

Work programme 2012-2020

Programme for Global Health and Vaccination Research - GLOBVAC

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1. Summary

1.1 Summary in English

The major part of the global burden of disease affects marginalised populations in low- and middle-income countries. Annually more than 8 million children under the age of five die from diseases that are largely preventable and that represent relatively minor health problems in high-income countries. A wide range of poverty-related health problems remains prevalent, such as respiratory and diarrhoeal diseases, malnutrition, HIV/AIDS, tuberculosis, malaria, maternal and perinatal health problems. Norway is committed to the United Nations Millennium Development Goals, and strongly supports a number of international health initiatives, such as the Global Alliance for Vaccines and Immunization (GAVI), the United Nations' Global Strategy for Women's and Children's Health, and others. Norwegian investments in global health research are needed, as research and research funding for addressing the health problems of marginalised populations in low- and middle-income countries (the "development perspective") are limited. Global health research will also generate knowledge and competence that can support Norwegian international health policy and participation in international health initiatives (the "global perspective").

The Programme for Global Health and Vaccination Research – GLOBVAC (2012-2020) is a continuation and expansion of the previous programme under the same name (2006-2011). The primary objective of the programme is to support research that can contribute to sustainable improvements in health and health equity for poor people in low- and middle-income countries. Secondary objectives of the programme are to: i) support high-quality research that has the potential to lead to improved health and health equity for poor people in low- and middle-income countries; ii) develop and support internationally competitive and sustainable public and private research groups and institutions in Norway; iii) develop and support national and international research collaboration and partnerships; iv) secure capacity building by developing and supporting partnerships with research groups and institutions in low- and middle-income countries; v) inform and increase awareness among policymakers, researchers and the public about needs for and results from global health research. The programme has a wide scope, but will give highest priority to projects in the following thematic priority areas: 1. Vaccine and vaccination research; 2. Health systems and health policy research; 3. Innovation in technology and methods development; 4. Implementation research. Key elements are project quality and the potential for impact, Norwegian capacity building and national collaboration, international collaboration, and capacity building in low- and middle-income countries.

This investment in global health and vaccination research in Norway, although still a relatively modest contribution, provides an opportunity to build Norwegian research expertise in this field that is both timely and in line with international efforts. Continued and increased funding to global health research through the Research Council of Norway and other institutions, beyond the current time frame of the GLOBVAC programme, is needed to ensure sustainability for this type of research in Norway and in particular for the partners in low- and middle-income countries.

1.2 Sammendrag (Summary in Norwegian)

Hovedtyngden av den globale sykdomsbyrden rammer marginaliserte folk i lav- og mellominntektsland. Årlig dør mer enn 8 millioner barn under fem år på grunn av sykdommer som i stor grad kunne vært forhindrede, og som er relativt små helseproblemer i høyinntektsland. En rekke fattigdomsrelaterte helseproblemer er vanlige, slik som luftbåren smitte, diare, feilernæring, HIV/AIDS, tuberkulose, malaria, og helseproblemer knyttet til svangerskap og fødsel hos mor og barn. Norge har forpliktet seg til FNs tusenårsmål, og er en viktig bidragsyter til en rekke internasjonale helseinitiativ, deriblant den globale vaksinealliansen (GAVI) og FNs globale strategi for kvinners og barns helse. Norske investeringer i global helseforskning er nødvendige da det er mangel på forskning og forskningsfinansiering når det gjelder helseproblemer som rammer marginaliserte folk i lav- og mellominntektsland ("utviklingsperspektiv"). Global helseforskning vil også generere kunnskap og styrke kompetanse som kan støtte norsk internasjonal helsepolitikk og deltagelse i internasjonale helsesatsinger ("globalt perspektiv").

