

CHAPTER 1

The Global Forum for Health Research: an overview

Summary

Global spending on health research by both the public and private sectors amounts to about US\$ 56 billion per year (1992 estimate). However, less than 10% of this is devoted to diseases or conditions that account for 90% of the global disease burden. The human and economic costs of such misallocation of resources are enormous. Among the recommendations made in 1996 by the Ad Hoc Committee on Health Research to help correct this 10/90 gap was the creation of the Global Forum for Health Research, which started its operations in January 1998 and became a foundation on 24 June 1998.

The central objective of the Global Forum is to help correct the 10/90 gap. Its specific objectives are to focus research efforts on diseases representing the heaviest burden on the world's health, improve the allocation of research funds and facilitate collaboration between the Forum's partners (government policy-makers, multilateral and bilateral aid agencies, international foundations, national and international NGOs, women's organizations, research institutions and universities, private-sector companies and the media). The Global Forum believes that solutions to health challenges will depend on the strength of the partnerships created between these constituencies over the years to come.

Chapter 1 summarizes the efforts undertaken in 1998-99 by the Global Forum and its partners and prospects for 2000-2001 under each of its five strategies:

- Annual Forum: Forum 2 and Forum 3 were held in June 1998 and June 1999 respectively; Forum 4 is integrated into the International Conference on Health Research for Development (Bangkok, October 2000).
- Analytical work in priority setting: activities focused on burden of disease, cost-effectiveness, resource flows and the development of a practical framework for priority setting.
- Initiatives in key areas of health research: progress was made under a number of initiatives such as the Alliance for Health Policy and Systems Research, Medicines for Malaria Venture, Global Tuberculosis Research Initiative, Cardiovascular Health in Developing Countries, Initiative on Violence against Women, Initiative on Child Health and Nutrition, and Public/Private Partnerships Initiative.
- Communication and information: work continues on the development of networks of partners in the constituencies of the Global Forum, the development of the website and work with the media.
- Indicators of performance.

Finally, this chapter draws attention to the overall health research governance and the possible role of the Global Forum in this context.

Chapter 1. The Global Forum for Health Research: an overview

Section 1. The central problem in health research: the 10/90 gap

Global spending on health research by both the public and private sectors amounts to about US\$ 56 billion per year (1992 estimate). However, less than 10% of this is devoted to 90% of the world's health problems¹ as measured by the number of DALYs² lost. The human and economic costs of such misallocation of resources are enormous.

The most recent work by WHO on the global disease burden is summarized in Insert 1.1, and the burden of disease due to selected risk factors is shown in Insert 1.2.

The 1996 Ad Hoc Committee on Health Research made 17 recommendations designed to help correct the 10/90 gap. These recommendations are summarized in *The 10/90 Report on Health Research, 1999*³; one of them was the creation of the Global Forum for Health Research.

¹ This problem was first highlighted by the Commission on Health Research for Development in its 1990 Report *Health Research, Essential Link to Equity in Development* (referred to hereafter as the 1990 Commission Report). This report was followed by the 1996 Report of the WHO Ad Hoc Committee on Health Research *Investing in Health Research and Development* (referred to hereafter as the Ad Hoc Committee Report), which confirmed the findings of the Commission Report.

² The DALY (Disability Adjusted Life Years) is an indicator developed for the calculation of the burden of disease which quantifies, in a single indicator, time lost due to premature death with time lived with a disability. A number of explicit choices about age weighting, time preference, and preference for health states are made in the calculation of DALYs. Other indicators have been developed in recent years (HEALYs, QALYs for example) based on the same model. The results of the various models however lead to similar conclusions about the burden of disease and risk factors in the world and their likely evolution in the coming 20 years.

³ Global Forum for Health Research, *The 10/90 Report on Health Research, 1999* (pages 30-32).

