

**ESSENTIAL NATIONAL HEALTH RESEARCH**

# A Strategy for Action in Health and Human Development



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# Chapter One: What is ENHR?

## Introductory note: the origins of ENHR

Concerned that important health needs in the developing world were not being adequately addressed, a group of foundations, bilateral donors, and international agencies began in 1987 to consult health leaders from developing countries and representatives of interested agencies. Their deliberations led to the establishment of the Commission on Health Research for Development (CHRD). The specific mandate of the Commission was to produce an independent expert evaluation of the state of health research relevant to developing countries, and to make recommendations for action. The twelve Commissioners, eight of whom were from developing countries, represented a wide range of expertise and experience in health and development, with professional backgrounds in the biomedical, social, and nutritional sciences, law, economics and management.<sup>1</sup> Officially launched in October 1987, the Commission concluded its activities in June 1990, after publishing its report, *Health Research: Essential Link to Equity in Development*.

The Commission found that even though developing countries have made some significant progress in health and development in recent years, the progress is uneven and tragic inequalities persist both between and within nations. The critical finding of the Commission's study was "a gross mismatch between the burden of illness, which is overwhelmingly in the Third World, and investment in health research, which is overwhelmingly focused on the health problems of the industrialized countries." Many developing countries seriously neglect the research that they need to inform decision making on health actions, to improve efficiency and effectiveness of action for health, and to ensure that available resources achieve maximal results. To fill this major gap in health research, and to achieve equity in health and development, the Commission developed the concept of "Essential National Health Research" (ENHR). The commissioners were convinced that it is essential for each developing country to establish and strengthen an appropriate health research base:

To understand its own problems;  
to enhance the effectiveness of limited resources; to improve health policy and management;  
to foster innovation and experimentation; and  
to provide the foundation for a stronger developing country voice in setting international priorities.<sup>2</sup>

The Commission consulted with a broad range of experts in developing countries to gather information and to test its ideas. This process launched a worldwide movement for the promotion of ENHR efforts in developing countries. The findings and recommendations of the Commission have been widely discussed since the Report was formally presented at the 15th Nobel Conference in Stockholm in February 1990.

Acknowledging the centrality of research to health, the 43rd World Health Assembly (WHA) focused its Technical Discussions in May 1990 on "The role of health

research in the strategy for Health for All by the Year 2000 (HFA/2000)." During extensive discussions at plenary and group sessions, participants repeatedly referred to the need to establish and strengthen ENHR in their respective countries. It was agreed that ENHR ought to be an integral part of national strategies and plans for achieving HFA/2000. WHA Resolution 43.13, dealing with the Technical Discussions, urges bilateral and international development agencies, NGOs and philanthropic foundations to increase their support for essential health research and research capacity building.<sup>3</sup>

There is broad consensus in the international health community about the need to implement the Commission's main recommendations, which include:

1. **Development of ENHR** in each country;
2. **Strengthening of international partnerships** for the development of transferable knowledge that can solve common problems;
3. **Increased financial support** from national and international sources to intensify research on health problems of developing countries; and
4. **Establishment of an international forum** for reviewing the progress of health research for development and for advocating necessary improvements.

## What Is ENHR?

### Aspects of the ENHR strategy

Since the Commission published its report, there has been much discussion and debate about the exact meaning of ENHR:

- How does ENHR differ from the established systems of research currently operating in developing countries?
- Is ENHR another name for epidemiology, for health services research or for policy research?
- If ENHR deals with what is "essential," which elements of research are judged to be non-essential?

ENHR is an integrated strategy for organizing and managing research, whose defining characteristics include its goal, its content and its mode of operation:

- ◆ ENHR's **goal** is to promote health and development on the basis of equity and social justice.
- ◆ ENHR's **content** includes the traditional types of research commonly described as epidemiology, social and behavioral research, clinical and biomedical research, health systems research, and policy analysis; but it is specifically oriented toward the most important problems affecting the population, with particular emphasis on the poor, disadvantaged and other vulnerable groups whose health needs are often overlooked or ignored.
- ◆ ENHR's **mode of operation** is characterized by inclusiveness, aiming to involve researchers, health care providers, and representatives of the

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ENHR is an integrated strategy for organizing and managing research.