Program for global helse- og vaksinasjonsforskning – GLOBVAC (2012-2020) er en videreføring og utvidelse av forløperen under samme navn (2006-2011). Programmets hovedmål er å støtte forskning som kan bidra til vedvarende bedringer i helsetilstanden og utjevning av helseulikheter for fattige mennesker i lav- og mellominntektsland. Delmål er å: i) støtte forskning av høy kvalitet som kan føre til bedret helse og utjevning av helseulikheter for fattige mennesker i lav- og mellominntektsland; ii) utvikle og støtte internasjonalt konkurransedyktige og bærekraftige offentlige og private forskningsgrupper og –institusjoner i Norge; iii) utvikle og støtte nasjonalt og internasjonalt forskningssamarbeid og partnerskap; iv) sikre kapasitetsbygging gjennom å utvikle og støtte partnerskap med forskningsgrupper og –institusjoner i lav- og mellominntektsland; v) informere og øke bevisstheten til politikktutformere, forskere og allmennheten om behov for og resultater fra global helseforskning. Programmet har et vidt omfang, men vil gi høyest prioritet til prosjekter innen følgende tematiske områder: 1. Vaksine- og vaksinasjonsforskning; 2. Helsesystem- og helsepolitikkforskning; 3. Innovasjon i teknologi- og metodeutvikling; 4. Implementeringsforskning. Sentrale elementer er prosjektkvalitet og mulig effekt/virkning, kapasitetsbygging og samarbeid i Norge, internasjonalt samarbeid, og kapasitetsbygging i lav- og mellominntektsland.

Denne norske satsingen på global helse- og vaksinasjonsforskning er et relativt beskjedent bidrag, men er likevel en mulighet for å styrke norsk forskningskapasitet på dette området, noe som både er aktuelt og i samsvar med internasjonale satsinger. Videreføring og styrking av finansieringen av global helseforskning gjennom Forskningsrådet og andre institusjoner ut over den nåværende tidsrammen for GLOBVAC-programmet, er nødvendig for å sikre at denne typen forskning blir bærekraftig i Norge og spesielt for å sikre langsiktighet i samarbeid med partnere i lav- og mellominntektsland.

2. Background

Global health

“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.” (Kaplan JP et al, 2009, Lancet, 373, s. 1993 – 1995).

2.1 Strategic perspectives

2.1.1 The global burden of disease

The major part of the global burden of disease affects marginalised populations in low- and middle-income countries¹ who experience excessive morbidity, disability and mortality due to a number of infectious and non-infectious diseases. Annually more than 8 million children under the age of five die from diseases that are largely preventable and that represent relatively minor health problems in high-income countries. A wide range of poverty-related health problems remains prevalent, such as respiratory and diarrhoeal diseases, malnutrition, HIV/AIDS, tuberculosis, malaria, and maternal and perinatal health problems.² A number of diseases are neglected since they are largely absent in the developed world.

2.1.2 Norway's commitments to global health

The United Nations Millennium Development Goals (MDGs)

Norway is strongly committed to the United Nation's millennium development goals (MDGs).³ All MDGs are relevant for populations afflicted by poverty, and hence, also for poverty-related diseases. The MDGs 4, 5 and 6 address health specifically through targets of reducing the children under-five mortality rate by two thirds between 1990 and 2015 (MDG 4), reducing the maternal mortality ratio by three quarters between 1990 and 2015 (MDG 5), and have halted and begun to reverse the spread of HIV/AIDS, the incidence of malaria, tuberculosis and other major diseases by 2015 (MDG 6).

The Global Alliance for Vaccines and Immunization (GAVI)

Norway has shown a particular commitment towards and taken a leading role in meeting MDG 4 by supporting childhood immunisation.⁴ Since 2000 the Government has spent NOK 500 million annually through its support to the Global Alliance for Vaccines and Immunization (GAVI)⁵, and this amount will be doubled by 2015. GAVI is a public-private partnership (PPP) with the goal of saving

¹ World Bank: Country groups by income,

<http://web.worldbank.org/WBSITE/EXTERNAL/DATASTATISTICS/0,,contentMDK:20421402~pagePK:64133150~piPK:64133175~theSitePK:239419,00.html>

² WHO: Global burden of disease project, <http://www.who.int/healthinfo/bod/en/index.html>

³ <http://www.un.org/millenniumgoals/>

⁴ Stoltenberg J: Our Children: the key to our common future. Lancet, 368, 1042-1044, 2006.