Insert 1.1⁴⁵**Global estimates of disease burden for major diseases in 1998 and 2020**
(measured in DALYs)

Cause (as a percentage of total burden of disease)	Burden of disease			
	1998 Low-income countries	1998 High-income countries	1998 World	2020
Lower respiratory infections	6.4	1.3	6.0	3.1
Perinatal conditions	6.2	1.9	5.8	2.5
Diarrhoeal diseases	5.7	0.3	5.3	2.7
HIV/AIDS	5.5	0.9	5.1	2.6
Unipolar major depression	4.0	6.5	4.2	5.7
Ischaemic heart disease	3.3	8.8	3.8	5.9
Cerebrovascular disease	2.9	4.8	3.0	4.4
Malaria	3.1	0	2.8	1.1
Motor vehicle accidents	2.7	4.2	2.8	5.1
Tuberculosis	2.2	0.1	2.0	3.1
Chronic obstructive pulmonary disease	2.1	2.3	2.1	4.1
War	1.7	0.1	1.5	3.0

Insert 1.2⁴**Burden of disease due to selected risk factors, 1995 (as percent of global DALYs)**
[will be in tabular form]

Outdoor air pollution	0.4%
Illicit drugs	0.5%
Physical inactivity	1.0%
Hypertension	1.5%
Occupational hazards	2.6%
Tobacco	3.1%
Indoor air pollution	3.3%
Alcohol	3.3%
Unsafe sex	3.7%
Water/sanitation	6.7%
Malnutrition	15.8%

⁴ Julio Frenk and Christopher J.L. Murray, WHO, *Overview of the Health Situation in the World and Perspectives for 2020*. Presented at Forum 3 of the Global Forum for Health Research, 8-10 June 1999, Geneva.

⁵ World Health Report, WHO, 1999.

Section 2. Creation, objectives and strategies of the Global Forum for Health Research

1. Creation

The Global Forum for Health Research started its operations in January 1998 and became a legal entity (an international foundation registered in Switzerland) on 24 June 1998. The Global Forum aims to bring together a wide range of partners including:

- government policy-makers
- multilateral organizations
- bilateral aid donors
- international foundations
- national and international NGOs
- women's organizations
- research-oriented bodies and universities
- private-sector companies
- the media.

The Global Forum believes that solutions to current health challenges will depend on the strength of the partnerships created between members of these nine constituencies over the years to come.

The Global Forum is managed by a Foundation Council of 20 members representing the above constituencies and a small Secretariat located in the offices of the World Health Organization in Geneva. Basic decisions are made by the Foundation Council. The Statutes of the Foundation appear as Annex 1. Within the Foundation, there are no "members" as such, but "partners", each supporting the objectives and activities of the Forum in very different ways. Some may be able to come to the Annual Meeting of the Forum, others may not; they all remain equal partners in the pursuit of the Forum objectives – united in the belief that, by joining forces, they can help improve the 10/90 gap. Any person or institution actively supporting the objectives of the Global Forum is a partner in the Global Forum and may be selected to become a member of the Foundation Council. Foundation Council members are nominated for a period of three years, with appointments staggered in order to provide a rotating membership.

The Foundation Council is assisted by a Strategic and Technical Advisory Committee (STRATEC). The members of STRATEC are selected from among members of the Foundation Council. They are nominated for a two-year term, with appointments staggered to provide a rotating membership.

2. Objectives

The central objective of the Global Forum is to help correct the 10/90 gap. Specific objectives are to help focus research efforts on diseases representing the heaviest burden on the world's health, seek to improve the allocation of research funds and facilitate collaboration between partners in both the public and private sectors.

3. Strategies

In pursuit of its central objective, the Global Forum has adopted the following five strategies:

Annual Forum

Throughout the year, and particularly at its annual meeting, the Global Forum acts as a “marketplace” where health problems and priorities can be examined by a variety of decision-makers, policy-makers and researchers. Presentations at the annual meeting address the latest thinking on the 10/90 gap and act as a catalyst for action during the following year.

Analytical work for priority setting

In the field of analytical work and in line with its central objective of helping to correct the 10/90 gap, the Global Forum currently concentrates its efforts on the following:

- methodologies for priority setting
- burden of disease and health determinants, particularly in the Forum priority areas
- cost-effectiveness analyses
- analysis of resource flows and monitoring progress in correcting the 10/90 gap.

Initiatives in key health research areas

Initiatives bring together a wide range of partners in a concerted effort to find solutions to key health problems. The magnitude of these problems is such that they are beyond the capacity of any single institution to resolve and require the concerted efforts of a coalition of partners. By acting together, the probability of finding solutions increases markedly.

Communication and information

One of the cornerstones of the work of the Global Forum is the Communication/Information Unit, which has responsibility for collecting and disseminating information about the 10/90 gap and measures taken to help correct this gap.

Evaluation and monitoring

The Global Forum seeks to measure progress in terms of its contribution to the correction of the 10/90 gap.

