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COHRED

Research into Action

The Newsletter of the Council on Health Research for Development (COHRED)

The Power of Ideas and the Ideas of Power: Challenges to ENHR from Health System Reform

by Julio Frenk

What shapes the ideas of power, that is to say, the assumptions, concepts and values of those with the power to make decisions? It would be naive to assume that decision-makers are always rational, in the sense of basing their conclusions strictly on objective evidence about the best means to achieve the desired ends. Often, such evidence is not available. Even when it is, the decision-maker — particularly in the public sector — must balance the weight of evidence against the economic and political feasibility of following the desired course of action.

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While it is clear that decisions are made on the basis of many other forces apart from scientific information, it is also true that good evidence can steer those who have the power to decide towards a better course of action. In other words, the power of ideas can help to shape the ideas of power. At the very least, sound research places limits on the discretion granted to decision-makers, who have to consider the costs of ignoring the available data.[1] In the absence of such data, the decision-maker may not even be aware of the shortcomings of his or her policies. But good evidence should not be seen mainly as imposing limits on the decision-maker. It can also be an empowering tool. Armed with the results of research, the decision-maker can better counter the vested interests that oppose an enlightened decision, and may then be more willing to assume the risks of being innovative.

The value of sound research to enlightened decision-making is underscored by the wave of health reforms that is currently sweeping the world. Countries at all levels of economic development and with all types of political structures are planning, implementing or evaluating reforms in the health arena. A worldwide search

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for better ways of financing and delivering health care is under way. In addition to economic, political and ideological considerations, health system reform has been fueled by the need to find answers to the complexities posed by epidemiological changes, whereby many nations are facing the simultaneous burdens of old, unresolved problems and new, emerging challenges. In a context marked by transition and complexity, societies are discovering that the existing formulas may no longer provide the required responses. All over the world there is a shared sense of impending innovation, as we witness what could prove to be the birth of a new paradigm for health systems.

A Comprehensive Health System Must Encompass Four Policy Levels :

SYSTEMIC
Issues:
- Basis for population eligibility
- Institutional arrangements

Objectives:
- Equity, quality, efficiency

PROGRAMMATIC
Issues:
- Priority setting
- Cost-effectiveness of interventions

Objectives:
- Allocational efficiency

ORGANISATIONAL
Issues:
- Productivity
- Quality of care

Objectives:
- Technical efficiency

INSTRUMENTAL
Issues:
- Information systems
- Scientific research
- Technological innovation

Objectives:
- Institutional intelligence for performance enhancement

HEALTH SYSTEM REFORM

The process of rethinking and renewing health systems needs to be illuminated by research. There are still so many unknowns about the determinants of health system performance that a research agenda must be an integral part of every reform initiative. Essential National Health Research has a crucial role to play here. ENHR is not a type of research but a strategy to ensure that priorities are defined in a participatory manner, that projects respond to the most pressing national problems, and that explicit bridges are built between researchers and decision-makers for the optimal use of results. Few topics like health system reform demand this sort of participatory, problem-oriented and user-centred approach to research. What is *essential* about ENHR is its commitment to goals like equity, quality and efficiency, which are precisely the same ones that the reform movement promotes.

In order to achieve these goals, a comprehensive reform must encompass four policy levels: *systemic*, which deals with the institutional arrangements for regulation, financing and delivery of services; *programmatic,* which specifies the substantive priorities of the system by defining benefit packages of health care interventions; *organisational,* which is concerned with the actual production of services by focusing on issues of quality assurance and technical efficiency; and *instrumental*, which generates the institutional intelligence for improving system performance through information, research, technological innovation and human resource development.[2]

At each of the four policy levels there are fundamental questions that need to be answered. Because of the gaps in our current knowledge, every reform initiative should be seen as an experiment, the effects of which must be documented for the benefit of every other initiative, both present and future.

The opportunities for reform are so few that failing to learn from them condemns us to rediscover at great cost what is already known or to repeat past mistakes. To *reform* it is necessary to *inform*, or else one is likely to *deform*.[1]

The only way to make learning systematic and cumulative is to build ENHR into every phase of the reform process. The first product from this research is a precise diagnosis that may justify the reform effort. A second product is the development of the tools to be used for implementing the proposed changes. Finally, ENHR is crucial to monitor unforeseen obstacles and to evaluate the effects of reform, thus opening up a new cycle of improvement.

The opportunities for ENHR to play a constructive role in health system reform have been greatly enhanced by the development of new tools to gather and analyse information. Indeed, our analytical armamentarium has been enriched by innovative approaches, such as the measurement of the burden of disease through Disability-Adjusted Life Years, the use of cost-effectiveness analysis to devise packages of essential health interventions, national health accounts, performance analysis of health care institutions, and political mapping, among others. These tools give firmer quantitative and qualitative bases for the formulation and comparison of reform options. While much progress has been made, there is still a long way to go in order to standardise and refine the new analytical approaches. Hence, methodological development should be granted increasing attention now and in the years to come.

SHARING EXPERIENCES

By its very nature, this type of effort requires a global scope. Furthermore, the development of better analytical tools is only one of the items in the agenda for a global research effort linked to health system reform. While

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COHRED / DONORS FORUM ADVOCATES EQUAL PARTNERSHIPS AND OPEN HOUSE WITH DONOR COMMUNITY

HELD IN NEW YORK IN FEBRUARY 1995, THE PURPOSE of the meeting was a dual one: to provide the donor community with feedback from COHRED and to obtain feedback from the attending donor agencies on COHRED's activities since its inception. Participants in the meeting included representatives of the following—potential and actual—donor agencies: The American Association for the Advancement of Science, U.S.A., The Carnegie Corporation of New York, U.S.A., The China Medical Board of New York, Inc., U.S.A, The Edna McConnell Clark Foundation, U.S.A., The Ford Foundation, U.S.A., The International Health Policy Program/WB, U.S.A., The Ministry of Foreign Affairs, The Netherlands, The Rockefeller Foundation, U.S.A. and UNICEF.

