be used to guide decisions about health research were presented by Sir Iain Chalmers at the Ministerial Summit on Health Research, held in Mexico City in November 2004.

Communication, dissemination, and access to knowledge

Communicating and sharing knowledge are integral components of the Organization's research activities. As a promoter and disseminator of knowledge derived from scientific research, WHO accelerates the development of evidence-based policies and practices. Thus, in addition to research synthesis, technical departments must also be able to develop policy briefs, documents and other materials to effectively communicate results to different target audiences.

WHO disseminates research results and helps improve access to information through the WHO Bulletin and numerous other publications and reports, as well as through initiatives like BIREME (Latin American & Caribbean Center on Health Sciences Information), HINARI (Health Inter-Network Access to Research Initiative), RHL (Reproductive Health Library), and the planned Global Health Library (see Annex 4 for examples of publications and tools). Some initiatives like HEN (Health Evidence Network) and the European Observatory on Health Systems and Policies also facilitate the utilization of knowledge by providing evidence-based briefs to policy-makers.

5. WHO's comparative advantages in health research

Understanding WHO's comparative advantages further clarifies WHO's role in health research, the functions it is best equipped to perform, and how it can best work with its partners and collaborating centres to address major public health problems and improve health. Its comparative advantages include:

- its position within the United Nations system;
- its role as the world's leading technical support agency in health;
- its mandate in health research
- its experience in research and research capacity strengthening;
- its ability to draw on and convene the best scientific expertise globally across all key disciplines;
- its cost-effectiveness in conducting research;
- its independence and impartiality;
- its credibility and the fact that it is respected by all stakeholders; and
- its direct link to Ministries of Health and direct reach into national health-care systems.

An appreciation of some of the comparative *disadvantages* may also be helpful:

- its relatively small role as a major funder and supporter of health research;
- its having to deal with foci of "anti-research" culture within the Organization;
- its bias towards research activities favoured by extrabudgetary funding sources;
- its patchy and uneven distribution, within the Organization, of research expertise.

6. WHO's roles and responsibilities in health research

In addition to its specific roles and responsibilities as a producer, user, and capacity builder (see section 4), the Organization's unique comparative advantages point to other key roles it plays in global health research. Depending on the research activity, WHO may act as an advocate, a catalyst, a communicator, a consensus builder, a convenor, a setter of norms, and/or a steward.

In brief, WHO's roles and responsibilities in health research include:

- promoting the messages that research is fundamental to generating knowledge to improve health outcomes and that evidence must inform the design and implementation of health programmes as well as all attempts to reform and strengthen health systems and health policies;
- advocating for increased funding (from governments in low- and middle-income countries and from donors) for neglected areas of health research;
- influencing the global health research agenda and advocating for research and research-translation efforts to address the most pressing health needs in Member States;
- fostering communication among the main organizations devoted to health research for development and other key stakeholders;
- building consensus among governments, funders, researchers, NGOs, civil society, and industry around global health research priorities, policies, and strategies;
- creating, sustaining, and participating in national, regional, and global partnerships, including public-private partnerships, that aim to identify knowledge gaps, establish research priorities, initiate new research to generate such knowledge, and accelerate product development;
- setting norms and standards for health research, including its ethical oversight, and developing "best practices" guidelines;
- performing and supporting research in priority areas where the Organization has a comparative advantage;
- taking a leadership role in addressing potentially controversial and/or neglected research issues that have an impact on health such as those associated with intellectual property rights, sexual and reproductive health, equitable access to the benefits of research, social determinants of health, human resources, patient safety, and public access to information on clinical trials;
- assisting Member States in developing capacity to conduct health research, identify health research priorities, evaluate research results, translate knowledge, solve health-related problems by using evidence to inform policy, assess the impact of interventions and programmes in terms of outcomes and sustainability for development and equity goals, and communicate lessons learned;
- gathering, synthesizing, and disseminating research results and ensuring that all users of health research have access to reliable, relevant, and timely information;
- building public trust in and support for health research.