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community in planning, promoting and implementing research programs. In order to ensure appropriate input from various disciplines, ENHR should promote multidisciplinary and intersectoral research. It should establish mechanisms to close the gap between research and application, ensuring that the results of research are effectively translated to action; that objective scientific analysis guides policy and action; and that those involved in setting priorities for health research take note of problems identified by health care givers, policy makers and the public at large.<sup>4</sup>

ENHR implies the use of scientific methods to analyze health situations, identify problems, and solve them. It would promote the research effort needed by each country to assess its major health problems and to develop the responses that are most appropriate to its own circumstances. The essence of ENHR is an intersectoral, multidisciplinary scientific approach to health programming and delivery. Since the goal of ENHR is to improve health and equity in developing countries, it is an important component of primary health care and of the global effort to promote development.<sup>5</sup>

#### *Defects in current systems*

ENHR was conceived as a corrective to frequent points of failure in existing research systems:

- ◆ policy makers often do not make use of research findings in decision making;
- ◆ Managers of health care programs do not always use research results, nor do they apply scientific methods in planning, monitoring, and evaluating services that they deliver; and
- ◆ Researchers often do not address the health problems that are perceived as top priorities by policy makers, health care managers and the people.

This situation is largely attributable to the fact that researchers, policy makers and health care providers tend to work in separate compartments, without effectively interacting with each other. The ENHR approach would attempt to overcome these barriers by promoting an intersectoral and multidisciplinary approach to research and by strengthening policy-action-research linkages.

### **Country-specific and global health research**

ENHR includes two complementary kinds of research efforts: country-specific health research and global research.

#### *Country-specific health research*

Many important questions about the patterns and determinants of health and diseases can only be answered by research done in specific localities (see box 1.1). The Commission used the term "country-specific" to refer to research that identifies and deals with such local questions, but it found that developing countries tend to neglect this kind of research. The objectives of country-specific research are to identify the main diseases and conditions that continue to create an unnecessary burden on society, to assess the effectiveness of control measures, and to identify technical and cultural obstacles to successful implementation of health programs. It

provides deeper understanding of the functioning of the health services, identifying gaps in coverage and access, and helps to promote equity. It also provides insights into the impact on health of the policies of other sectors. Such research results, while critical in the local context, may not be transferable to other countries or even from one part of the country to another. Not only do health conditions vary from place to place, they also change in the same locality over time. The studies need to be repeated, so as to monitor change as the basis for decision making.

Country-specific research also enables health authorities to monitor and explain trends in the process of health transition. Often, even as developing countries are overcoming the traditional problems of communicable diseases and malnutrition, and as populations are adopting new diets and habits, chronic degenerative diseases like ischemic heart disease, stroke, and non-insulin-dependent diabetes become increasingly prominent as causes of disability and death.

#### *Global health research*

Country-specific research also identifies important health problems for which new preventative and diagnostic tools and therapeutic interventions are needed. In addition, it draws attention to the need for fundamental research on human behavior, communication patterns and social organizations. It thereby

## BOX 1.1

### Country- Specific Research

*"Research on country-specific problems addresses health needs, disease profiles, resource allocations, program evaluation, health financing and other issues concerning the objectives and operations of a country's health system."*

Research on country-specific problems will seek answers to a variety of questions; examples are:

#### Patterns of health and disease

- What are the common causes of death in various age groups, in different parts of the country, and in various subgroups (ethnic, religious, etc.) of the society?
- What are the patterns of mortality and morbidity in different high-risk groups infants, children, pregnant women, etc.?
- What is the prevalence of common communicable diseases (malaria, schistosomiasis, HIV infection, etc.)?
- Which are the common cancers in the population?

#### Determinants and risk factors

- What is the effect of geographical, environmental, economic, social and behavioral factors on the incidence, prevalence, severity and outcome of specific diseases and conditions?
- What are the most important risk factors in the occurrence of common cancers, sexually transmitted diseases, abuse of alcohol and illicit drugs, and other major health problems?

#### Operation and utilization of health services

- What factors limit full immunization of children according to the recommended protocol?
- What proportion of pregnant women receive pre-natal care, and how many deliver under supervision of trained persons?
- What factors influence the demand for and utilization of pre-natal services?
- What means are available to enlarge the number of households that have access to a safe, protected water supply?
- What proportion of women of childbearing age are using effective family planning methods, and how can that proportion be enlarged?
- How are health services financed for different groups in the population, and how can greater financial resources for health be mobilized?
- What are the effects of policies outside the health sector -agricultural, economic and educational - on the health status of the population?

helps to generate a priority list for relevant biomedical and social science research.