The major points emerging from the discussions were:

- Funding ENHR country activities remains a problem. However, given proper exploration, funding could come from multiple sources. Some organisations can fund operational research (e.g. UNICEF) where common themes can be determined such as immunisation, social security, etc. Other donors are willing to support research projects within national programmes with bilateral collaboration, provided coordination at the country level can be improved.
- COHRED's budgets should become more transparent and comprehensive, indicating not only the financial support from COHRED to countries but also contributions for ENHR activities made by the countries themselves, as well as additional external resources that are mobilised by the countries and/or COHRED.

***COHRED**, the Council on Health Research for Development, is a non-governmental organisation. It was established in March 1993, and is located in the European Office of the United Nations Development Programme in Geneva, Switzerland.*
The Council consists of member countries, agencies, organisations and an 18-member board, the majority of whom are from developing countries.
*Its objectives are to promote the concept of **Essential National Health Research**, which aims to assist countries in identifying their health and research priorities as well as strengthening their research capacities, and encourages multi-disciplinary and multi-sectoral collaboration to ensure that health policies and decisions on important health issues respond to the actual needs of the public and will translate into health gains for the population at large.*
In addition, COHRED brokers national financial and other support for countries if requested to do so.

Concerning the strategy of Essential National Health Research itself, it was noted that:

- Research on health reform is a growing priority;
- Research must go beyond researchers, i.e. the different stakeholders of ENHR (policy-makers, academia, the public, the media, etc.) should have an appropriate involvement in the consecutive stages of the research process;
- Community involvement is vital if distortion of the ENHR strategy is to be avoided, and the principle of inclusiveness needs to be practised;
- Essential National Health Research is a growing but "slow process" due to its complexity;
- National priority setting for health research is an essential precondition for any process of regional and/or global health research priority setting;
- To make ENHR an attractive approach for more and more countries, it is necessary to present clearly what it can do and how this will impact on the health status of a country's population;
- Concomitantly, COHRED activities and ENHR work have to be given greater visibility;
- Under its mandate as a coordinating body, COHRED needs to form appropriate alliances, particularly since such alliances are actively being sought!

The meeting welcomed this "open house" session and recommended that COHRED organise similar sessions at regular intervals, for instance, in combination with its Board Sessions. ❑

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Bringing together delegations from its 190 Member States, the 48th World Health Assembly of the World Health Organization, which convened from May 1–12, 1995, in Geneva, Switzerland, proved an ideal occasion for COHRED to hold informal discussions on the progress made so far in implementing Essential National Health Research, as well as on future directions. COHRED was able to talk to delegates from the following countries or groups of countries: Barbados, Botswana, Cuba, Indonesia, Kenya, Malawi, Mauritius, Namibia, Nepal, Niger, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, the Commonwealth Health Secretariat and the Joint HSR Project for the Southern African Region. ❑

The Power of Ideas ...

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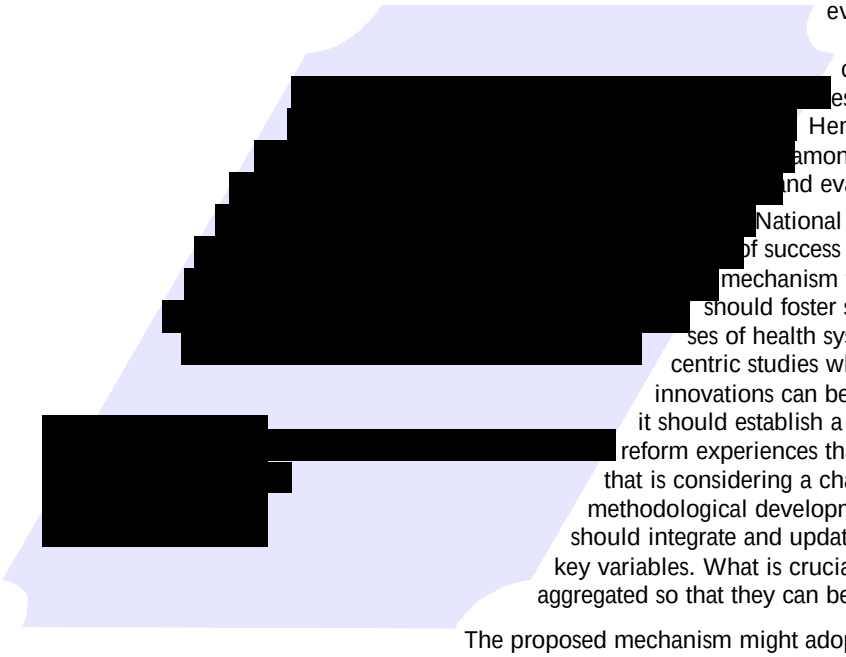

every reform experience will have features that are specific to its national circumstance, there are always important lessons for other countries to learn. Hence, there is need for concerted actions among countries in order to compare options and evaluate experiences.

National initiatives will have a higher likelihood of success if they can all benefit from a global mechanism for shared learning. Such a mechanism should foster sound cross-national comparative analyses of health systems. It should also coordinate multicentric studies where specific organisational and financing innovations can be tested in different contexts. In addition, it should establish a repository of documentation on health reform experiences that would be accessible to every country that is considering a change in its health system. Alongside the methodological development mentioned above, the mechanism should integrate and update a data base with comparative data on key variables. What is crucial is that experiences and data must be aggregated so that they can be made comparable.

The proposed mechanism might adopt several forms, but what is important is that it should have a guiding mission as a resource for all countries in the world. This would help to supersede the false dilemma between national and global research. Defining a shared agenda, developing a set of agreed-upon tools for analysis, feeding into a common set of measurements, contributing to a repository of documentation accessible to everyone and comparing experiences — all these are essential to both the national and the global research efforts.