⁵ <http://www.gavialliance.org/>

children's lives and protecting peoples' health by increasing access to immunisation in poor countries. This includes 1) strengthening the routine immunisation services, 2) increasing the use of underused vaccines and 3) accelerating the development of and access to new priority vaccines and immunisation-related technologies. Norway has emphasised that GAVI should not only be a supplier of vaccines, but should also promote the building of health systems.

The European and Developing Countries Clinical Trials Partnership (EDCTP)

The European and Developing Countries Clinical Trials Partnership (EDCTP)⁶ seeks to develop new clinical interventions to combat HIV/AIDS, tuberculosis and malaria through European research integration and in partnership with sub-Saharan African countries. The EDCTP is working to accelerate the development of new or improved drugs and vaccines, especially through phase II and III clinical trials. Norway is one of 16 European member states and has contributed organisational and scientific resources to the EDCTP. A continuation and extension of the programme (EDCTP-II) is under planning.

Other global funds and partnerships

Norway supports many international initiatives established to fight poverty and poverty-related diseases. Current contributions to global health research include: research programmes through the World Health Organization (WHO), the World Bank, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations' Global Strategy for Women's and Children's Health,⁷ the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM),⁸ the Bill and Melinda Gates Foundation (BMGF), and the International Partnership on Microbicides (IPM). Further, Norway contributes to vaccination research through the International AIDS Vaccine Initiative (IAVI). Finally, an Indo-Norwegian collaboration on vaccine research was initiated in 2006 between the Research Council of Norway and Department of Biotechnology (DBT), India, including both human and fish/veterinary vaccines.⁹

2.1.3 The need for Norwegian investments in global health research

Norwegian investments in global health research can be justified from a development perspective and a global perspective, and are in line with recent governmental strategies.

Development perspective

Health problems in low- and middle-income countries contribute substantially to the global burden of disease, and include diseases and health problems that are often neglected, but severely affect marginalised populations. The need for research and research funding is substantial.

Global perspective

First, international research collaboration can be of mutual benefit for generating new knowledge and competency.

⁶ <http://www.edctp.org/>

⁷ <http://www.un.org/sg/globalstrategy>

⁸ <http://www.theglobalfund.org/>

⁹ Roadmap: Indo-Norwegian collaboration in vaccination research, 2006

Second, the global burden of disease is changing. Non-communicable diseases are increasingly gaining ground in low- and middle-income countries, and at the same time, communicable diseases are spreading to new areas and populations. Hence, research capacity and expertise on communicable diseases is critical to Norway's ability to respond to the threat of emerging and recurrent infectious diseases, while Norwegian competence on non-communicable diseases is increasingly relevant for low- and middle-income countries.

Third, research will contribute to knowledge that can support Norwegian international health policy and participation in international health initiatives.

Governmental strategies

The Norwegian white paper on research¹⁰ emphasises the need for global health research to address health challenges broadly, i.e. to combat poverty-related diseases, reduce maternal and child mortality, meet new epidemiological challenges associated with chronic diseases, provide good health systems, combat new pandemics, and address health impacts resulting from climate change and social inequalities in health. The government will work to enable poor countries to solve their own challenges with regard to generating knowledge related to health. Internationalisation of research is also important to improve the quality and relevance of Norwegian research and for providing access to research conducted outside of Norway.

A new white paper on global health (under development) highlights maternal and child health, human security, and prevention and health promotion.

Global health research is one out of five priorities in the Norwegian Government's World Health Organization strategy.¹¹

2.1.4 The Programme for Global Health and Vaccination Research - GLOBVAC

The Programme for Global Health and Vaccination Research – GLOBVAC (2012-2020) is a continuation and expansion of the previous programme under the same name (2006-2011)¹² which, again, was an expansion of the Programme for Global Health Research – GLOBHELS (2003 – 2006). The midterm external review in November 2009 concluded that the programme was an excellent initiative that should be sustained and expanded.¹³ The current programme builds upon recommendations from the midterm review and discussions with the funding ministries.

2.1.5 Relevance of the programme to the Research Council's strategies

The programme addresses several of the key challenges outlined in the Research Council's overall strategy¹⁴ - to enhance the quality and capacity of Norwegian research, to strengthen research of

¹⁰ White paper: Report No. 30 (2008-2009) to the Storting: *Climate for research* (full report is available in Norwegian only, summary in English).