4. Collaboration between the Global Forum and other institutions: partnerships

In the Global Forum for Health Research, partnerships are defined as groups of allies sharing the goals, efforts and rewards of a joint undertaking. To be effective, potential Global Forum partnerships should meet the following criteria:

- have clearly defined objectives and strategies
- bring together a diverse group of players and their unique ideas
- recognize the strengths of each organization
- use synergies between institutions on behalf of strategic issues
- agree upon a programme of complementary work and avoid duplication

- recognize the contributions of each partner
- acknowledge the importance of an organizational framework
- ensure effectiveness, efficiency and accountability
- build a critical mass of support for each of the efforts supported by the Forum.

On the basis of the above criteria, collaboration can take very different forms, including:

- collaboration between governing boards, such as those of the Global Forum for Health Research, the Council on Health Research for Development (COHRED) and the International Clinical Epidemiology Network (INCLLEN)
- joint research projects, such as burden of disease, cost-effectiveness and resource flows analyses
- joint initiatives, such as the Alliance for Health Policy and Health Systems Research, Public/Private Partnerships for Health Research, or the Initiative on Child Health and Nutrition, with representatives from multilateral and bilateral aid agencies, foundations, NGOs, research institutions and pharmaceutical companies
- joint conferences, such as the International Conference on Health Research (Bangkok, October 2000).

Section 3. Review of the main Global Forum activities in 1998-99 and prospects for 2000-2001

1. Annual Forum

The first annual meeting (Forum 1, June 1997) had two major objectives: to launch the Global Forum for Health Research and define its objectives, strategies, partners and organization; and to review the first initiatives, aimed at improving the allocation of research funds to better address the health problems of the poor.

Forum 2 (June 1998) and Forum 3 (June 1999) focused on the work undertaken by many Global Forum partners over the past two years in the following fields:

- analytical work in priority setting and its main components (framework for setting priorities, burden of disease, cost-effectiveness of health research, resource flows in health research)
- progress in a number of health research initiatives aimed at redressing the 10/90 imbalance.

Forum 3, in particular, provided an opportunity to discuss the latest developments in the following initiatives supported by the Global Forum: Alliance for Health Policy and Systems Research, Child Health and Nutrition, Public/Private Partnerships for Health Research (including the Medicines for Malaria Venture), Initiative on Violence against Women, Global Tuberculosis Research Initiative, and Cardiovascular Health in Developing Countries. It also included discussion of progress made under two major WHO-led initiatives (Roll Back Malaria and the Tobacco Free Initiative) as well as the preparatory steps for the launching of future initiatives, particularly in the field of mental health and disorders of the nervous

system in developing countries, road traffic injuries and research capacity strengthening. The Agenda for Forum 3 appears as Annex 2 to this Report.

Forum 4 will be incorporated in the International Conference on Health Research for Development which will be held on 10-13 October 2000 in Bangkok under the leadership of WHO, the World Bank, COHRED and the Global Forum for Health Research. The major objectives of the Conference are to review past achievements in health research and develop a vision and health research action plan for the coming decade.

Forum 5 will be held in Geneva on 9-12 October 2001. Its objective is to continue to measure progress on the way to correcting the 10/90 gap and to identify the actions necessary for the efficient and effective pursuit of this objective.

2. Analytical work in priority setting⁶

The main activities of the Global Forum in the field of priority setting in 1998-99 and prospects for 2000-2001 are:

(i) *Burden of Disease*

Financial support for the following studies, projects and/or networks:

- The WHO-coordinated Global Burden of Disease 2000 Project (GBD 2000) and its Virtual Network on Descriptive Epidemiology (VINEDE). This project involves the updating of some of the GBD 1990 estimates.
- The International Burden of Disease Network (IBDN), which seeks to promote the best use of the burden of disease methodology and to train investigators.
- Research groups in developing countries working on burden of disease studies.
- Studies on the relationship between poverty and health and, more specifically, studies on the burden of disease among the poor.
- A study of the burden of neuro-psychiatric disorders in developing countries with a view to identifying research priorities, key elements of mental health policies and cost-effective treatments.
- In 2000-2001, continuation of the above activities and support for burden of disease studies in the field of reproductive health, child health and nutrition, violence against women and road traffic injuries; a key focus of these studies will be the issue of poverty and equity.