At every step these efforts should be guided by the humble realisation of how much we still need to learn and of how much this learning could improve the quality of decisions. President Václav Havel of the Czech Republic has written: "Improvements and changes must be made according to whatever has proved to be good, practical, desirable and meaningful, without the arrogant presumption that we have understood everything about this world, and thus know everything there is to know about how to change it for the better."[3]

Reform and research should walk together in the quest for better health. When we can achieve convergence, we will have at last integrated ideas and power. ❑

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1 Frenk J. Comprehensive policy analysis for health system reform. *Health Policy* 32: 257–277, 1995.

2 Frenk J. Dimensions of health system reform. *Health Policy* 27: 19–34, 1994.

3 Havel. V. The responsibility of intellectuals. *The New York Review of Books*, June 22, 1995: 36–37.

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LAOS

Better Health for the Lao People

MANY COUNTRIES IN THE SOUTH-EAST ASIA Peninsula have begun to play more active roles in the international arena. Many are seen as new markets for economic activities but, more importantly, they pose big challenges to the world community, as well as offering rich lessons in social development. The Lao People's Democratic Republic is a small country with only four million population and an area of 236,800 sq. km., landlocked by the neighbouring countries of Cambodia, Vietnam, Thailand and China.

The Republic was established following liberation in 1975, and has since then drawn up a national socio-economic development plan. The policies and planning include health as an important component that is crucial for long-term development of the country. At the fifth Congress of the Lao People's Revolutionary Party it was also made clear that research is essential for future success. The country is now in its third five-year plan, which spans the period 1992-1996.

The health sector has adopted a global health strategy which was systematised into nine work plans in 1993; one of the nine is devoted to health research. After almost three years, the Ministry of Health reviewed the nine work plans at a national workshop on planning and budgeting in February 1995, and they were subsequently reduced from nine to six well-defined work plans, one of which still relates to health research. This shows once again the importance and value that the Ministry of Health accords to health research for health sector development and for the health benefits it confers on the Lao people.

Although a country with relatively low economic development (GNP per capita of about US$335 in 1993/1994), it has had its own Council of Medical Sciences since 1990. The Council has served as a coordinating mechanism for the country's efforts in health research through a joint committee, whose members come from different institutes and departments in the Ministry of Health. Indeed, the Chairman of the Council was appointed by the Minister. One of the main working partners of the Council is the Ministry of Science and Technology, which will work closely to ensure the appropriate transfer and use of health technology to improve the health of the Lao people.

Five main objectives

The first five-year master plan for health research was developed by the Council, with support from the International Development Research Centre (IDRC), Canada. The plan aims to achieve five main objectives:

- *To identify priority health problems and develop strategies to solve those problems.*
- *To develop policies and strategies in health research* that will contribute to solving the priority problems identified.
- *To act as counsellor to the Ministry of Health* in the development, allocation and utilisation of health resources, especially technology that will best meet the health needs of the country.
- *To prepare a long-term infrastructure for health research* with a view to the future, starting from the establishment of the Council of Medical Sciences.
- *To effectively mobilise government as well as international support* for the health research that is crucial for the country's health development.

Since good infrastructure and human resources for health research are lacking, one of the main strategies of the five-year plan is to increase the awareness and orientation of people working in the health sector and other related sectors about the importance of health research, and to build up capacity for such research activities. Effectively, there has been no existing research capacity in the country prior to this. There were some research activities in health but they were mostly limited to matters of clinical or biomedical concern. Now that attempts are being made to develop a reliable health service system for the majority of the Lao population, there is a great need for different groups of people to be familiar with or able to carry out research aimed at directly improving the health services delivery system, or at finding appropriate ways of ensuring that available health technology will benefit the populace as a whole and not just a limited few.

The Council itself has been instrumental in bringing more awareness along these lines to various institutes and departments in the Ministry of Health. At the same time, in many institutes and departments research efforts are directed towards better solutions to priority health problems. Examples may be seen in the Institute of Malaria Control, which has launched studies into the effectiveness of using bed-nets impregnated with Permetrine to protect the rural population from mosquitoes in endemic areas. Studies are also being made on drug-resistant malaria parasites and the effectiveness of available new drugs. The Institute of Maternal and Child Health has also carried out research to assess maternal and infant mortality; this has helped us to a better understanding of the situation, since the existing information system is still under development. The Food and Drug Department has developed national drug policies and will be closely monitoring their effectiveness; there will therefore be need for studies in the future. The Council of Health Sciences is also trying to urge provinces to develop their research capability so that their many health problems will be better addressed through the results of research studies, especially where existing routine information is still in

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SOUTH AFRICA

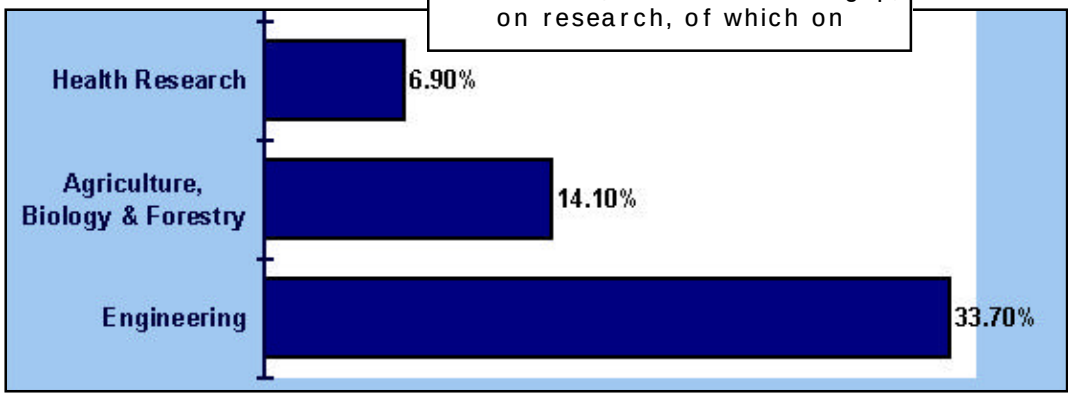
Sources of finance

HEALTH RESEARCH IN SOUTH AFRICA IS funded through a diverse range of sources, both public and private. *Public funds* are channelled through at least three central departments, namely Health, Education and Arts, Culture, Science and Technology.