¹¹ Norwegian WHO strategy. Norway as a member of WHO's executive board 2010-2013. Norwegian Ministry of Health and Care Services and Norwegian Ministry of Foreign Affairs.

¹² Programme plan: Research for sustainable improvements in health in low- and middle-income countries, Programme for Global Health and Vaccination Research – GLOBVAC, April 2007.

¹³ GLOBVAC – Research and capacity building for global health, Midterm external review of the Programme for Global Health and Vaccination Research (GLOBVAC), November 2009.

¹⁴ In the Vanguard of Research. Strategy for the Research Council of Norway, 2009-2012

importance to the needs of society, to strengthen international cooperation, and to contribute towards the global knowledge pool by providing results that can benefit many and that can be translated into policy and action.

In addition, activities under the programme will contribute to realising four of the five main objectives of the Research Council's international strategy¹⁵ - global challenges to society, enhancing the quality and capacity of Norwegian research, securing Norwegian access to international knowledge production and promoting Norway as a leading research and innovation nation in this selected research area.

Finally, the programme is in close alignment with the Research Council's policy for medical and health-related research, in particular the global health challenges related to poverty.¹⁶

2.1.6 Key stakeholders and users of the programme

Key stakeholders and users of the programme are policymakers in the ministries and directorates, in particular the Ministry of Foreign Affairs, the Norwegian Agency for Development Cooperation - Norad, the Ministry of Health and Care Services, the Norwegian Directorate of Health, the Ministry of Research and Education, and the Office of the Prime Minister.

2.2 Scientific perspectives

2.2.1 Thematic areas

Vaccine and vaccination research has the potential to contribute to the development of new or improved vaccines and vaccination strategies, which are considered among the most cost-effective interventions to improve health in low- and middle-income countries. Health systems and health policy research is recognised as playing a key role in ensuring the sustainability of improvements in health. Implementation research is essential to learn whether efficacious health interventions also work in realistic settings as well as how to scale up interventions of proven efficacy. The midterm external review identified health systems research and implementation research as areas that should be strengthened in the continuation of the programme. Innovation and development of affordable and appropriate technologies for resource-constrained settings will be important contributions to solving some of the health problems in these areas.

2.2.2 Norwegian expertise

During the first phase of the programme, investments were made in particular in vaccine and vaccination research. It was evident from the calls for proposals that Norway has a number of research groups working on airborne infections, including tuberculosis and meningococcal disease, HIV and diarrhoeal diseases. There are also research groups with solid expertise in immunology that may contribute substantially to our understanding of disease mechanisms and the potential control of infectious diseases. There is a potential for bringing promising pre-clinical products into clinical development. Further, several groups are active in the field of health systems research, including health information systems and mobile technologies for health.

¹⁵ The Research Council of Norway: Strategy for International Cooperation, 2010-2020

¹⁶ Medical and Health-related Research. The Research Council of Norway's policy for 2007-2012

An increasing number of research groups applied for funding under the previous phase of the programme, including some that have not traditionally worked in the field of global health. Specific attention must be paid to supporting the promising human capacity being developed in global health research, both in Norway and in the partner low- and middle-income countries.

Norway has few and relatively small research groups in the field of global health research. A majority of global health research in Norway is conducted by the universities, in particular at the University of Bergen and University of Oslo and associated university hospitals. A few independent research institutes are also active in global health research, such as the Norwegian Institute of Public Health and SINTEF. Global health should be made a strategic priority at Norwegian research institutions.

The research groups are relatively well balanced in terms of gender distribution. However, as with many other research areas, there is a need to recruit young scientists and stimulate career development paths, in particular as many of the established researchers in global health are approaching their retirement age.

3. Objectives

3.1 Primary objective

The primary objective of the programme is to support research that can contribute to sustainable improvements in health and health equity for poor people in low- and middle-income countries.

3.2 Secondary objectives

Secondary objectives of the programme are to:

- support high-quality research that has the potential to lead to improved health and health equity for poor people in low- and middle-income countries;
- develop and support internationally competitive and sustainable public and private research groups and institutions in Norway;
- develop and support national and international research collaboration and partnerships;
- secure capacity building through developing and supporting partnerships with research groups and institutions in low- and middle-income countries;
- inform and increase awareness among policymakers, researchers and the public about needs for and results from global health research.