The discovery and development of new technologies often require capabilities, infrastructure, and investments that are beyond the means of any single country. The results of such research are usually cumulative and transferable, and can lead to major technological breakthroughs which can be shared and applied in many parts of the world. The Commission has called such research "global health research." All countries, developing and industrialized, should participate in the global research effort within the limits of their human and financial resources. They should build up their capacity to participate in global research. (See box 1.2.)

#### BOX 1.2

### Global Health Research

Researchers in developing countries are making contributions to the effort required to develop new technologies for tackling unsolved health problems:

- **Definition of specifications**

Scientists, health care givers and the people must participate in defining the specifications of new technologies. For the control of diseases in developing countries, the ideal agents should be highly effective, simple to apply, safe, affordable and compatible with local cultures. This would facilitate the adoption of the technologies by the health services, and in particular by the primary health care system.

- **Basic biology of pathological agents, their vectors and interactions with the human host**

This includes research on the biology of parasites and other infectious agents that appear in various parts of the developing world, causing tuberculosis, leprosy, malaria, the trypanosomiasis, amebiasis, the leishmaniasis, etc.

- **New and improved technologies**

This includes the search for new drugs, diagnostic tests, vaccines and vector control measures for dealing with infectious diseases, as well as new therapeutic approaches to genetic disorders peculiar to certain regions and populations - e.g., hemoglobinopathies, specific nutritional defects.

The Commission concluded: "Exactly what mix of research is essential must be defined by each country, but it will contain a measure of two basic components, country-specific and global research." The next sections of this chapter will review in greater detail the contribution of ENHR to health and development; the major strategies of ENHR; the international implications of national ENHR efforts; and the challenge posed by the implementation of such efforts.

## The expected contributions of ENHR

What benefits can a country expect to derive from adopting ENHR? In its report, the Commission proposed ENHR as a means of enabling each developing country:

- to develop a scientific information system as the basis for objective analysis of the health situation in different parts of the country and in different segments of society;
- to evaluate and enhance the impact of health interventions; and
- to foster innovation and experimentation to improve current programs and to address unsolved problems.

The expected contributions from ENHR will be discussed under three main headings:

### Expected Contributions

"to understand [the country's] own problems"

"to improve health policy and management"

"to foster innovation and experimentation"

#### Section

1. health information and situation analysis.
2. enhanced impact of limited resources.
3. promotion of global health research.

### 1. Health information and situation analysis

The first objective of ENHR is to provide and update the scientific knowledge base required for decisions about health actions and for the establishment of priorities. This type of research is traditionally described as epidemiological and community-based social and behavioral research.

The information that these studies generate is necessary to ensure that health strategies meet the needs of the population; to monitor changes in the health situation; and to define emerging problems. All members of the partnership for health and development, consisting of decision makers and health care providers, researchers, donor agencies, bilateral and multilateral aid agencies, and the public at large, need information that enhances their understanding of problems and enables them to fulfill their respective roles effectively. These partners in health must work together in pursuing their common interest.'

a) *Policy makers and health care providers* require information on trends in population and health patterns, and changes in causes of morbidity and mortality; on the demand for and utilization of health services; on people's needs and perceptions about health problems; on available technologies and their costs; and on the comparative effectiveness of alternative methods of tackling specific problems, deploying technologies and delivering health care.

b) *Researchers* require information on unresolved scientific, technical and operational questions as the basis for establishing their agendas.

c) *People* require information on what they can do as individuals, families, and communities to safeguard and promote health; on how best to use available services; and



on how they can strengthen the political will to support health programs that include research.

d) *Donor agencies and international programs* require information on national health-care and research priorities for the guidance of their funding and technical assistance programs.

Despite the efforts already underway, information on health problems often remains incomplete; important elements of the situation analysis required for decision making are often unavailable. Furthermore, the information is often scattered within the health system and in other sectors, both public and private. Few developing countries have established systems for collecting and storing research findings that are relevant to health. It is necessary to improve health information systems and to make sure that those who need it have access to data and research findings.

As a first step, it would be valuable to take an inventory of past and current health research projects and to analyze and interpret the results of completed studies. This would provide a better understanding of the health situation prevailing in each country. Some countries have already embarked on this process. For example, the National Epidemiology Board of Thailand has recently undertaken an analysis of the health situation in the country. In Mozambique, the government is collecting the information that it needs to review and implement health strategies in the light of displacement of people by war. In Zimbabwe, the government has given priority to the establishment of a National Health Information System.