The *private sector* is a significant funder of health research. A review of articles published in the South African Medical Journal in 1994 identified a wide variety of private sources of funding, both through private foundations and directly from the corporate sector, particularly from multinational and local pharmaceutical companies, which spend a considerable amount on drugs trials in South Africa.

Failure to institute adequate systems of feedback and accountability by tertiary institutions, reticence by the pharmaceutical sector to disclose allocations for health research, and undetermined funding of health-related research by statutory councils other than the Medical Research Council (MRC), have obscured the true picture of funding for health research in South Africa. Both the magnitude of funding and the nature of its expenditure are uncertain.

in 1991/2 south africa spent r2.8 billion, or 1.04% of its gdp, on research, of which on



Despite this uncertainty, it is clear that there are considerable disparities in the distribution of funds to tertiary institutions, which together consume the lion's share of health research funding in South Africa.

First, only 1.1% of funding for health research in the tertiary education sector is spent in technikons, as opposed to universities.

Expenditure on health research

Second, the total expenditure on health research in the nine *historically black universities* (HBUs) is considerably less than that spent in any one of the Universities of Cape Town, Pretoria, Witwatersrand, Stellenbosch, Natal or Orange Free State. This is reflected in the publications output, with HBUs accounting for only 5% of papers published in peer reviewed journals in 1994.

Third, not only is the total expenditure in HBUs considerably less than in established white universities, but *allocations from public sector sources* (through statutory councils and the Department of Education) to HBUs are significantly less than per capita allocations to established white institutions and universities.

Major gaps in existing information pertain to spending by statutory councils, the corporate sector, and universities and technikons.

A review of health research finance and expenditure prepared for the South African Health Expenditure Review, estimated that South Africa spent R2.8 billion on research in 1991/2, representing 1.04% of the Gross Domestic Product. Of this, roughly R200 million (6.9%) was spent on health research, considerably less than research expenditure in the fields of engineering (33.7%) or agriculture, biology and forestry (14.1%). However, this percentage probably reflects a significant underestimation of the private sector's contribution. The amount spent by multinationals in South Africa on drug trials alone is estimated to be in the order of R100 million. In addition, some of the research conducted by statutory councils other than the MRC may be classified as "health research."

Taking these factors into account, it is estimated that 310 million rand was spent on health research in the 1992/3 financial year, equivalent to 1.03% of the total expenditure on health care in South Africa. This percentage is considerably below the ballpark figure of 2% recommended by the Commission of Health Research for Development.

But just as cogent as the levels of expenditure on health research, is the nature of research undertaken. The biennial survey of the Department of Education and Training (NATED Survey) categorised research into "basic research, applied research and experimental development." In 1991/2, 29% of health research was classified as "basic research," 59% was regarded as "applied research", while 12% was viewed as "technology development." Of all health research conducted in 1991/2, only one-fifth (23%) was categorised as comprehensive medicine and oncotherapy (incl. community health, epidemiology, geriatrics, nutrition and radiotherapy). While this categorisation permits some understanding of the predominant methodologies employed by health researchers, it provides little guidance as to whether this research addresses, in the main, problems that are of priority to health in South Africa. Although a country's *health* priorities cannot be equated with its *health research* priorities, the two are intimately linked, and investments in health research should be directed toward areas in which the probable impact on health is greatest.

An indicator of the tenuous relationship between health planners and researchers is the predominance of clinical and basic disciplines in research, which together comprised over four-fifths of the 720 publications by South African authors listed in MedLine in 1994. This disproportion does not necessarily imply that existing capacity in clinical and basic disciplines be down-scaled, but points to a pressing need to develop research capacity in health systems research, technology development, community-based epidemiology and cross-sectoral studies.

Progress to date

A number of recent activities represent successful models for the development of relatively neglected research disciplines.

The Centre for Epidemiological Research of Southern Africa (CERSA), which forms part of the MRC, has been instrumental in developing the country's capacity to conduct relevant *epidemiological studies*.

In recognition of weaknesses in data pertaining to health financing and expenditure, and in health economics in general, the Health Systems Trust (HST) has invested significantly

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NEWS FROM ENHR PARTNERS

COHRED, like ENHR, is all-embracing, inclusive, participatory. The ENHR principles it advocates can be used by all the groups that make up the world of health research and are already being used by many — to whatever extent, in whatever form and under whatever name.
Acting as a forum for communication between the various ENHR partners seems to follow logically as one of COHRED's roles. This new column is meant to contribute to that role.

THE WHO/WORLD BANK/UNDP NETWORK ON HEALTH REFORM

As part of its global support to countries, the World Health Organization's ICO (Division of Intensified Cooperation with Countries) embarked in 1994 on a joint venture with two other major agencies of the United Nations system to set up a Network on Health Reform to channel technical cooperation to developing countries. The Network, known as the PARTNERS FOR HEALTH NETWORK FOR HEALTH REFORM, was launched in collaboration with the United Nations Development Programme (UNDP) and the World Bank to assist developing countries to implement health reforms.
The Network is intended to promote, in both developed and developing countries, a wider exchange of information and experience of health reform, so that lessons learned can be made widely available, and adapted for use in other countries, where appropriate. The Network will also be useful to development agencies which, themselves, need to learn about the complex process of health reform in order to provide better guidance and support to developing countries.
Through Network contacts, non-governmental organisations (NGOs), major development agencies and agencies of the United Nations system will be brought together to identify country priorities and needs, as well as assisting country staff to analyse and identify appropriate policies and plans.
An important feature of the PARTNERS FOR HEALTH NETWORK will be the database on health reform which WHO intends to set up at its headquarters in Geneva. This computer-based information bank on health reform will make use of advanced informatics technology to collect, organise and make accessible the most up-to-date information available on the health reform process. Network members with access to the Internet electronic communications system will be able to gain access automatically to this database and to benefit directly from the expertise and experiences of other Network members. The aim is to make this information and expertise widely available to as many individuals and institutions as possible, in both developed and developing countries.
The PARTNERS FOR HEALTH NETWORK is broadly supported by a range of WHO technical programmes which contribute their specialist expertise and experience to health reform processes. Further technical input to the Network is provided by selected focal points in each of WHO's Regional Offices, reflecting the Organization's wide experience of working with developing countries.
Membership of the Network — which includes the Country Focal Points and Board Members of COHRED — is already widely representative of the interest in this field expressed by United Nations and development agencies, non-governmental organisations and institutions in developing countries.