(ii) *Cost-effectiveness*

Cost-effectiveness analysis helps identify interventions that are likely to produce the greatest improvements in health status for the available resources. The main activities of the Global Forum in this area are:

- Financial support for a project to develop and publish a standardized methodology for the assessment of the cost-effectiveness of health research interventions.
- Financial support for the analysis of interventions against anti-microbial resistance
- In 2000-2001, continuation of the above activities and review of lessons learned.

⁶ Detailed information is provided in chapter 3.

(iii) Resource flows

- In 1998-99, creation of an international Core Group to develop an institutional mechanism for the monitoring of global resource flows into health R&D.
- In 2000-2001, presentation of the first results and further improvements in the methodology.

(iv) Practical framework for priority setting

- In 1998-99, development of a practical framework for setting priorities (Chapter 8 of the 10/90 Report, 1999).
- In 2000-2001, testing of the practical framework with a number of Global Forum partners in the field of tropical diseases, mental health and disorders of the nervous system.

3. Initiatives supported by the Global Forum⁷

Initiatives are concerted efforts involving a large number of partners interested in working together to find solutions to critical health problems. The main activities of the Global Forum in supporting the development of such initiatives in the past two years and prospects for the future are summarized below (additional information is provided in chapter 6):

(i) Alliance for Health Policy and Health Systems Research

Over the past two years, the Alliance has focused on the definition of its objectives and strategies, the recruitment of a person to head a small Secretariat located at WHO in Geneva and the launching of the Secretariat's activities. Planned activities for 2000-2001 include the mapping of health policy and health systems research efforts, the identification of gaps and the definition of a longer-term plan of action in collaboration with all the partners. This initiative of the Global Forum and its partners is of key importance in the strategy to fight poverty and inequities.

(ii) Medicines for Malaria Venture

Following discussions in the public/private Strategic Planning Group since 1997, a new international foundation, the Medicines for Malaria Venture (MMV), was established in November 1999. Its aim is to bring public- and private-sector partners together to fund and provide managerial support for the discovery and development of new medicines for the treatment and prevention of malaria. This initiative is part of the Roll Back Malaria programme led by WHO. The Global Forum also channels World Bank funds to the Multilateral Initiative on Malaria in Africa (MIM).

(iii) Global Tuberculosis Research Initiative (GTRI)

The second meeting of GTRI was held in June 1999 with a particular focus on the definition of a TB research agenda for future drug development and TB control, including capacity strengthening in developing countries.

(iv) Initiative for Cardiovascular Health in Developing Countries

This initiative was launched at the International Heart Conference in Delhi in October 1999, following several meetings over the past two years involving a broad range of

⁷ Detailed information is provided in chapter 6.

interested partners. The global objective of the initiative for 2000-2001 is to measure the burden of disease and the role of the major risk factors for cardiovascular disease in developing countries, and to define and initiate cost-effective control measures.

(v) Initiative on Violence against Women

Following the discussions which took place during Forum 3 (June 1999), a consultation is planned for May 2000 to develop a suitable framework for generating data that will lead to measurement of the scale of the problem and a better understanding of the determinants and consequences of violence against women.

(vi) Initiative on Child Health and Nutrition

This initiative, launched during Forum 3 (June 1999), aims to bring partners together to coordinate research studies that will lead to improved and cost-effective interventions for child health and nutrition. A plan of activities for 2000-2001 was defined by the main actors at a meeting in Geneva in February 2000.

(vii) Public/Private Partnerships

Following the launch of MMV, the Foundation Council of the Global Forum decided to finance a small Public/Private Partnerships unit within the Global Forum Secretariat. The work of this unit will involve: tracking public/private partnerships, analysing best practices, identifying private and public non-OECD capabilities and facilitating the development of new partnerships. First activities were begun in January 2000.

The Global Forum is strongly supporting the WHO-led Tobacco Free Initiative, although in less direct ways. Further initiatives are under preparation, particularly in the field of mental health/disorders of the nervous system and road traffic injuries in developing countries.

4. Communication and Information

The main activities of the Communication/Information Unit of the Global Forum Secretariat over the past two years and prospects for the next two years include:

(i) Development of a network of partners in the constituencies of the Global Forum

This work is actively pursued to facilitate synergies and partnership possibilities.

(ii) Publications

The first *10/90 Report on Health Research 1999* was published in March 1999. Copies were distributed to the main partners, including ministries of health, national medical research councils, bilateral and multilateral aid agencies, UN specialized agencies, foundations and NGOs active or interested in health research, medical schools and universities, research institutes and the media.