4. Priority research tasks

The programme will support research that in general address health problems for poor people in low-income countries, and projects on product development in middle-income countries. Emphasis should be on the health-related millennium development goals, i.e. on child and maternal health and communicable diseases.

4.1 Thematic priority areas

The programme has a wide scope, but will give highest priority to projects in the following thematic priority areas:

1. Vaccine and vaccination research;
2. Health systems and health policy research;
3. Innovation in technology and methods development;
4. Implementation research.

The composition of the thematic priority areas may be modified in accordance with current research needs, political priorities and funding available.

4.1.1 Vaccine and vaccination research

This thematic priority area encompasses all aspects of vaccine research, including epidemiology, diagnostics, vaccine discovery/design, vaccine development, evaluation/testing of vaccines, and delivery/implementation of vaccination strategies. In particular research that leads to advancement from pre-clinical to clinical testing as well as participation in international product development are encouraged.

4.1.2 Health systems and health policy research

This thematic priority area includes the production and application of knowledge to improve how societies organise themselves in order to achieve health goals. It encompasses how societies plan, manage and finance health services as well as investigation of the role and interests of different actors in the health system. It includes research on human resources, health services and health information systems. Health systems and health policy research draws upon a variety of disciplines, including economics, sociology, anthropology, political science and epidemiology.

4.1.3 Innovation in technology and methods development

This thematic priority area includes research and innovation for the development of technology and methods that can help to meet the needs for patients and health personnel where appropriate technologies are not available or do not exist. This includes developing products of high quality for prevention, diagnosis and treatment that are appropriate, accessible and affordable in resource-constrained conditions.

4.1.4 Implementation research

This thematic priority area includes research to promote the uptake of research findings into public health programmes, and to expand knowledge on strategies for implementation and wider scaling-up of effective health interventions and health services.¹⁷ Research must be based upon and linked

¹⁷ There are several definitions of implementation research and science. The joint Framework for Operations and Implementation Research in Health and Disease Control Programs developed through a collaborative effort between the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Special Program for Research and Training in Tropical Diseases (TDR) and an inter-agency technical working group is used to guide GLOBVAC activities in this area, <http://www.who.int/hiv/pub/operational/framework/en/index.html>. More information is also available through the Implementation Research Platform managed by the Alliance for Health Policy and Systems Research <http://www.who.int/alliance-hpsr/en/>

to health implementation activities in low- and middle-income countries. Potential synergies with the Norwegian Programme for Capacity Building in Higher Education and Research for Development (NORHED¹⁸) are desirable.

4.2. Strategic priorities

4.2.1 Project quality and potential for impact

The programme will support internationally competitive research projects. Emphasis will be placed on areas where Norway has established, or has the potential to establish, internationally competitive research environments, or has special competence and expertise. The programme will provide substantial support to the projects of highest quality, and monitor the quality of projects as they are conducted, through annual reports and site visits.

The programme will support research of potentially high impact. In particular, the programme will support research that will contribute to the achievement of the health MDGs and other major global health endeavours, such as GAVI, GFATM and the United Nations' Global Strategy for Women's and Children's Health.

The programme will employ the Research Council funding instruments that are deemed appropriate, such as support for researcher projects, innovation projects, institutional support, etc.

4.2.2 Norwegian capacity building and national collaborative activities

The programme will provide support to public and private Norwegian research groups and institutions. Research capacity building at Norwegian institutions, including research training at doctorate and/or post-doctorate level, should be an integral part of all projects. National collaborative activities are to be strengthened, taking advantage of complementary competence. Norwegian capacity building and national collaboration may be strengthened through the following measures:

- Recruitment of new researchers in Norway, e.g. by providing support for training and career development;
- Recruitment of new research groups with expertise of relevance to global health;
- Encouraging long-term commitments from Norwegian research institutions, such as providing positions and securing continuation of activities beyond the duration of individual projects and the programme itself;
- Alignment and potential coordination with other relevant and related Norwegian actors/funders/investments, including other funding mechanisms at the Research Council, Norad, NORHED, the Norwegian Forum for Global Health Research, foundations, charity, philanthropy and others;
- Stimulation of contributions from the private sector for public-private partnerships in global health and vaccination research.

