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RÉSUMÉ

Les données sanitaires secondaires deviennent d'importantes sources d'information pour la recherche en santé. Malheureusement, il y a peu de lignes directrices nationales qui définissent des critères clairs pour les opérateurs de banques de données lorsqu'ils statuent sur les demandes d'accès aux données. C'est un problème particulier pour les chercheurs, et même pour les autorités de santé publique, qui souhaitent analyser des données sanitaires à l'échelle intergouvernementale. Une partie de la difficulté d'élaborer des normes nationales uniformes pourrait tenir aux différences dans les lois provinciales sur la protection des renseignements personnels, mais elle pourrait aussi résulter du manque de précision de la terminologie, tout particulièrement autour de la notion d'identifiabilité. Nous expliquons ici les différences entre l'identifiabilité et l'auto-identification dans l'espoir de contribuer à une discussion plus vaste sur l'établissement de lignes directrices nationales sur l'utilisation des données sanitaires secondaires à des fins de recherche.

Mots clés : protection de données; partage de données; informatique médicale

LETTER

Global Health Research Initiative (GHRI): A Response to Larson et al.'s Commentary on Grand Challenges Canada in *CJPH* 2011;102(2):149-51.

Dear Editor:

I am writing on behalf of the Global Health Research Initiative (GHRI) Steering Committee in reference to Larson et al.'s important commentary on Grand Challenges Canada.¹ In the commentary, the authors refer to GHRI, a partnership of five federal government agencies and departments that has been funding global health research since 2001. Larson et al. underscore the importance of GHRI and its capacity to address important global challenges in health through balanced funding across a wide research spectrum, from biomedical and clinical research to research on health systems and services and the socio-cultural, environmental factors that affect the health of populations. They also mention that GHRI "funding is now mostly spent" and indicate that "its renewal is still in doubt".

The GHRI Steering Committee would like to clarify that the partner agencies and staff are hard at work drafting a five-year strategic plan with the aim to renew the partnership's Memorandum of Understanding (MOU) later this year. Preparatory work has involved an extensive consultation process with GHRI-supported researchers; other stakeholders in Canada and in low- and middle-income countries (LMICs); and representatives from the GHRI partners and other Canadian government agencies and departments.

The new GHRI strategic plan will build on the successes of this 10-year Canadian federal partnership. GHRI-funded work contributes to worldwide efforts to improve disease surveillance, immunization efforts, and prevention and response to health threats of regional and global significance, including emerging infectious dis-

eases such as pandemic influenza, non-communicable chronic diseases, and vaccine-preventable diseases. In the last three years, GHRI launched three new programs that are now funding over 20 LMIC-Canadian teams. Since its inception, GHRI has nurtured equitable South-North collaborations by supporting nearly 200 Canadian researchers collaborating with over 500 LMIC researchers and decision-makers in over 60 countries, working on a wide range of global health research projects while building research capacity and promoting knowledge translation.

The GHRI partners are dedicated to supporting research for improved global health through partnerships between Canadian and LMIC researchers and decision-makers, and fostering important learning across boundaries, be they North-South, South-South or South-North.

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On behalf of the GHRI Steering Committee

REFERENCE

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Editor's Note: This letter was sent to the authors of the commentary, who declined the invitation to respond.