7. Room for improvement

Despite significant contributions in many areas of research (see Annex 2), some aspects of WHO's involvement in health research could be further strengthened, especially in the way research is managed and used within the Organization. Several of the proposals put forward in this section are based on some of the principles and expectations of Member States that were spelt out in the 58th World Health Assembly's resolution on health research (WHA 58/34).

Stronger research culture at WHO

Embedding research and an appreciation of research issues throughout all levels of the Organization would encourage innovation, promote the conduct and use of research, and increase capacity to manage complexity. It would also strengthen the ties between policy and programme development, on the one hand, and research, on the other. A stronger research culture could be promoted by integrating research activities as part of work plans, recognising research activities in PMDS (Performance Management and Development System), rewarding outstanding research, and encouraging knowledge exchange. For example, staff could be encouraged to affiliate with an academic institution in order to pursue a research degree or sabbatical leave linked to WHO work (which may involve flexibility regarding paid or unpaid leave) or to supervise research students.

More evidence-based evaluations

Perhaps the most effective way for WHO to gain support among Member States, funders, potential partners, and the public for its mandate in health research would be to lead the generation of a substantial body of evidence from evaluation studies showing how research has led to improved health outcomes. Evaluations of interventions that did not have the desired results and detailed assessments of research following major health emergencies (SARS, avian influenza, the Asian tsunami, etc) would also be valuable. Where appropriate, these evaluations and assessments should be done as a joint effort between the people who needed the evidence, those who conducted the research, and those who sought to make it accessible. Relating research funding to health outcomes will provide evidence to convince governments that money spent on research contributes significantly to the health of the nation and is an essential complement to that spent on health care.

Need for standardized procedures

Given its position as the world's leading health agency, WHO must ensure that all its research projects are informed by appropriate review of existing evidence (including systematic review), conducted in accordance with established ethical guidelines, and accompanied by an active dissemination strategy. It must also demonstrate that soundly based and well-targeted research is used to inform decisions in all areas of its work. A few WHO programmes — in particular TDR, HRP, and IVR — have transparent, accepted and well-established mechanisms for assessing research applications, prioritizing research, funding research through scientific expert committees, etc. But across the Organization as a whole, there is a need to develop standardized and streamlined administrative procedures related to the conduct of research and the use of research results. This includes the registration of research proposals in a publicly accessible database, the setting of priorities for research undertaken by the Organization, the funding of research, the peer review of proposals, the dissemination of

results, and the use of research in the development of guidelines and recommendations. In addition, WHO should assess the role and mandate of the Advisory Committee for Health Research and provide more clarity on how members are selected and how its advice is acted on.

Better coordination and communication

WHO's current research agenda operates over an extremely broad range of topics and over wide geographical areas. While this is to be applauded, the delineation of research responsibilities between each level of the Organization (i.e. headquarters, regions, countries) is very unclear. Such differentiation is important because some research, such as product R&D, needs to remain global, while other types, such as health systems research, are best undertaken at a local level. Improving coordination of research activities and communications between headquarters, regions, and countries, across departments, and among partners and collaborating centres should result in more effective collaborations, more efficient use of resources, and less duplication of work. The WHO Secretariat should investigate the need to develop a management system to steer research activities, not only between different departments, regions, and countries, but also with its other institutional relationships (other health related UN-agencies, public-private partnerships, collaborating centres etc).

Increased and more sustainable funding

Because only a small percentage of its regular budget gets allocated to research, WHO's research activities are highly dependent on largely unpredictable extra-budgetary income. The increasing dependence on voluntary funds to support research and the decreasing number of donors severely challenges the Organization's ability to fulfil its research functions in an independent manner. Funding agencies or research institutions may not be aware or appreciative of the role and capacity of WHO in research and are therefore reluctant to engage in collaborating with the Organization in areas relevant to its mission, mandate, interest, and priorities. Some development assistance agencies and foundations even exclude research from their funding agreements. The WHO Secretariat should allocate more of its budget explicitly to priority research activities.