¹⁸ <http://www.siu.no/eng/Front-Page/Programme-information/Development-cooperation/NORHED>

4.2.3 International collaboration

It is important to achieve stronger international collaboration and partnerships between Norwegian research environments and highly qualified international research groups and institutions. Funding from the programme will primarily be allocated to Norwegian research groups and to support partners and activities in low- and middle-income countries. Consortia of leading research groups, with co-funding from other agencies, are encouraged. International collaboration may be strengthened through the following measures:

- Established collaborations should be sustained;
- Activities should build upon and be linked to existing Norwegian investments abroad, in particular the European Union (EU) Framework Programmes (FP) for health and the Norad/Ministry of Foreign Affairs' investments in global health;
- Strategic partnerships should be developed with key international actors, such as the World Health Organization (WHO), the US National Institutes of Health (NIH),¹⁹ funders, research institutions, product development partnerships (PDPs) and others, where clear benefits/leverage can be anticipated;
- Research partnerships should be encouraged and facilitated, both where international research groups and institutions can become partners on proposals to the programme from Norwegian institutions, and where Norwegian research groups can become partners on international research projects.

4.2.4 Capacity building in low- and middle-income countries

Projects with activities in low- or middle-income countries must contribute to research capacity development in the context of the projects. This may include having partners from these countries, contributing to research training (doctoral/post-doctoral level) and leadership development (e.g. Principal Investigators), providing support for research activities in these countries, ensuring open access publications, as well as providing support for research equipment and to some extent research infrastructure. The programme will build upon and collaborate with other capacity-building programmes to achieve support for junior faculty and for researchers to return to and establish research groups in their home countries. Capacity development in low- and middle-income countries will be facilitated by establishing stronger connections and better alignment and coordination with other Norwegian investments, in particular with Norad and NORHED.

5. Communication and dissemination activities

Communication and dissemination activities are to contribute to informing and increasing awareness among policymakers, researchers and the public about needs for and results from global health research. The programme will maintain high visibility among national and international research groups, policymakers, funders and the public at large. Communication and dissemination activities will be designed to:

- Attract outstanding research groups as applicants to the programme;
- Demonstrate results from the programme to the funding ministries;

¹⁹ A letter of intent was signed between the US National Institutes of Health and the Research Council of Norway in April 2010 to foster collaborative biomedical and health research of excellent standards.

- Inform the policy debate and increase awareness of health as a public good and fundamental right.

A separate communication plan will specify communication and dissemination goals and activities, and will be updated annually.

5.1 General information and profiling of the programme

The programme's webpages²⁰ are the main source for updated information from the programme, including news articles, calls for proposals, information about annual conferences and key documents. The programme's webpages also include a searchable database with key information about projects funded by the programme, and provide information about relevant external funding opportunities. Certain key information, such as calls for proposals, conferences and news articles of particular interest are also published on the Research Council central website.²¹ News articles are occasionally published on forskning.no,²² currently the largest Scandinavian online news service covering Norwegian and international research. Electronic newsletters are distributed to lists of subscribers from the programme's webpages and the Research Council website. The programme collaborates with the Norwegian Forum for Global Health Research, which publishes more comprehensive information about external conferences and funding opportunities on its website,²³ and manages a more comprehensive searchable database of Norwegian global health research activities.

5.2. Dissemination to relevant users

5.2.1 Norwegian policymakers

The Research Council serves in an advisory capacity to the government also on global health issues. Dissemination of results from the programme to policymakers in the ministries and directorates will be ensured through official reports and meetings between the Research Council and the ministries, the annual programme conference, and other channels as deemed necessary.

5.2.2 Researchers

The programme will facilitate the communication of information about research results to Norwegian and international researchers funded by the programme and to other researchers working within global health research. Dissemination of research results is primarily based on information provided by researchers, through project reports to the Research Council, publications in peer-reviewed journals, and popular science presentations and news in various media. The programme will promote sharing of results between researchers in Norway and in low- and middle-income countries. Open access publication is encouraged. The programme will seek to further facilitate the communication of research results to policymakers in these countries.