An objective knowledge base is fundamental to the definition of health priorities and to the promotion of equitable allocation of scarce resources. ENHR would provide stakeholders in health with information which they need in order to participate effectively in priority setting for both health action and research.

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## **2. Enhanced impact of limited resources**

The second objective of ENHR is to ensure the best use of available resources. This type of research is usually described as "health services research," "health systems research" and "policy research." One of the keys to human resources development lies in deciding how to allocate scarce resources, for example, between expensive hospitals and primary health care facilities, between urban and rural services, between powerful groups such as wealthy land owners and weaker groups such as the homeless. The data collected would provide a rational basis for selecting alternative strategies - e.g., between specific approaches like the use of drugs or vaccines and broad measures like environmental sanitation or personal hygiene in the control of specific infections. By providing information about available technologies, by testing alternative approaches, and by aligning delivery systems to local situations and cultures, ENHR would create a knowledge-based health system that could ensure equity of health policies and cost-effectiveness of health programs.

The complex process of policy making, planning, and management of health services aims at achieving the maximum possible improvement in the health of the population in the most cost-effective manner, and at the same time at ensuring equity in the

*The third expected contribution from ENHR is the promotion of research that aims to tackle difficult and unsolved problems, especially where the existing technologies are judged to be inadequate for bringing the problems under control.*

allocation of resources by identifying and paying particular attention to the most vulnerable groups within the population (women, children, the poor, etc.).

There is increasing recognition of the value of health systems research for promoting development of services. Such research includes the study of distribution of and access to health services, patterns and determinants of demand and utilization, cost of care to health care providers and users, efficiency and effectiveness of the services, and innovative approaches to the delivery of quality health care.

Once aware of the range of available tools and methods, health care providers could use objective analysis and, where necessary, research to select the most appropriate interventions. Once appropriate technologies have been selected, it is critical to ensure their effective use. Proper communication is important for increasing awareness and understanding of existing technologies, such as oral rehydration solutions, fertility control methods, and impregnated bed nets to prevent malaria transmission. Research can provide valuable clues as to the

most effective methods of communicating health information to the public. The many different types of campaigns being conducted to promote awareness about risk factors associated with the transmission of HIV infection illustrate the diversity of possible approaches for conveying a similar message. Ideally, health care providers and users should work together in defining the best methods for applying the selected technologies.

In recent years, people are paying increasing attention to the role of behavioral and social factors in the pattern of health and disease. Social scientists must be closely involved in every stage of health research, in refining health interventions and increasing their impact.

An aim of ENHR is to ensure that relevant input from other sectors is not ignored. Researchers would collate relevant data on the environment, agriculture and food production, economic trends and policies, education (especially female literacy), and other factors, and would analyze their impact on the health of the community. An important attribute of ENHR is the involvement of scientists from all relevant disciplines in collaborative research studies and policy analysis.

### **3. Promotion of global health research**

The third expected contribution from ENHR is the promotion of research that aims to tackle difficult and unsolved problems, especially where the existing technologies are judged to be inadequate for bringing the problems under control. Even where the most appropriate and cost-effective approaches to health care are provided, available technologies do not meet all the challenges of old and new health problems. Apart from adapting existing technologies to fit local situations, there is a clear need to discover new tools - diagnostic and vector control methods, drugs, vaccines - to deal more effectively with residual problems. ENHR would foster this kind of innovation and experimentation.

In the past few decades, there has been a revolution in the biological sciences, which has equipped scientists with powerful research tools - the methods of immunology, biochemistry, molecular biology and genetic engineering. These tools are being applied

successfully to fashion new technologies for the diagnosis and treatment of cancer and other diseases of high priority in industrialized countries. These biomedical sciences also offer the hope of producing new and improved methods of controlling diseases peculiar to developing countries, especially the tropical parasitic diseases.

The situation analysis and problem identification from country-specific research would highlight the residual problems which rank as high priorities for this type of global research. For instance, in Brazil, leading scientists are working on the immunology and molecular biology of Chagas' disease and leishmaniasis with the aim of fashioning new diagnostic and prophylactic measures. Similarly, in Mexico, basic research is being done on amebiasis and cysticercosis, among other diseases. In the global effort to develop vaccines, scientists in developing countries are collaborating in unravelling the immunological responses to malaria infection; they are also participating in the development and evaluation of possible anti-malarial drugs.