Dr Roberta Ritson is the WHO Focal Point for the Partners for Health Network.
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AFRICAN ENHR NETWORKING

THE FIRST AFRICAN ENHR NETWORKING MEETING WAS held in Mombasa (Kenya) in May 1994, in conjunction with the National Convention on ENHR in Kenya. Its forty-odd participants included ENHR Focal Points from Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe as well as members of the International Health Policy Program (IHPP) from Ghana, Kenya, Nigeria, Tanzania and Uganda, representatives from the Joint Health Systems Research Project for Southern Africa, the Commonwealth Regional Health Community Secretariat, SOMA-Net, AMREF, WHO, UNFPA and UNICEF. The meeting reviewed the headway the different countries have made in putting the ENHR strategy into action, as well as the constraints and challenges they encountered in the process. It further stressed the need for each country to organise a participatory national consultative process to set its health research priorities. Finally, it underscored the value that regular networking meetings have as a forum for sharing experience and expertise.

A Second African ENHR Networking Meeting was organised to coincide with the 14th Conference of the Epidemiological Society of Southern Africa (ESSA), which took place in Harare, Zimbabwe, in August 1995. Participants came from Egypt, Ethiopia, Ghana, Kenya, Malawi, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe. The African IHPP teams were also attending, as well as delegates from several ENHR-related health research programmes in the region.

The meeting reviewed critically country developments in ENHR, discussed an information and communications strategy for ENHR appropriate for the region, and analysed various ways and means of monitoring and evaluating the ENHR strategy. In addition, it developed a plan of work for the coming two years and formulated recommendations on these issues to the COHRED Board. ❑

For further information about the African ENHR Networking, contact Prof. Dr. R. Owor, Professor of Pathology, Faculty of Medicine, Makerere University, P.O. Box 7072, Kampala, Uganda; Tel: (+256-41) 531 730, Fax: (+256-41) 234 579 or (+256-41) 530 022.

South Africa

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in individuals and institutions working in this field. The publication of a national Review of Health Expenditure and Financing in April 1995 was the culmination of a two-year process coordinated by the HST, but directed by a Reference Group representative of the Department of Health, the African National Congress, researchers and funders. The World Bank acted as principal technical advisor. This Review has served as a primary source for the national committee appointed by the Minister of Health to investigate the feasibility of some form of national health insurance.

Recent legislation regulating tobacco sales and related advertising is the consequence of a concerted programme of action by research, health service and advocacy groups, aimed at promoting sustained tobacco control. Research, principally conducted by the MRC, has demonstrated trends in tobacco smoking and its consequences, and identified legislative options for greater regulation.

A project in northern KwaZulu-Natal, funded jointly by the HST and the MRC, has demonstrated the benefit of new technology developments for rural health. Using Global Positioning technology, the spacial distribution of malaria has been plotted, permitting greater targeting of resources in its control and vector eradication. This technology has also proved its worth in health planning outside of malaria control and in sectors outside of health.

The Glaxo Action TB project represents a model of public/private sector interaction in which a pharmaceutical company has invested significantly in a multi-faceted research strategy aimed at the prevention and control of tuberculosis.

The lessons learnt and strategies employed in all of the above projects should help to direct the implementation of a national strategy for health research. ❑

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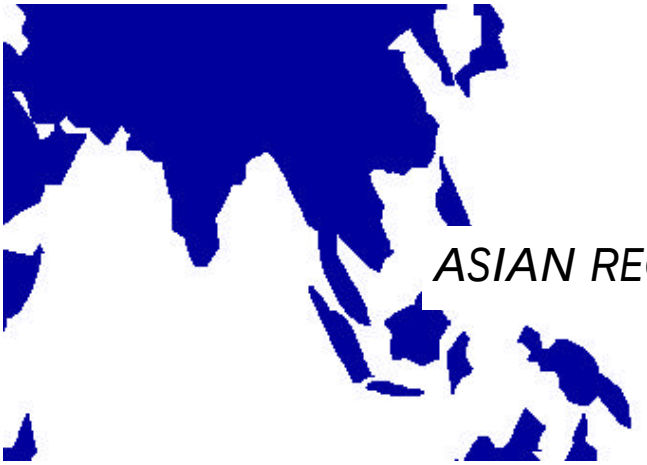

ASIAN REGIONAL NETWORKING

How it started and where it is heading

IN MAY 1994, A REGIONAL MEETING WAS HELD IN Olongapo City, Philippines: the 1st Asian Essential National Health Research (ENHR) Network Meeting. The participants were representatives from nine countries of the Asian Region, from Uganda (for the African Region), and from three agencies: IDRC (International Development Research Centre), IHPP (International Health Policy Program), and COHRED (Council on Health Research for Development). What brought them together?

The Meeting was intended to prepare the ground for an "enhrNET" that would link country programmes in a net spanning an entire region and—eventually—grow into inter-regional networking. The benefits are obvious: country-specific experience, information, methodologies would all become 'shareware.' No more reinventing of the wheel for newcomers to the ENHR approach. The "enhrNET" will enable them to draw on the available experience at considerable savings in terms of time, money and human resources. What is more, a common agenda for action will appear a natural, and desirable, consequence of such linkages.