...at country level

Governments in many countries still need to be persuaded that health research is an essential input to health development and that investment in health research will benefit health policy. WHO should advise governments on how to organise for and fund health research in and by countries, not solely for the sake of national health services but also for the sake of linking up with international research and providing quality based higher education in health-related professions. While some ministries of health have their own institutions doing research, health research is also undertaken by universities, which are often linked to the ministries of higher education, and by national science councils and medical research institutes, which are often associated with ministries of science and technology. Therefore, WHO country representatives must extend their focus beyond ministries of health. To help a country develop a research agenda relevant to the health needs of the population and translate research into policies and programmes, country representatives should act as knowledge brokers. They should bring together researchers, policy-makers, and other users of research results and they should foster intersectoral dialogue among ministries of health, science and technology, education, health, housing, environment, finance, trade etc.

8. Towards a strategy for health research

Accomplishing the broad objectives and tackling the diverse issues mentioned in this Position Paper require the formulation of a comprehensive strategy. The first step is a complete mapping and assessment of WHO's research activities, functions, and mechanisms across all levels of the Organization — headquarters, regions, and countries. The mapping must extend to all WHO collaborating centres, dedicated research centres and partnerships that are involved in research.

Deciding what specific actions to take will largely depend on the answers to several crucial questions.

Overall goals and framework

- What is the role of WHO in setting global health research priorities?
- Does WHO's research structure need to be adapted to address the research issues in the various action points contained in the Eleventh GPW? (e.g. What is WHO's role in research on health-related human rights?, or on the social determinants of health?, or on strengthening health systems governance and leadership?)
- How can WHO ensure that efforts to strengthen research capacity are being undertaken in low-income countries?
- Should the decision made in 1959 to establish ACHR as an independent body from the Secretariat be reviewed? Is there a need to create a new structure in the Secretariat to give research a more prominent role inside the Organization and help mainstream a research "culture"? What could be the role of institutional partners, such as the World Bank, UNDP, UNICEF, and UNFPA, which have been so successful in the establishment and management of TDR and HRP?

Areas of research activity

- How can already successful programmes (TDR, HRP, IVR, IARC, etc.) be maintained and expanded at the same time as embracing new areas (e.g. research policy, health policy and health systems research, setting norms and standards) that will require new technical expertise and substantial financial support?
- What is the most effective and efficient way to apply an overall set of research principles to all WHO departments? Should each department, or each area of work, consider the need for a research component using pre-established guidance on what research it should engage in?

Supporting and collaborative mechanisms

- What structural changes and/or new mechanisms, if any, are needed to improve the coordination of research activities?
- What is the best strategy to facilitate the exchange of views and consultative processes between country offices, regional offices, and headquarters?
- How can WHO enhance the role of collaborating centres, as well as expand institutional linkages with major research institutions and with research centres that are emerging in developing countries?

- WHO/private sector collaborative ventures are expanding and experience is accumulating on approaches that achieve the highest impact. What are the policy, legal, and administrative implications of these diverse relationships?
- What linkages should WHO establish with "non-traditional partners" such as research institutions dealing with issues like social determinants or ethics?

The strategy must also address the following issues:

- WHO's staff capacity to implement the recommended changes outlined in the present Position Paper;
- any structural changes and/or new mechanisms needed to improve the coordination and streamlining of research activities, to avoid duplication, and to communicate lessons learned across WHO; and
- the mechanisms that will be used to evaluate the activities and to monitor progress in the medium to long term.

The actions that have been proposed in this paper will be invaluable for WHO's own work, its support to Member States, and its interactions with partners, as well as for achieving the objectives of the 11th General Programme of Work (2006-2015).