The research effort required to generate new and improved tools is quite formidable. Few countries can generate the critical mass of researchers and the infrastructure required to complete the discovery and development of new drugs, vaccines and similar products. Scientists in developing countries are, however, making useful contributions of innovative ideas and research results which provide the building blocks for new products. For such contributions to have their maximal impact, researchers must be linked with the worldwide health research system - both to draw ideas and results from elsewhere, and to contribute effectively to worldwide scientific advances.

## **Major ENHR strategies**

One major challenge in developing ENHR is to generate problem-solving and action-oriented research programs that will tap the skills and knowledge of scientists from a wide range of disciplines. The other challenge is to create a dynamic process linking policy, action and research, thereby ensuring that research findings will be promptly and effectively applied in health programs. (See box 1.3)

### **Intersectoral and multidisciplinary approach**

Problem-driven and action-oriented, ENHR would deal with "any health problem that burdens people in the country, with the objective being to lessen the level of disability and death it causes." This means that a wide variety of familiar research disciplines and well-recognized research approaches have to be included to address the multiple facets of health issues. These may include disciplines related to the three major health research fields: laboratory-based biomedical research, hospital-based clinical research, and community-based public health research. In addition, it would involve research in sectors other than health. Apart from biomedical scientists, economists, social and behavioral scientists, communication scientists and others can play an important role. The exact mix of research disciplines involved varies, since it is defined by the nature of the problems to be tackled.

Experiences in such collaborative research are still limited, but have demonstrated their value. Health systems research, for instance, is a multidisciplinary approach that has already been successfully implemented in a number of countries and is an important element of ENHR. A number of obstacles to effective research integration remain, however, and have to be overcome if countries wish to optimize the benefits of health research.

### *Barriers to intersectoral and multidisciplinary research*

Intersectoral and multidisciplinary research is often hampered by a lack of effective communication across disciplines, by lack of knowledge about the skills involved in other sciences, and by low regard for public health disciplines. Different disciplines use different tools, different scientific languages and different concepts, and have different applications. The benefits of overcoming disciplinary barriers are nevertheless substantial.

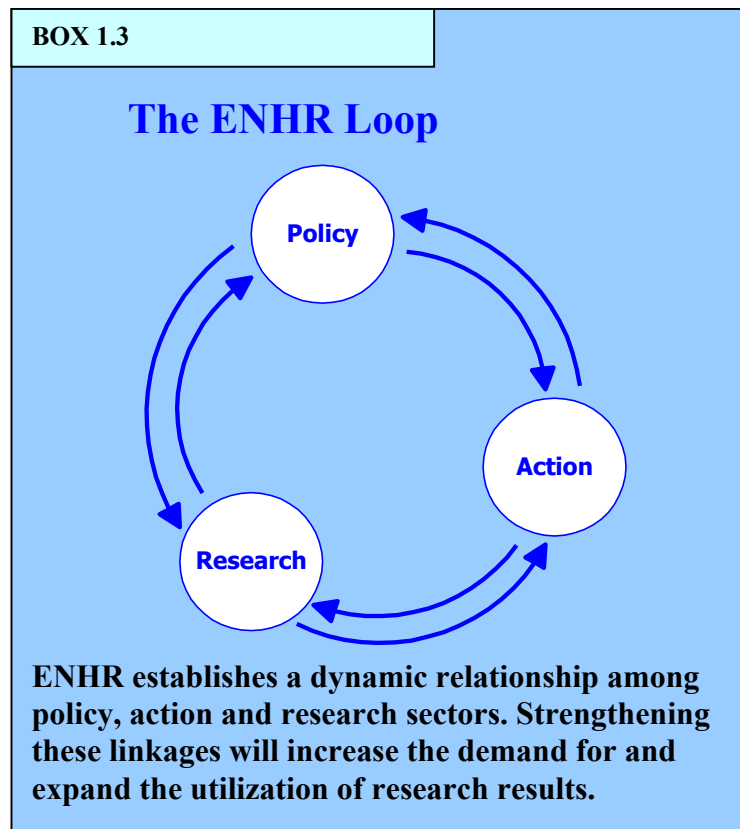
The containment of training and research activities in separate academic and research institutions for the various sciences generally impedes the cooperation necessary for interdisciplinary research. Respect for other disciplines is fostered best in multidisciplinary institutional settings or through networks that encourage cross-fertilization of ideas and collective thinking among the broad range of disciplines and fields contributing to health research.