Like its electronic cousins, the "enhrNET" will need an "administrator" to ensure that it runs smoothly and that it will deliver what it has been designed to provide:

Frequent, friendly, free and flexible communications and information exchange
Regional workshops or research training courses
Collaborative regional research projects
Joint advocacy for ENHR among countries
Peer review of research, using experts from member countries in the region(s)
Regional publications, e.g., newsletters
Annual meetings on a selected priority research area.

The Meeting in the Philippines offered three models for this "administrator," or coordinator, role, with the coordinating country being preferably one with several years' experience with the ENHR process:

Model One — Dedicated Focal Point — Coordination of network activities by one country on a rotating basis.

Model Two — Catalytic Focal Point — Activities carried out by all countries, but coordination done by one country on a rotating basis.

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Country Updates — Laos

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very short supply.

What is noticeable about the health research effort in the Lao PDR is the spirit of the various actors involved, who see the need to make research a crucial component for health development efforts rather than a mere matter of academic interest. This requires a highly collaborative working environment, in which all the different external resources available to help in improving the country's health status must be coordinated to serve the common goal. There is undoubtedly need for research as a means to acquire crucial information that will assist in health planning and management. We also have a great opportunity to learn more about locally endemic health problems and undertake research that will benefit not only our country but also the world community. Our aim should be to improve the nation's health and to build up a long-term capacity for addressing priority issues, with close collaboration and support from the international community.

COHRED intends to contribute towards carrying out the last two years of the first five-year health research plan, as well as assisting the Council of Medical Sciences in drawing up a strong second five-year health research plan. ❑

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Asian Networking

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Model Three — Distributed Focal Point — Action plan drawn up by all countries, with responsibility for activities being divided up among member countries.

Practical networking started right at the meeting in Olongapo City, with all the countries represented giving updates on their ENHR activities. One month later, in June 1994, Bangladesh, the Philippines and Thailand, as the three countries in the Asian Region with the longest experience with ENHR, came together to choose the networking focal point. Bangladesh was selected to act as the regional focal point, effective from May 1994 to April 1996. Model Three of the above was chosen as the one appropriate for the Asian Regional ENHR Network.

In a subsequent meeting held at Delhi in November 1994 on the tentative regional work plan, it was decided that the people experienced in implementing ENHR from the above three Asian countries would be assigned to visit each country. The purpose of the visit would be to identify / acquaint themselves with the leaders / focal points and familiarise themselves with the concerns of the various stakeholders, as well as eliciting support for ENHR. A need to assess the demand for further training, especially in research management for ENHR, was expressed. It was agreed that a regional training workshop on this would be organised, but only after specific country needs and levels of experiences could be ascertained to ensure that the workshop serves as a crucial mainstay to support the ENHR movement.

This meeting recommended that a planning meeting for the Regional Workshop on Health Research Management be organised in Dhaka.

Based on the above premise, a Planning Meeting for the Regional Workshop on Health Research Management was organised at Dhaka from June 30 to July 02, 1995, after country visits to Cambodia, Indonesia, Lao PDR and Nepal.

During the meeting, the role of the regional ENHR network was discussed in the light of findings from the recent country visits. The meeting concluded with

From left to right:
Dr M.Hossain, Dr S. Chunharas, Dr S. Chowdhury, Dr M. A. Lansang, Dr C. Sitthi-amorn, Dr A.Z. Baig

the recommendation that the proposed Regional Workshop on Health Research Management should be organised at Bangkok before mid-December this year, with the goal of developing a national plan for countries new to these ideas and reaffirming or revising plans that already exist. It is anticipated that the workshop will produce draft plans from countries reflecting the critical issues, strategies and skills required for implementing ENHR in the best possible way. Expected to participate in this workshop are the following countries of the region: Bangladesh, Cambodia, China [?], India [?], Indonesia, Laos PDR, Nepal, Pakistan [?], Philippines, Thailand, Viet Nam. ❑

Contact: Dr Sadia A. Chowdhury, Coordinator,ENHR,B and Director, Women's Health and Development Programme, c/o BRAC, 66 Mohakhali C.A., Dhaka 1212, Bangladesh; Tel (+880-2) 884 180-7, Fax (+880-2) 883 542 or 883 614.

NETWORKING IN THE CARIBBEAN

The Commonwealth Caribbean comprises 18 politically independent states and British-affiliated dependencies. Ethnic composition, resources, capabilities, as well as religion and culture, vary widely from one state to the next. Geographically small and with their resources limited, these states have a major interest in joining forces in their health research endeavour. The region's central agency for health programmes and health research is the Commonwealth Caribbean Medical Research Council (CCMRC). With support from the Task Force on Health Research for Development, the CCMRC organised a series of meetings, workshops and consultations, the result of which was a proposal to establish and implement a five–year Essential National Health Research programme for the Caribbean as a region and for the individual countries. Unlike the national programmes, which will reflect each Caribbean country's own priorities, the regional ENHR programme will provide an overall framework, with the following seven priority areas for research : • environmental protection (including vector control), • human resources development, • chronic nonmmunicable diseases, • strengthening health systems, • food and nutrition, • maternal and child health, and • AIDS.

Parallel with the above developments in the Commonwealth Caribbean, something started moving in the Netherlands Antilles as well: the Foundation for Promotion of Research and International Cooperation in Health Care , a non-governmental organisation based in Curaçao—in collaboration with the University of Groningen, the Netherlands—organised a first National Symposium on Health Studies (in March 1994) to discuss the initial outcomes of the so-called Curaçao Health Study. This is "a cross-sectional epidemiological study to elicit information on respondents' objective and subjective health status, lifestyles and health-related behaviour, including use of traditional and modern care." The Symposium, in which the CCMRC participated, recommended exploring the possibilities of expanding the Curaçao Health Study to other islands of the Netherlands Antilles and making studies like the Curaçao Health Study a component part of the CCMRC proposal for Essential National Health Research for the Caribbean. In April 1995, when the CCMRC came together in Barbados for its annual meeting, the idea of closer collaboration between CCMRC and the Netherlands Antilles was taken up once more at a joint meeting between CCMRC, Netherlands Antilles and COHRED. A joint Working Group was set up and was given the task of:

■ Working out a specific, joint research and development project,

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UPCOMING EVENTS

MEETINGS & CONFERENCES

OCTOBER 2-4, 1995

Scientific Basis of Health Services
An International Conference

Sponsors: Department of Health, United Kingdom

Location: Queen Elizabeth II Conference Centre, London, United Kingdom

Contact: Ms Karen Wingad, Conference Manager, Scientific Basis of Health Services Conference, P.O. Box 4124, Hall Green, Birmingham, United Kingdom, B28 9HE; Tel +44(0) 121 778 4070; Fax +44 (0) 121 702 2886.