ANNEX 1 Selected historical milestones of WHO's involvement in health research

Year	Initiative/activity
1959	Establishment of the Advisory Committee on Medical Research (ACMR)
1965	Establishment of the International Agency for Research on Cancer (IARC) in Lyon, France
1972	Establishment of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
1975	Establishment of the UNDP/World Bank/WHO co-sponsorship of Special Programme for Research and Training for Tropical Diseases (TDR)
1976	Concept of ACMR extended to all WHO regions
1986	ACMR became ACHR (Advisory Committee on Health Research)
1988	UNDP/ UNFPA/ WHO/World Bank co-sponsorship of Special Programme for Research, Development and Research Training in Human Reproduction approved by the World Health Assembly (WHA Resolution WHA 41.9)
1996	WHO Centre for Health Development established in Kobe, Japan
1996	Report from the Ad Hoc Committee on Health Research relating to future intervention options for investing in health research and development
1996	WHO becomes a signatory to the establishment of the International Vaccine Institute in Seoul, Korea
1997	ACHR report on a research policy agenda for science and technology to support global health development
1998	Following Ad Hoc Committee report (1996), WHO plays an important role in the establishment of the Global Forum for Health Research and provides in-kind support by hosting its secretariat within WHO headquarters
1999	Review of WHO's research strategy (Research strategy and mechanisms for cooperation, Document EB104/2, 104 th session of the Executive Board)
1999	Creation of the Department of Research Policy and Cooperation
1999	Working through TDR, WHO incubates and spins off the first not-for-profit public private partnership for the development of new drugs, MMV
2000	WHO co-organized the International Conference on Health Research for Development in Bangkok, Thailand
2000	Alliance for Health Policy and Systems Research established and based in WHO headquarters
2000	Establishment of the Initiative for Vaccine Research (IVR)

2001	Release of the report from the Commission on Macroeconomics and Health: Macroeconomics and Health: investing in health for economic development.
2002	ACHR report on genomics and world health
2003	Establishment of the Department of Knowledge Management and Sharing
2004	Consolidation and strengthening of the WHO Research Ethics Review Committee (ERC)
2004	Release of the World Report on Knowledge for Better Health, which focuses on strengthening health systems
2004	World Health Report 2004 on HIV/AIDS devotes Chapter 5 to the topic of sharing research and knowledge
2004	WHO convened the first ever Ministerial Summit on Health Research in Mexico; endorsement of the Mexico Statement on Health Research by the 52 Member States attending the summit
2005	Resolutions on health research based on the Mexico Statement adopted by the 115 th session of the Executive Board (document EB115/30) and the 58 th World Health Assembly (document WHA58/34)
2005	Establishment of the secretariat for an International Clinical Trials Registry Platform (launched planned in 2006)
2005	Launch of EVIPNet (Evidence-informed Policy Networks) to strengthen national mechanism linking research evidence to health policy development

ANNEX 2 Some examples of WHO-led research impact

Impact area	Description
Development of several new contraceptives	Several long-acting contraceptives have been developed through HRP-sponsored research and subsequently produced, marketed, and distributed through a public-private partnership. Among these is the injectable contraceptive Cyclofem, for which commercialization is managed by the Concept Foundation.
Promotion of emergency contraception	International multicentre studies were carried out with the support of HRP and demonstrated the greater effectiveness and safety of high-dose levonorgestrel compared to the Yuzpe regimen for emergency contraception. An International Consortium for Emergency Contraception was formed to facilitate the registration and introduction of emergency contraception in countries. Currently, more than 100 countries have at least one registered emergency contraception product. It is estimated that the availability of this option has significantly reduced the numbers of unplanned pregnancies and of induced abortions.
Antenatal care	Routine antenatal care (ANC) is considered the cornerstone of preventive maternal and perinatal health. A detailed analytical review established that all necessary interventions can be optimally provided over four visits only. This model was tested and validated in a multicentre cluster-randomized trial. The new model is as effective as the standard Western ANC model and reduces costs significantly, making it particularly appropriate for resource constrained health systems. So far 16 countries have initiated implementation of the new model.
Development of new drugs for tropical infectious diseases	Nine new drugs for tropical diseases have been developed through TDR-initiated public-private partnerships. This represents over half of the new drugs registered for tropical disease use in the last 25 years. Perhaps the most significant of these are: ivermectin for onchocerciasis, praziquantel for schistosomiasis, eflornithine for African trypanosomiasis, and liposomal amphotericin B and miltefosine for leishmaniasis. A significant number of post-regulatory studies to inform the optimal use of drugs have also been undertaken e.g. Coartem for malaria.
Development and evaluation of diagnostics for tropical infectious diseases	Point-of-care diagnostics tests are being developed and evaluated for a range of diseases. The recent validation of several point-of-care tests for syphilis and enabling public sector procurement and use has had a significant impact on the potential for combating congenital syphilis in resource-poor settings.