(iii) Website

The Global Forum's website (www.globalforumhealth.org) was launched in early 1999 and will continue to be developed, with a focus on the 10/90 gap, health research priorities and initiatives/projects/studies which contribute to a narrowing of the gap. Continuously updated information is also provided on the preparation of the International Conference for Health Research and Development which will be held in Bangkok on 10-13 October 2000 (incorporating Forum 4 of the Global Forum for Health Research).

(iv) Working with the media

Information on the 10/90 gap (and actions to help correct it) is distributed to the media and specialized press.

(v) Research and decision-makers

The Global Forum seeks to understand the processes that influence decision-making in health research through sharing experiences with its partners around this key issue.

5. Indicators of performance

Internal and external evaluation of results is an integral part of the work of the Forum. Progress will be measured in terms of more widespread concern and knowledge of the gaps in health research and how priorities are set; the number and strength of initiatives which bring partners together in key areas of health research; improvements in the flow of resources and information; and effectiveness in bringing solutions to the health problems of the large majority of the world's population. An external evaluation is planned for 2001.

Section 4. Global Forum policies on cross-sectoral issues

1. Poverty and health research

Poverty is broadly defined as the lack of resources to satisfy basic needs. It is a condition which encompasses various forms of deprivation, including inadequate income, lack of education, poor health status and lack of access to health care, poor housing, lack of access to sanitation and safe drinking water, poor nutrition and lack of control over the reproductive process.

Data from the Global Burden of Disease Study (GBD 1990) have been used to examine the burden of disease among the global poor. The study revealed that:

- although the poor represent a quarter of the world's population of six billion people, they account for a disproportionately higher share of its disease burden
- an evaluation of the poorest 20% of the world's population indicates that they suffer more from all causes of ill-health, especially communicable diseases, than the richest 20%.⁸

⁸ Davidson R. Gwatkin and Michel Guillot, *The Burden of Disease among the Global Poor, Current Situation, Future Trends, and Implications for Strategy*, World Bank and Global Forum for Health Research, November 1999.

These data confirm that poverty is a cause, an associated factor, a catalyst and a result of ill-health. The Global Forum and its partners pay particular attention to the health/poverty interface as it is integral to its mission of helping to correct the 10/90 imbalance.

2. Gender and health research

The Global Forum is committed to achieving gender sensitivity in its work in an effort to promote progress towards social justice and ensure valid and reliable research outcomes. In the implementation of this policy, the Global Forum considers how health issues and risk factors differ between males and females and assesses the significance and policy implications of those differences.

The following indicators highlight the extent of the problem and the impact on women themselves, on their children and families and, ultimately, on national development as a whole:

- In many countries, infant girls are far less likely to receive medical attention than infant boys.
- About 40% of all women of reproductive age are anaemic (a level significantly higher than the estimated level for males).
- It is estimated that more than 60% of the world's poor are females.
- In many low-income countries, primary school enrolment for females is about 50% lower than for males, and secondary school enrolment about 35% lower.

The impact of this on the families concerned and on society as a whole is underscored by the importance of the social and economic role of women. According to World Bank sources:

- Women provide 70%-80% of health care in developing countries.
- At least 20% of all households in Africa and Latin America are headed by women.
- In some African countries, 80% of food for domestic consumption and at least 50% of export crops are produced by women.
- Women earn 40%-60% of household income, if home production is taken into account.

The Global Forum believes that a systematic approach to gender issues in all its activities is an important instrument to help correct the 10/90 gap.

3. Research capacity strengthening

Strengthening research capacity in developing countries is a powerful, cost-effective and sustainable means of advancing health and development. It aims to improve the capacity of individuals and institutions in middle- and low-income countries to address their health problems through research. There is a convergence of views among Global Forum partners for a review of the current situation and development

of a strategy for accelerating research capacity development.

Although substantial capacity exists, efforts must be focused on the identified needs of the countries concerned and on measurement of results. Such needs include policy formulation, burden of disease studies, analysis of determinants, analysis of cost-effectiveness of interventions and capacity for translating results of research into action.

The role of the Global Forum in capacity development is to:

- focus on the identified needs of developing countries
- provide a platform for a critical analysis of the strategies for capacity development and draw attention to best practices emerging from the exchange of views
- measure the results using clearly identified performance indicators.

