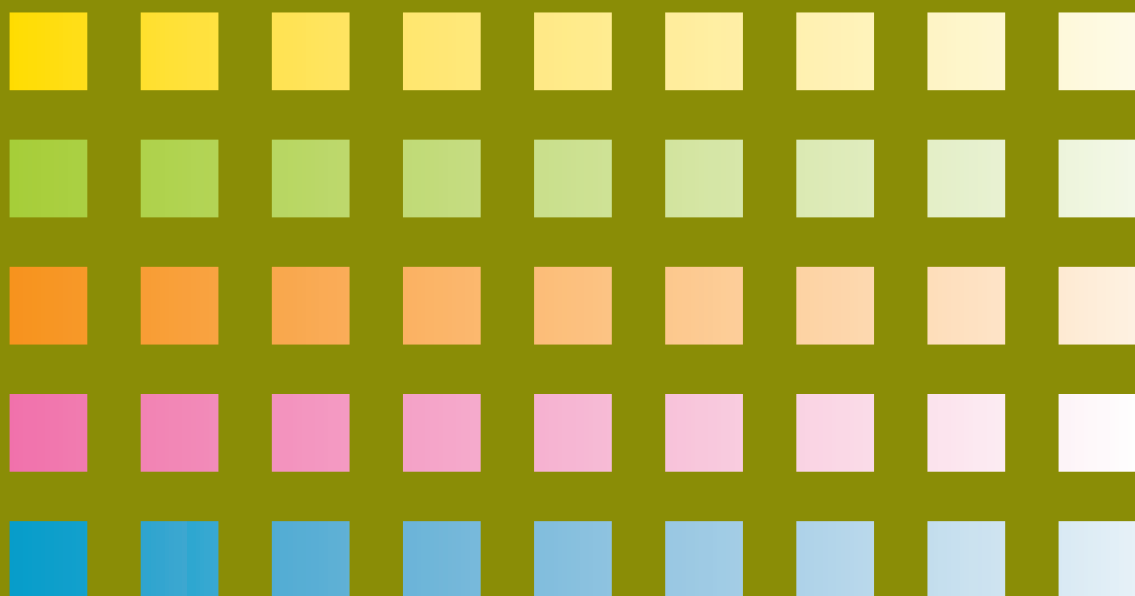


Identifying priorities for child health research to achieve Millennium Development Goal 4

Consultation Proceedings

Geneva, 26–27 March 2009



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Acronyms

ARI	Acute respiratory infection(s)
ARVs	Antiretroviral drugs
CAH	Department of Child and Adolescent Health and Development
CHERG	Child Health Epidemiology Reference Group
CHNRI	Child Health and Nutrition Research Initiative
DHS	Demographic and Health Survey(s)
Hib	<i>Haemophilus influenzae</i> type B
IMCI	Integrated Management of Childhood Illness
MDG	Millennium Development Goal
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
PCV	Pneumococcal conjugate vaccine
RHS	Recommended home solution

Summary of proceedings

Background

Close to 25,000 children die every day, mostly due to pneumonia, diarrhoea and newborn problems.¹ These three main causes of child mortality, which represent 70% of all deaths in under-five children, receive very minimal research funding. Of current research funding, 97% focuses on the development of new interventions, with the potential to reduce child mortality by 22%, while the remaining 3% of funding goes to optimize the delivery of existing technologies, with the potential to reduce child mortality by 60%.² Re-visiting research priorities may help to galvanize support towards work with greater potential to contribute to achieving Millennium Development Goal (MDG) 4, over the 6 years left before 2015.

Objectives of meeting

The Department of Child and Adolescent Health and Development (CAH) in WHO convened a meeting of researchers, representatives of donor agencies and institutions in Geneva from 26 to 27 March 2009 with the objectives of identifying:

1. A selected subset of priority research issues as the ones to be addressed as of highest priority by the participants and WHO CAH;
2. Sources of support for the various research priority issues identified.

The list of participants at the meeting is presented in **Annex 1**, and the proposed agenda is in **Annex 2**.

WHO's research work and vision

WHO has a long history of research policy development and cooperation, with a vision that **"decisions and actions to improve health and enhance health equity are grounded in evidence from research"**. As the lead global public health agency, one of WHO's six core functions is to shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge. The Organization has unique strengths for performing this function: convening power to bring together the best scientists from many institutions and ministries of health of member states; experts' willingness to contribute; and independence and neutrality.

Within WHO, CAH has one of the four largest research programmes, supporting research projects focusing on the major killers of under-five children (acute respiratory infections, diarrhoea and newborn issues), in low- and middle-income countries. WHO's framework for describing the priorities in programmes is applied in CAH as follows:

¹ *The global burden of disease: 2004 update*. Geneva, World Health Organization, 2008.

² Leroy JL et al. Current priorities in health research funding and lack of impact on the number of child deaths per year. *American Journal of Public Health*, 2007, 97(2):219–223.

- Measurement of the problem: CAH is the Secretariat for the Child Epidemiology Reference Group (CHERG) that works for quantifying the burden of ill health;
- Understanding the causes/determinants of problems: CAH supported and disseminated findings from research to understand causes to inform the development of interventions to address problems;
- Development of solutions: CAH has promoted and supported the development and testing of improved solutions for the management of childhood illnesses (diarrhoea, acute respiratory infections, neonatal health, etc.);
- Translation and delivery of the solution: CAH has promoted and supported the development and evaluation of new, improved delivery strategies;
- Evaluation of the impact of the solution: CAH has promoted and supported large-scale evaluation of improved interventions.

CAH aims to use its position to identify research priorities, and promote and support research on them. An example of this work concerns newborn health, where priorities were identified at a meeting in 2001. Based on these priorities, formative research for intervention design was carried out, and simplified diagnostic and clinical algorithms defined. Research focused on the priorities of improving careseeking, and the effectiveness of community intervention packages. The information derived from research CAH supports is nearly always published in widely circulated peer-reviewed journals and also disseminated in other ways. The information is turned into guidelines and policies at country level and facilitates implementation of programmes.

CAH is now endeavouring to look at priorities again, in order to direct questions and investments to address how more children can be reached by the interventions they need to survive.

Identifying research priorities

The Child Health and Nutrition Research Initiative (CHNRI) has developed a methodology for setting priorities in health research investments. The work began in 2005, and has been documented through a series of articles.

The CHNRI methodology is intended to systematically and transparently take into account the main issues to assist priority setting. It depends on inputs from:

- investors and policy makers, to define the context and criteria for priority setting;
- technical experts for listing and scoring research investment options; and

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