Methodologies, strategies, and policies in tropical diseases	Several new approaches that have had a significant impact on controlling disease have been promoted and established as policy through appropriately directed multicentre studies. These include the use of insecticide-treated bednets and artemisinin combination therapy for malaria control, the use of community-directed ivermectin treatment for the control of onchocerciasis, the use of multidrug therapy for the control of leprosy, and the use of fumigant canisters for vector control of Chagas' disease. Increasing emphasis is being placed on studies to assist integrated approaches to disease control, taking into account social, economic, and behavioural issues.
Development of new technologies and devices	Many exploratory development projects are partnered and assisted by WHO. This can be at the basic or advanced level of development. One innovative project promoted by IVR that is likely to deliver practical results in a short time is the development of disposable cartridge jet injectors for safe, needle-free immunization. This technology holds the potential of eliminating the use of sharp objects from immunization programmes and of facilitating safe waste disposal.
Development of new vaccines	The Meningitis Vaccine Project (MVP) is a joint initiative between WHO and the Program for Appropriate Technology in Health (PATH). MVP, in collaboration with a number of stakeholders including industry, is developing a meningitis A conjugate vaccine for the African meningitis belt based on a price that reflects a cost-of-product calculation plus margin. Funded by the Bill and Melinda Gates Foundation, the strategy developed by MVP builds on the transfer of technology to manufacturers in developing countries.
Operational and epidemiological research	StopTB's projects to support community TB care, public-private DOTS, and TB/HIV collaborative interventions are examples of operational and epidemiological research in the context of a disease control programme.
Management of childhood illness	Research on diarrhoeal diseases including oral rehydration therapy and on management of pneumonia has been led and supported by WHO. This has resulted in a major expansion of the body of knowledge of effective measures and to their translation into guidelines and programmes at the country level.
Development of new tools for monitoring and evaluating child growth	Nutrition for Health and Development has coordinated the collection of data on child growth from 6 countries and these have been used to construct the WHO child growth standards which are a tool for assessing the growth of children from birth to 5 years of age.

Management of health research	The HRSA (Health Research System Analysis) initiative is working with countries to develop core indicators, tool kits, and methodologies to monitor key functions of health research systems.
Dissemination of research	The HINARI project has allowed full-text, free access to more than 2400 journals in more than 100 developing countries; WHO Bulletin impact factor increased from 1.5 in 1999 to 2.4 in 2003 (60%); the Health Evidence Network (HEN) and European Observatory for Health Systems and Policies in EURO prepares short policy briefs and in-depth analyses (based on research evidence) for policy-makers; the planned international clinical trials registry platform will increase access to and transparency of clinical research. EVIPNet (Evidence-informed Policy Networks) in countries aims to strengthen linkages between researchers and policy makers.
Research capacity strengthening	Both TDR and HRP have invested heavily in research capacity strengthening through a variety of strategies including research training and institutional development, and increasing the participation of developing country researchers in the formulation and implementation of their research agendas.