#### **Research-Action-Policy Linkages**

*"In developing countries, although there is a research infrastructure both in the Ministry of Public Health and in the universities, acquisition and utilization of accurate and relevant knowledge have not satisfactorily progressed, due to many constraints .... [including] lack of national health research policies, effective research management and support, good quality and relevant health research utilization. "*

*--Prawase Wasi, Chairman of the National Epidemiology Board, Thailand*

Strong linkages between research, action and policy have been established in several countries and have demonstrated their value (see box 1.3). These, however, often remain isolated efforts which are neither sustained nor generalized. To maximize the utilization of research findings, ENHR would establish



a dynamic relationship between policy, action and research. A national mechanism is required to establish steady communication channels among all partners in health, at various levels of the health system, and to sustain a dynamic relationship among them. Strengthening of the linkages would increase demand for health research, promote political and financial commitment of the government to support health research, and expand the use of research results in practical programs. (See box 1.4.)

Each country will have to define the structure that can best address its health research needs. Many countries already have conventional structures, such as medical research councils, research and planning departments of ministries of health, councils on science and technology, and national universities commissions. These entities may not be able to ensure inclusiveness of all essential partners in health, sustainability beyond changes in government, and credibility. In many instances, therefore, new or modified structures may have to be created.

### **International implications**

Country-specific research would generate scientific and locally relevant knowledge that governments, health care providers and people need in order to articulate their problems and to determine national research and action plans. The benefits of such plans reach beyond national boundaries: They give developing countries a stronger voice, empowering them to express their priorities in international forums.

The definition of national research priorities establishes a fresh basis for dialogue with international programs and donors. This will facilitate the process of reconciling national needs with the mandates, charters and agendas of external agencies. Such collaboration should enhance the cost-effectiveness of health programs and increase equity in the allocation of resources, both national and international. In the absence of clearly enunciated national research priorities, the interests and perceptions of foreign donors may dictate the local research agenda.

## The Hepatitis B Control Program in the Philippines

Worldwide, 300 million people are chronic carriers of the hepatitis B virus. The virus causes liver disease and a common form of cancer: Primary Hepatocellular Carcinoma.

The need to control hepatitis B assumed a note of urgency when, in the early 1980s, efficacious and safe vaccines were developed against the virus. These vaccines had potential for the prevention of HBV infection and its chronic sequelae, but were introduced into the Philippines at a market price that was beyond the means of most people. Several years later, an aggressive pharmaceutical company marketing campaign focusing on the HBV "epidemic" produced widespread concern about viral hepatitis, and increased demand, especially from the labor sector and schools, for mass immunization. This public clamor compelled the Department of Health (DOH) to confront the issue. In March 1988, representatives of the DOH, after consultation with hepatitis research groups, briefed the Congressional Committee on Health on the viral hepatitis problem, and in August 1989, the DOH announced a national Hepatitis B Control Program.

The program was based on scientific evidence gathered over several years of sustained research efforts in various disciplines. The existence of intersectoral links among hepatitis research groups, program managers and policy makers, and the openness to scientific studies exhibited by top management, ensured the utilization of relevant research findings.

Because of the poor response of primary hepatocellular carcinoma to therapy, the liver study group at University of Manila intensified its effort to identify the causative agent of the disease. The group found a strong association between the hepatitis B carrier state and chronic sequelae such as liver cirrhosis and primary hepatocellular carcinoma.

Epidemiological studies quantified the magnitude of the problem, and identified populations at highest risk. At least 5.6 million Filipinos may carry the hepatitis B virus and be capable of infecting others. While the average prevalence rate of hepatitis B surface antigen among various Filipino groups was 12 percent, case-control and community-based cohort studies showed that the risk of developing the carrier state was particularly high when the infection was acquired at birth, during infancy or in early childhood.

Based on these findings, the Hepatitis B Control Program was built around three main components: immunization of newborns; protection of blood supply; and health education and public information. It consequently gave rise to the DOH policy of integrating immunization against hepatitis B virus into the Expanded Program of Immunization (EPI).

The DOH also stressed the need for further technical and feasibility studies to simplify the delivery of vaccines, and to lower the cost of vaccination, and emphasized that public funds should be targeted at high-risk groups.

The liver study group of the University of the Philippines-Philippine General Hospital (UP-PGH), in collaboration with WHO, is now carrying out medium-scale production of reagents to determine HBV markers in the Research Institute for Tropical Medicine.