Description: The Conference will examine existing links between research and health services in the UK and elsewhere, and will explore how these can be strengthened to secure improvements in health and health care. Amongst the subjects that will be dealt with in plenary lectures, symposia, panel discussions and parallel workshops, and proffered paper sessions are: ■The use of research methods to analyse, evaluate and propose solutions to health and health service problems; ■The challenge of Development as opposed to Research and the practical application of the results of research; ■Setting priorities for health research and development; ■Health research and the relationship between developed and developing countries.

This international forum for debate will be of interest to those engaged in health services research, academic medicine and clinical practice including primary care, public health and epidemiology, nursing and the professions allied to medicine, biological and physical sciences, social sciences, health economics, health policy, health services management, research management.

OCTOBER 22-26, 1995

European Conference on Tropical Medicine

Organisers: The European Societies of Tropical Medicine

Location: CCH—Congress Centrum Hamburg, Germany

Contact: Conference Secretariat, TROP '95, c/o Hamburg Messe & Congress GmbH — Congress Organisation — Jungiusstr. 13, D–20355 Hamburg, Germany; (General Information) Tel +49 40 3569–2341, Fax +49 40 3569–2343; (Scientific Programme) Tel +49–(0)40–31182–511, Fax +49–(0)40–31182–512.

Description: The Conference's aim is to strengthen the links with colleagues from the tropical countries. Of particular interest to health researchers will be Sessions I & 2 (■Research Priorities in International Health, ■Health in the Community) and the presentations on partnership between Europe and developing countries in health research, or on successful examples of health systems research. Surrounding the main themes of the Conference will be symposia, including one on the subject of ■"Essential National Health Research — From Theory to Practice" under the chairmanship of Yvo Nuyens, COHRED, as well as workshops on basic and applied research, diagnostics and treatment of tropical disease, and an extensive scientific exhibition. The official languages of the Conference are English and French.

DECEMBER 17-22, 1995

International Conference on Governments and Health Systems: Implications of Differing Involvements

Organisers: The Israel National Institute for Health Policy and Health Services Research, in co-operation with the Regional Office for Europe of the World Health Organization

Location: The Holiday Inn Crowne Plaza Hotel, Givat Ram, Jerusalem, Israel

Contact: The Secretariat, International Conference on Governments and Health Systems, P.O. Box 50006, Tel Aviv 61500; Tel 972–3–514 00 00; Fax 972–3–517 56 74, 972–3–514 00 77; E-mail: HEALTHSYS@Kenes.ccmail.compuserve.COM

Description: The Conference will review research on the implications of government involvement in a country's health system. Among the issues to be discussed are: regulation versus free market forces in governing the number and distribution of health institutions, physicians and other health personnel; the extent to which governments should "interfere" in lifestyles to promote health; who should assure the efficacy and safety of health technology and the quality of health care, including

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Caribbean Networking

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using the Curaçao Health Study as an entry point;
■Identifying the human, financial and other resources needed for carrying out such a project;
■Recommending other areas in which the Caribbean and the Netherlands Antilles could and should join efforts.

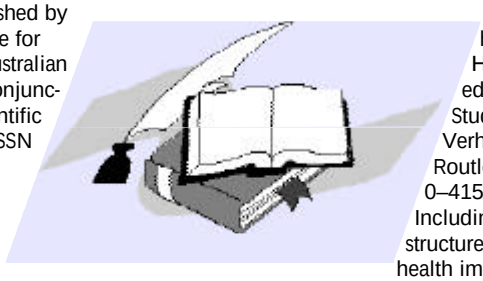
It is worthwhile noting that these networking activities have already borne fruit:

- a technical group from CCMRC and the Netherlands Antilles met in Curaçao (in May 1995) to develop a joint research project;
- scientists and health workers of Curaçao have been invited to participate in Research Methodology training workshops organised by CCMRC;
- a joint training workshop for the Commonwealth Caribbean and the Netherlands Antilles on Priority Setting for Health Research is on the agenda for 1995 (Jamaica, in November). ❑

For further information, contact: Dr David Picou, Director of Research, Commonwealth Caribbean Medical Research Council, 20 Schneider Gardens, Petit Valley, Trinidad; Dr Izzy Gerstenbluth, Department of Epidemiology & Research, Geneeskundige en Gezondheidsdienst, Piscaderaweg 49, Willemstad – Curaçao, Netherlands Antilles, Tel +599-9-625800; Fax +599-9-628343.

PUBLICATIONS

Supplement to Health Transition Review Volume 4, 1994
edited by John Cleland and Peter Way, published by The Health Transition Centre, National Centre for Epidemiology and Population Health, The Australian National University, Canberra, Australia in conjunction with the International Union for the Scientific Study of Population (IUSSP), 1994, pp 367. ISSN 1036—4005.



Based on a selection of papers presented at a seminar held in Annecy, France, from December 5–9, 1993, this Supplement is devoted entirely to the subject of AIDS, its impact and prevention in the developing world, and its demographic and social science perspectives. The social and behavioural components of HIV transmission were not a priority concern until recently. However, with the disease HIV/AIDS threatening to reverse long-standing mortality declines in an increasing number of countries, rapid dissemination of scientific findings concerning behaviour that contributes to the spread of infections and of studies on its impact has become particularly important. The main policy lessons drawn from the seminar have been summarised in an IUSSP policy and research paper entitled 'Towards a more effective policy response to AIDS .'