ANNEX 3 Overview of current research activities

I. Special Programmes and Research Initiatives

a) Special Programme of Research, Development and Research Training in Human Reproduction

The Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was established by WHO in 1972 to coordinate, promote, conduct, and evaluate international research in human reproduction. In 1988, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and The World Bank joined WHO as co-sponsors of the Programme. As the main instrument within the United Nations system for coordinating the global research effort in the field of sexual and reproductive health, the Programme brings together health-care providers, policy-makers, scientists, clinicians, and consumer and community representatives to identify and address priorities for research aimed at improving sexual and reproductive health. HRP research helps people lead healthy sexual and reproductive lives by strengthening the capacities of countries to provide quality information and services that enable people to protect their own sexual and reproductive health and that of their partners. HRP supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries, and develops dissemination tools to make efficient use of ever-increasing research information.

b) Special Programme for Research and Training in Tropical Diseases

The Special Programme for Research and Training in Tropical Diseases (TDR) is an independent global programme of scientific collaboration. Established in 1975 and co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank, and WHO, it aims to help coordinate, support, and influence global efforts to combat a portfolio of major diseases of the poor and disadvantaged. One of its two objectives is to improve existing interventions and develop new approaches for preventing, diagnosing, treating, and controlling neglected infectious diseases. Interventions must be applicable, acceptable, and affordable in the developing countries where such diseases are endemic, and be able to be readily integrated into the health services of these countries. This research increasingly extends into research to evaluate tools and provide evidence for policy, and implementation research linked to control programmes to inform and develop strategies for improving accessibility to interventions in resource-poor settings. TDR's second objective is to strengthen the capacity of developing countries to undertake the research required for developing and implementing these new and improved disease control approaches.

c) Initiative for Vaccine Research

The Initiative for Vaccine Research (IVR) was introduced by WHO's Director-General in 1999 and conceived jointly by the Health Technology and Pharmaceuticals Cluster (HTP), the Communicable Diseases Cluster (CDS), and UNAIDS. It aims to reinforce linkages between vaccine research and development and other components of immunization. Now housed within the Family and Community Health Cluster (FCH) in the Immunization, Vaccines and Biologicals Department, its roles are to provide a source of guidance and vision for vaccine R&D efforts worldwide, to contribute directly to a global research agenda with other partners, to advocate for R&D for priority vaccines, technologies, and vaccination strategies, to facilitate and coordinate clinical trials, to

ensure proper scientific and ethical standards, to provide normative guidance, standards, and reagents, to strengthen vaccine research capacity in developing countries, to facilitate technology transfer, to address the issues of access and introduction of new vaccines, and to encourage partnerships.

d) Alliance for Health Policy and Systems Research (AHPSR)

The aim of the Alliance is to promote the generation, dissemination, and use of knowledge to enhance health system performance. Its objectives are to stimulate the generation and synthesis of knowledge, encompassing evidence, tools, and methods; to facilitate the development of capacity for the generation, dissemination and use of knowledge among researchers, policy-makers and other stakeholders; and to promote the dissemination and use of knowledge to improve the performance of health systems. It does so through a variety of strategies including monitoring and publicizing the global progress of health policy and systems research (HPSR); synthesizing, disseminating, and funding research on priority areas; encouraging the attainment of a critical mass of researchers in the field of HPSR; promoting policy-relevant research and evidence-based decision making, including approaches that achieve effective interaction between key actors; ensuring widespread access to HPSR knowledge through effective communications strategies; and monitoring and evaluating progress in the Alliance partnership and secretariat.

II. Research within WHO departments

Research is a part of all 34 technical departments at WHO headquarters. Types of research include surveillance, secondary research, community-based intervention studies, clinical trials, economic studies, and health systems research.