## The Seven Elements for Implementing ENHR

### **Element 1: Promotion & Advocacy**

The aim is to sensitize researchers, policy makers, health care providers and the public to the need for a new strategy for managing health research. It involves the promotional activities by prime movers who will initiate and promote dialogue at all levels of the health system and mobilize support for the new approach from scientists in various disciplines, public and private health care givers, and the community at large. Some countries have initiated this phase through a formal launching ceremony. This provides a useful opportunity to capture the attention of key groups and critical constituencies. The prime movers must sustain their promotional effort over a long period and, through advocacy, obtain the involvement of other relevant groups and disciplines.

### ■ **Element II: ENHR Mechanism**

The aim is to create a durable but flexible mechanism for promoting and coordinating health research. Whether this is accomplished by modifying existing structures or creating new ones, the objective is to develop a system that would facilitate the interaction of researchers, health care givers and the community at large in managing health research.

### ■ **Element III: Priority Setting**

ENHR implies a new approach for setting research priorities. Noting the terminal goal of increasing health and development equitably, the criteria for selecting priorities must be heavily weighted in favor of the poor, under-served and disadvantaged sections of the population. Objective analysis of data obtained from country-specific research studies would provide a rational basis for identifying priorities for both action and research, including global research. The research agenda and an inventory of existing institutions and scientists would indicate the need for institution building, training of research personnel and other measures for strengthening national research capabilities.

### ■ **Element IV: Capacity Building & Strengthening**

Developing countries need to strengthen their capability to conduct research on issues of relevance to their national health programs. High priority must be given to developing the capacity to carry out country-specific research. They should also steadily increase the capability to contribute to global research, especially on problems that are of high priority in their geographical area.

### ■ **Element V: Networking**

Working in isolation often limits the effectiveness of scientists in developing countries. As part of ENHR it is important to establish and strengthen networks among researchers from various disciplines at the national level and also promote interaction with their peers in other parts of the world.

### ■ **Element VI: Financing**

The objective of this element is to increase financial support for research activities and for capacity building and strengthening, and to ensure that all resources are applied effectively.

### ■ **Element VII: Evaluation**

A monitoring and evaluation process must be included in every aspect of the ENHR program. This would ensure that efforts have maximal impact, and it would indicate the need for midcourse corrections.

## **The implementation challenge: an agenda for action**

During the first international workshop on ENHR, in Pattaya, Thailand (November 1990), participants identified seven elements for implementing ENHR. The seven elements represent a checklist of activities that need to be considered in the development of ENHR. The ordered list does not imply a linear progression from one item to the next; rather, individual countries can use the analysis contained in the description of these elements as guidelines for developing and operating their national programs. The seven elements (see Box 1.5) are described in detail in the next chapter. Briefly, they are:

Element I: Promotion & Advocacy

Element II: ENHR Mechanism

Element III: Priority Setting

Element IV: Capacity Building & Strengthening

Element V: Networking

Element VI: Financing

Element VII: Evaluation

## **Conclusions and Summary**

The ultimate goal of all development and health programs is to improve human welfare. The Commission on Health Research for Development identified "Essential National Health Research" as a powerful tool in the global effort to promote health and development on a basis of equity and social justice.

Governments in developing countries and international development agencies should recognize the contributions that ENHR can make to the promotion of health and development, especially the health of disadvantaged groups. It would link research, policy and action the ENHR loop that would promote the establishment of rational policies, and the effective management of health programs. ENHR would enhance the ability of countries to address health problems using means that are realistic, effective and within their financial reach. All partners in health share the responsibility of defining the most important health problems in their country. Political will national and international is needed to build the research capacity of developing countries, and to maximize the contribution of health research to the promotion of health, equity and development.

## **Notes**

1. See Appendix I for a list of Commission members and sponsors.
2. Throughout this book, all unidentified quotations come from the Commission's report, Health Research: Essential Link to Equity in Development, New York: Oxford University Press, 1990.
3. The text of World Health Assembly Resolution 43.13 appears in Appendix II.
4. Throughout, "ENHR" used as short-hand form to designate the strategy defined by these goals, contents, and mode of operation.
5. "Primary health care is essential health care based on practical, scientifically sound, and socially acceptable methods and technology..." - Alma Ata Declaration.
6. Throughout this book, "partners in health" will be used as short-hand for the wide range of individuals and groups concerned with health and development.