HEALTH CARE PLANNING UNDER SEVERE RESOURCE CONSTRAINTS — Development of methods applicable at district level in sub-Saharan Africa
by Erik Nordberg. The Unit of International Health Care Research (IHCAR), Department of International Health and Social Medicine, Karolinska Institutet, S–17177 Stockholm, Sweden, 1955, 136 pp. ISBN 91–628–1634–9.

A poor and economically stagnating region, sub-Saharan Africa tends to remain behind the relatively rapid and dynamic development process under way in other parts of the developing world. The author of this thesis describes ways and means of empowering people and institutions involved in local health development and health care planning in East Africa. In this context, he investigates the East African health development and health sectors in terms of their current opportunities and problems, which include: rising levels of education, growing political consciousness and pluralism, public sector decentralisation, rapid but slowing population growth, economic stagnation, poverty and undernutrition, environmental degradation, human rights violations, civil unrest with displacement and involuntary mass migration, unsatisfactory health care and poor social security.

TACKLING INEQUALITIES IN HEALTH. An agenda for action.
edited by Michaela Benzeval • Ken Judge • Margaret Whitehead. The King's Fund, London, United Kingdom, 1995, 166 pp. ISBN 1 85717 088 1.

This book reflects the discussions of a seminar organised by the King's Fund in September 1993, which examined the policy options and identified priorities for action in tackling inequalities in health. The authors stress that "*a worthwhile agenda for tackling inequalities in health must ... include a strong focus on reducing poverty and a commitment to the careful monitoring of the impact of major public policies on health, particularly among the most vulnerable groups.*" The book's focus is on the relationship between poor health and housing, poverty, smoking and access to health care. It outlines "*a number of practical and affordable ways in which the situation could be substantially improved if the political will existed to recognise that tackling equalities in health is a fundamental requirement of social justice for all citizens.*" And it reviews the evidence for the effectiveness of the practical suggestions provided for interventions involving almost every aspect of society (the physical environment, such as the adequacy of housing, working conditions and pollution; social and economic influences, such as income and wealth, levels of unemployment, and the quality of social relationships and social support; barriers to adopting a healthier personal lifestyle; access to appropriate and effective health and social services).

HEALTH AND DEVELOPMENT
edited by David R. Phillips, Institute of Population Studies, University of Exeter, U.K. and Yola Verhasselt, The Free University, Brussels, Belgium. Routledge London and New York, 1994, pp 331. ISBN 0–415–08529–2 (pbk.)

Including regional and country case studies, this clearly structured work deals with the multi-faceted aspects of health impacts of development. It focuses on crucial issues such as the effects of economic adjustment and environmental change on health, the interaction of poverty and health, socio-cultural factors in HIV/AIDS transmission, the use of traditional and community health care resources, and women's health.

Investing in People. The World Bank in Action
The International Bank for Reconstruction and Development/THE WORLD BANK, 1995. 83 pages. ISBN 0-8213-3207-4

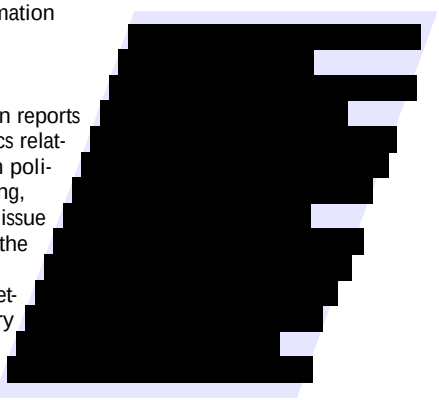
This publication is intended to provide an introduction to the Bank's work in the social sectors and to illustrate recent work. The examples in the booklet are drawn from every region and represent innovative or exemplary lending, policy analysis, technical assistance or donor coordination efforts. The examples highlight three main themes: • new efforts to concentrate resources on services that give the most value for money; • greater emphasis on listening to, learning from and working with communities and households; and • fresh ways of using collaboration and partnership among all interested parties.

Research for Development. SAREC 20 YEARS
Swedish Agency for Research Cooperation with Developing Countries, SAREC, 1995. 199 pages. ISBN 91 86826 25 5.

In this book, eminent researchers illuminate the critical part that knowledge and information play in Third World development. Of particular interest to our readers could be the contribution on capacity building, its "south-based" and its "north-based" barriers. The book ends with a view of what is in store for developing countries in the next fifty years.

NEWSLETTERS

HST UPDATE
Project for Health Information Dissemination (PHID)
Health Systems Trust
South Africa



This monthly publication reports on a wide range of topics related to health care, health policy, health reform, training, etc. Its December 1994 issue included an account of the discussions and the outcomes of a national meeting called by the Ministry of Health in December 1994 to discuss the implementation of a process of Essential National Health Research (ENHR). The March 1995 issue dealt primarily with the process of developing human resources, with emphasis on health workers operating at the community level of health care. It should therefore be of particular interest to community-health workers. *Details*: *HST UPDATE*, Project for Health Information Dissemination (PHID), Health Systems Trust, 504 General Building, Cnr Smith & Field Streets, Durban, 4001, South Africa.

MEETINGS & CONFERENCES
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rehabilitative care — governments or the health professions? The four scientific sub-committees will deal with the following five subjects: cost, financing and payment in health services; health manpower, including research and researchers in health care systems; health promotion and disease prevention; capital formation and health technology; and quality management.
The official language of the Conference is English.

EDUCATIONAL PROGRAMMES

The Nuffield Institute for Health, Leeds, United Kingdom
is organising in 1995/6 a series of international masters and postgraduate diploma courses of relevance to our readers. For further information, please address yourself to Information and Admissions Officer, Nuffield Institute for Health, 71 – 75 Clarendon Road, Leeds LS2 9PL, U.K. Tel +44 113 233 66 33; Fax +44 113 246 08 99.