A few examples of departments involved in research activities include:

- a) Child and Adolescent Health and Development (CAH): www.who.int/child-adolescent-health/OVERVIEW/CHILD_HEALTH/child_overview.htm
- b) Protection of the Human Environment (PHE): www.who.int/phe/en/
- c) Stop TB (STB): www.who.int/tb/en/
- d) Roll Back Malaria (RBM): www.who.int/malaria
- d) Research Policy and Cooperation (RPC): www.who.int/rpc
- e) Knowledge Management and Sharing (KMS): www.who.int/kms
- f) Ethics, Trade, Human Rights and Health Law (ETH): www.who.int/eth
- g) Medicines Policy and Standards (PSM): www.who.int/medicines/about/psm_contact
- h) Violence and Injuries Prevention (VIP): www.who.int/violence_injury_prevention

III. WHO Specialized Centres involved in research

a) International Agency for Research on Cancer in Lyon, France

Founded in 1965, the mission of the International Agency for Research on Cancer (IARC) is to coordinate and conduct research on the causes of human cancer and mechanisms of carcinogenesis, and to develop scientific strategies for cancer control. IARC is involved in both epidemiological and laboratory research and the dissemination of scientific information through publications, meetings, courses, and fellowships. The Agency is directly involved in the implementation of control measures but only when necessary in order to assess the effectiveness of the mechanisms of carcinogenicity, or

when the experimental intervention is needed to permit identification of causes. IARC is part of WHO but it has its own governing council and scientific advisory board, and it is independently funded.

b) Centre for Health Development in Kobe, Japan

The WHO Centre for Health Development was established in 1996 as an integral part of WHO under the authority of the WHO Director-General, following the invitation from the Kobe Group. The Centre is directed to concentrate on issues relating to health development, with particular emphasis on health-care delivery and urbanization, delineating the place of health systems in society, determining the links between population, economy, environment and health, and assessing health needs from development perspectives. Its research activities improve scientific knowledge on the interrelatedness of social, cultural, economic, demographic, epidemiologic, and environmental factors and their effects on health development. The WHO Kobe Centre is positioned as a point of convergence of multidisciplinary discussion on the broad determinants of health. It also drives policy development and implementation by reviewing and effectively communicating existing research knowledge.

IV. WHO Collaborating Centres

An entire institution, or a department or laboratory within an institution, or a group of facilities for reference, research or training belonging to different institutions, may be designated as a "WHO Collaborating Centre". These centres play a strategic role in helping the Organization meet two major needs: they contribute to implementing WHO's programme priorities, in close coordination with the units concerned in WHO's six regional offices and at headquarters; and they strengthen institutional capacity in countries and regions.

Within this context, WHO collaborating centres may carry out one or several of the following functions:

- collection and dissemination of information;
- standardization of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures;
- development, application and evaluation of appropriate technology;
- provision of reference substances and of services such as quality assurance;
- participation in collaborative research developed under WHO's leadership, including the planning, conduct, monitoring and evaluation of research, and the promotion of the application of its results;
- education and training, including research training;
- coordination of activities carried out by several institutions on a given subject;
- provision of information and advice on scientific, technical, and policy issues.

A database on WHO collaborating centres is being developed as a tool for enhancing communication and collaboration among institutions, networks and WHO and its constituents. This would help in evaluating how collaborating centres are chosen, renewed, and decommissioned, as well as how they report and respond to WHO research priorities.

ANNEX 4 Research publications and research tools

I. Research Publications

- By placing research findings and policy-relevant discussions side by side, the Bulletin of the World Health Organization aims to give public health policy and practice guidance based on the best evidence available, while also encouraging closer links between scientific investigation and the art of helping populations to lead healthier lives.
- The Eastern Mediterranean Health Journal aims to be a forum for the publication of research papers on a diverse range of medical topics and for the presentation of new initiatives in public health with special reference to the Eastern Mediterranean region.
- The Pan American Journal of Public Health communicates original research findings relevant to health problems in the Western Hemisphere. Articles are selected on the basis of their capacity to further scientific and technical understanding of diseases and the best ways to prevent and manage them.
- For more than seven decades, the Weekly Epidemiological Record has served as an essential instrument for the collation and dissemination of epidemiological data useful in disease surveillance on a global level. Priority is given to diseases or risk factors known to threaten international health.
- Launched in 1987, WHO Drug Information communicates pharmaceutical information that is either developed and issued by WHO or transmitted to WHO by research and regulatory agencies throughout the world. The journal also includes regular presentations of newly proposed and recommended International Non-proprietary Names (INN) for pharmaceutical substances.