Research capacity strengthening will continue to be supported as an important cross-cutting issue that underpins all activities of the Global Forum.

Section 5. The role of the Global Forum for Health Research in overall health research governance

It is more and more broadly recognized that global health is a global public good,⁹ not only because infectious diseases can rapidly affect millions of individuals around the globe or because the burden of noncommunicable diseases is passed on to the national community through medical insurance charges, but also because higher health levels lead to higher productivity and production and have a positive impact on development in general, through an increase in savings and investments, for the benefit of all.

Like other global public goods, global health and global health research suffer from insufficient investment – both overall and particularly for specific diseases, as underlined by the 10/90 gap. This is the result of what have been termed “externalities”, i.e. factors that are not taken into account in the decision-making process of any institution or individual but that have important or negative effects on the community as a whole. The problem is that, in allocating resources, decision-makers take mostly national and local considerations into account and not a world view of needs for health and health research. As a result, opportunities to provide important benefits for all are foregone. Although the leading UN agencies for health take a global view on health and health research, they cannot alone sufficiently influence decisions at the national level to ensure the integration of a global perspective. It is therefore the role of what might be called the “world health research governance”, with its multitude of actors, to study the problem and ensure that externalities are gradually integrated into the decision-making process.

It is possible to represent “world health research governance” as in Insert 1.3. The outer ellipse represents the extent of health problems to be solved in order to attain perfect health for all in the world. The institutions responsible for solving these

⁹ Inge Kaul, Isabelle Grunberg, Marc A. Stern, *Global Public Goods, International Cooperation in the 21st Century*, UNDP, Oxford University Press, March 1999. See in particular the article by Lincoln C. Chen, Tim G. Evans and Richard A. Cash, *Health as a Global Public Good* (pages 284-304).

problems are the World Health Organization and its Advisory Committee on Health Research, WHO Member States, research institutes and universities, the World Bank and other UN organizations, multilateral and bilateral aid agencies, NGOs, foundations and the private sector. But their efforts cannot solve all the problems represented by the outer ellipse: individual institutions only cover a limited amount of space in the overall ellipse.

The objective is gradually to reduce the space between these actors, as they integrate more and more of the world's health research needs. There are two ways to do this:

- Each actor/institution can take measures to internalize some of the “externalities” within its immediate sphere of influence. In Insert 1.3, this would correspond to an enlargement of the small blue-shaded capsules representing the activities of each institution.
- Through networking, the different actors can link their activities, thereby extending their sphere of influence. In Insert 1.3, this is shown by the grey-shaded ellipses (Global Forum, COHRED, the Alliance for Health Policy and Systems Research and the many other networks).

As pointed out by Chen, Evans and Cash,¹⁰ “Progress may come from the recognition that health as a global public good can be most effectively advanced not by a single top-down system but by the many actions of many actors. Conceptually and practically, many subsystems together could constitute a mosaic system of global health.”

The Global Forum for Health Research (and other networks with similar characteristics) must play a key role in the overall governance of health research, contributing to the integration of the whole. Its specific functions include the following:

- **The Global Forum as a network linking the efforts of key institutions in health research**
In order to find a solution to global problems (i.e. the integration of externalities), a large number of actors will be required to join forces. The role of the Global Forum is to help link the efforts of all the partners (inclusiveness principle) in the pursuit of its central objective: to help correct the 10/90 gap.
- **The Global Forum as a catalyst**
The Global Forum cannot and must not substitute for the efforts of others. Rather, it seeks to act as a catalyst for the efforts undertaken by its partners.
- **The Global Forum as a promoter of equality among partners**
Experience has shown that, in order to encourage the participation of all partners in a joint effort, it can be important to demonstrate equality among partners and provide a neutral ground for presentation and discussion.

¹⁰ Lincoln C. Chen, Tim G. Evans and Richard A. Cash, *Health as a Global Public Good*, *op.cit.*

- **The Global Forum as an informal contact point between partners and promoter of debate on contentious issues**
Informality of contacts is useful for creativity, brainstorming and exploring new solutions.
- **The Global Forum as a light decision-making process**
In line with the small size of its Secretariat, the Forum's decision-making mechanisms are light and non-bureaucratic. They enable the Forum to respond rapidly to developments: bringing together key people, for example, or taking advantage of unexpected research or funding opportunities.