²⁰ www.rcn.no/globvac

²¹ www.rcn.no

²² www.forskning.no

²³ www.globalhealth.no

5.2.3 Annual conference

The annual Conference on Global Health and Vaccination Research, organised since 2006, has become a central meeting place for Norwegian and international researchers and policymakers in global health. The conference is organised in collaboration with key Norwegian stakeholders, such as Norad, the Norwegian Directorate of Health, the Norwegian Forum for Global Health Research, and a local organiser, usually the host university.

5.3 Dissemination to the public

The programme will work to raise awareness among the general public regarding global health and health research. Popular science dissemination will be carried out via the Research Council publications and website, forskning.no, and occasional releases in the mass media. The programme will take active part in the general public debate, e.g. through feature stories in national newspapers.

6. Budget

The programme currently has a budget of NOK 55 million per year from Norad for the 2012-2020 period, with emphasis on vaccine and vaccination research. Norad is working to increase the funding to the other thematic priority areas beyond the current level (NOK 7 million per year). The Ministry of Health and Care Services has so far confirmed continued funding at NOK 8.5 million per year.

Programme funding for the period 2016-2020 depends on a satisfactory result from the midterm external review to be conducted in 2014/2015, as well as on the priorities established by the Norwegian Government, approved by the Storting (Norwegian national assembly).

There is a need to extend and increase the programme substantially to obtain a sustainable national investment in global health research.²⁴ Emphasis should initially be placed on the health-related millennium development goals, i.e. on child and maternal health and communicable diseases. With additional funding, the programme could be expanded to include non-communicable diseases and emerging global health challenges. Activities that are mainly motivated from a development perspective should be funded by the Ministry of Foreign Affairs/Norad, while activities that are motivated from a global perspective should be co-funded by the Ministry of Health and Care Services.

7. Coordination with other related programmes and instruments at the Research Council

Activities are to be coordinated with other related programmes and instruments at the Research Council when appropriate. Global perspectives should be incorporated into other health programmes at the Research Council.

²⁴ Global health research - Report from a planning committee commissioned by the Research Council of Norway, November 2004.

The potential for collaboration with other funding mechanisms and programmes for health research at the Research Council is to be mapped and developed. Potentially relevant programmes are: Health and Care Services (HELSEOMSORG), Public Health (FOLKEHELSE), Clinical Research (KLINISKFORSKNING), Environmental Exposures and Health Outcomes (MILPAAHEL), Mental Health (PSYKISKHELSE), and Funding Schemes for Independent Projects in Biology and Biomedicine (FRIBIO), Clinical Medicine and Public Health (FRIMED) and Environment and Development (FRIMUF).

The potential for collaboration with other funding mechanisms for innovation and technology development at the Research Council will also be mapped and developed. Potentially relevant programmes are: User-driven Research based Innovation (BIA), Biotechnology, Core Competence and Value Addition in ICT (VERDIKT), and Commercialising R&D results (FORNY2020).

8. Organisation

The Division for Society and Health has the overall responsibility for the programme. The programme is administered by a programme board that is nominated by and acts on behalf of the Research Council.

8.1 Programme board

The programme board is charged with ensuring that the programme meets its designated objectives and is implemented as optimally as possible in accordance with the stipulated plans and within the parameters approved by the division research board.

The efforts of the programme board are largely strategic in nature. It is the core task of the programme board to oversee the Research Council's initiative within the field of research covered by the programme, and to help to realise relevant aspects of the Research Council's overall strategy.

The programme board makes the final decisions regarding allocation of funding to research projects. Funding must be set aside for daily tasks, information activities and dissemination of research findings.

The programme board is responsible for ensuring that the disposition of resources and all agreements signed are in compliance with the parameters and guidelines set out for the programme, and that no other obligations are conferred upon the Research Council. All activities must be planned with the aim of minimising financial transfers from one year to the next.

8.2 Programme subcommittees

The programme board can delegate defined tasks to subgroups of the board. Examples are special tasks on behalf of the Research Council or the Government. The subgroups report to the programme board.

8.3 Contact information

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