II. Research Tools

- WHOLIS—WHO's library database available on the Internet—indexes all WHO publications from 1948 onwards and articles from WHO-produced journals and technical documents from 1985 to the present. An on-site card catalogue provides access to the pre-1986 technical documents.
- WHOSIS is a guide to epidemiological and statistical information available from WHO. Most WHO technical programmes develop health-related epidemiological and statistical information that they make available on the WHO website.
- WHODAS II is a family of international classifications, including i) international statistical classification of diseases, ii) international classification of functioning, disability and health, and iii) disability assessment schedule.
- Geographical information tools include i) communicable disease surveillance and response (public health mapping), ii) evidence and information for health policy (GIS), iii) global health atlas, and iv) PAHO/AMRO's SIG-Epi.

ANNEX 5 List of acronyms

ACHR	Advisory Committee on Health Research
ACMR	Advisory Committee on Medical Research
AFRO	WHO Regional Office for Africa
AHPSR	Alliance for Health Policy and Systems Research
AMRO	WHO Regional Office for the Americas
BIREME	Latin American & Caribbean Center on Health Sciences Information
CAH	Child and Adolescent Health and Development
CDS	Communicable Diseases cluster
COHRED	Council for Health Research and Development
DNDi	Drugs for Neglected Diseases Initiative
EDCTP	European-Developing Countries Clinical Trials Partnership
EIP	Evidence and Information for Policy
EMRO	WHO Regional Office for the Eastern Mediterranean
ERC	WHO Research Ethics Review Committee
ETH	Ethics, Trade, Human Rights and Health
EURO	WHO Regional Office for Europe
EVIPNet	Evidence-Informed Policy Networks
FCH	Family and Community Health cluster
GATB	Global Alliance for TB Drug Development
GAVI	Global Alliance for Vaccines and Immunization
GFHR	Global Forum for Health Research
GPW	WHO's General Programme of Work
HEN	Health Evidence Network
HINARI	Health Inter-Network Access to Research Initiative
HIV	HIV/AIDS department
HRP	UNDP/ UNFPA/ WHO/World Bank Special Programme for Research, Development and Research Training in Human Reproduction
HRSA	Health Research System Analysis
HTM	HIV/AIDS, TB and Malaria cluster
HTP	Health Technology and Pharmaceuticals cluster
IARC	International Agency for Research on Cancer
ICRG	Inter-cluster Research Group
INCLEN	International Clinical Epidemiology Network
INN	International Non-Proprietary Names
IVR	Initiative for Vaccine Research
KMS	Knowledge Management and Sharing
MDG's	Millennium Development Goals
MMV	Medicines for Malaria Venture
MVI	Malaria Vaccine Initiative
MVP	Meningitis Vaccine Project
NMH	Noncommunicable Diseases and Mental Health cluster
PATH	Program for Appropriate Technology in Health
PHE	Protection of the Human Environment
PMDS	Performance Management and Development System
PSM	Medicines Policies and Standards
RBM	Roll Back Malaria
RHL	Reproductive Health Library
RHR	Reproductive Health and Research
RPC	Research Policy and Cooperation

SDE	Sustainable Development and Healthy Environments cluster
SEARO	WHO Regional Office for South-East Asia
STB	Stop TB
TDR	UNDP/World Bank/WHO Special Programme for Research and Training for Tropical Diseases
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations population Fund
UNICEF	United Nations Children's Fund
VIP	Violence and Injuries Prevention
WPRO	WHO Regional Office for the Western Pacific