



CHILD HEALTH AND NUTRITION RESEARCH INITIATIVE (CHNRI)

THE 10/90 GAP AND RESEARCH INVESTMENT

In 1990, estimates indicated disparity in health research investment for the highest disease burden in children, referred as the '10/90 gap'. Over last 2 decades, with commitment of the global community to MDGs, there have been great improvements in children's' health and nutrition. But the consequences of the 10/90 gap are evident in the arena of child health and nutrition. Yet today, predominantly 3 conditions: acute respiratory infections, diarrhea and perinatal conditions are the leading killers in childhood and are among the top 10 contributors to global disease burden. Additionally, malnutrition is an underlying factor in at least 50% of the child deaths. This indicated need for rethinking on appropriate resources allocation in alignment with research priorities, undertaking cross-sectoral and multidisciplinary research on high priority areas for optimal outcome and impact on MDG achievement.

GENESIS OF CHNRI

Child Health and Nutrition Research Initiative (CHNRI) was created by the Foundation Council of the Global Forum for Health and Research (GFHR) in 2001 in Geneva with seed funding from World Bank. CHNRI was created by GFHR with a mandate to advocate research programs directed at addressing the conditions responsible for most disease burden and death in children, especially in developing countries. In 2006 CHNRI became an international Swiss Foundation with independent governance mechanism. CHNRI has been established with the purpose of helping to achieve the Millennium Development Goals of eradicating extreme poverty and hunger (1), reducing child mortality (4) and combating malaria, HIV/AIDS and other diseases in children (6).

VISION

To improve the health and nutrition of all children in low- and middle- income countries through research that informs policy and practice

MISSION

To use evidence-informed advocacy to influence governments and funding agencies to prioritize child health and nutrition-related research and to strengthen research capacity in low and middle-income countries

SUPPORTING RESEARCH

Since 2001, CHNRI has supported commissioned 9 research projects and analysis on priority issues in low and middle income countries. The research projects undertaken by CHNRI are:

1. *Identification of regional child health and nutrition research agendas and mapping of actors*
 - Child health and nutrition research in Sub-Saharan Africa: A regional profile of research priorities and role players
 - Child health and nutrition research in Asia-Pacific: An assessment of research priorities and research institutions
 - Challenges for child health and nutrition research in Latin America: Addressing the 10/90 Gap
2. *Interventions to scale up promotion of exclusive breastfeeding to six months through IMCI*
 - Increasing the Duration of Exclusive Breastfeeding in El Alto, Bolivia through community based approach and provision of health services
 - Promoting exclusive breastfeeding in Madagascar: A streamlined approach to expand to two new regions
3. *Burden of low birth weight and explore the relationship between LBW, neonatal morbidity and causes of death*
 - Low birth weight and prematurity in rural Bangladesh: Levels, determinants and consequences for neonatal morbidity and survival
 - Low birth weight: A case-control study of risk factors and neonatal mortality in Gambia
4. *Evaluating impact of large scale or national child health and nutrition interventions*
 - Assessing the effectiveness of biannual vitamin-A capsule distribution in Mali through National Nutrition Weeks
 - Better use of public health campaigns for child survival: The impact and operations of Papua New Guinea's Supplementary Immunization Activity 2003-05.



RESEARCH PRIORITY SETTING

The dominant models of priority setting in health research investments today continues to result in gross underachievement of potential disease burden reduction among world's children indicates need for a sound and informed process to make decisions on health research priorities at global, regional and national levels. CHNRI proposed a new approach to undertaking health research priority setting in a fair, inclusive, transparent way and respecting the principles of risk-neutral investing. Over last 5 years, CHNRI has developed a systematic methodology for setting priorities in health and nutrition research investments and to apply it to global and national child health and nutrition. This process involved critical participation of a large trans-disciplinary group of more than 30 issue experts. CHNRI methodology is now being accepted and used by many major donor organizations and international organizations as a substantial improvement over most, if not all previous approaches. More than several hundred experts from different disciplines have already taken part in using it. CHNRI methodology has been used identifying research priorities in specific to disease/ health conditions (diarrhea, pneumonia, birth asphyxia, and child development), broad health issues (mental health) and at national level (South Africa for child health) and global level (by WHO and Gates Foundation). The results of the CHNRI processes have been published by the leading biomedical journals.

GOVERNANCE

CHNRI Foundation Board is the highest policy-and decision-making body. The Board establishes the over arching policies and principles that guide the CHNRI activities. The Board members are renowned researchers, policy makers from different parts of the globe. The Board members are Dr. Robert Black (Chair), Dr Stanley Zlotkin, Dr Claudio F. Lanata, Dr Homero Martinez, Dr Richard Hurrel, Dr Shally Awasthi, Dr Maria Antonia G Tuazon, Dr Adnike Grange, Dr Demissie Habte, Dr Olivier Fontaine and Dr G. N. V. Ramanna.

CHNRI SECRETARIAT

CHNRI Secretariat is responsible for execution of the activities through maintaining operational, financial, communications and administrative support. CHNRI Secretariat is currently hosted at The INCLN Trust International, New Delhi, India and Dr. Narendra K. Arora is the Executive Director.

CONTACT US CHNRI Secretariat

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CHILD HEALTH & NUTRITION KNOWLEDGE NETWORK

CHNRI is working for increasing the level of communication and discussion amongst people working towards furthering research on child health and nutrition, such as researchers, policymakers, donors, healthcare providers and non-government organizations. *Child Health and Nutrition Knowledge Network (CHNKN)* is a novel initiative of CHNRI to achieve this objective. CHNKN is bringing interested researchers to a common platform (CHNKN Discussion Forum hosted on CHNRI website) to discuss on research priorities, develop collaboration and further the research agenda. Participation of policy makers and program managers from developing regions will further the alignment of research priorities with the child health program implementation and health system issues at national, regional and global levels. The CHNKN Discussion Forum hosted on CHNRI website provides an opportunity for raising issues related to child health, newborn health, nutrition, research priorities, program implementation and health system and stimulate live discussions among the members. CHNKN also envisages assisting young researchers with access to various resources on research and provide opportunity to interact with senior researchers and peers from their region and beyond. It will also include a map of regional actors in research for benefit of the community. This platform will also appraise the members on various funding and capacity building opportunities.