Issue 27 January - March 2002

The Newsletter of the Council on Health Research for Development

Research into Action

Inside this Issue

The theme of the first issue of Research into Action for 2002 is the ***National Health Research System – concept and realities***. In future, COHRED aims to focus on supporting countries to develop effective health research systems. The principles of *putting countries first*, the practice and attainment of *equity*, and conducting research which *leads to development* form the basis for the development of a research system, through which the Essential National Health Research (ENHR) strategy can be applied. In fact, one could say that the ENHR strategy forms the very heart of the health research system. An analytical working group has been set up by COHRED to gain knowledge on the conceptual issues of the health research systems approach and to work directly with country teams to develop and strengthen their health research system. This issue will introduce the group, and outline their first activity.

Two country teams - from Brazil and the Philippines – provide *Research Into Action* with insight into the complexity and the challenges faced by the health research system in their respective countries. Other country teams are also working on an assessment of their system and we plan to report more in-depth results and lessons learned in the December 2002 issue of this Newsletter. The remaining two issues of *Research Into Action* for this year will focus on **communication for health research** and **capacity development for health research**. Both issues will be placed within the systems approach and are two very crucial aspects of making the health research system more effective at working towards equity in health development.

A further article deals specifically with equity in health, and how policy response to inequities can, and should, be developed. This article is based on a publication resulting from the Global Health Equity Initiative, in which the authors strongly argue that we have reached a point where sufficient momentum has been gathered to stimulate the action necessary to monitor and advocate for equity worldwide. They also provide further evidence that the research community, and therefore, the health research system of a country, can play a crucial role in improving a country's health equity.

The section on **ENHR in Action** features an article updating the readers about the health research management process in Senegal. A health research policy has been developed recently and the article describes the principles and values on which this is based and the strategies developed for the advancement of health research.

News from COHRED includes an introduction to our newly elected Board members. Seven new members from a number of countries have been elected at the last session of the COHRED Board for 2001, and we look forward to new collaborations and partnerships as a result of this.

Finally, o**n a very practical note, we wish to inform you that the COHRED secretariat will be moving on April 30, 2002, to its new offices in the centre of Geneva. We look forward to welcoming our colleagues to our new offices, and please note our new address on the last page of this Newsletter!!**

National Health Research System: Concept and Reality

Over the last decade it has become increasingly clear that if health research is to make a significant contribution to improving people's health there is a need to go beyond supporting projects and teams. In the past, there were a number of problems with the way research was being managed at country level. The national health research system approach can be seen as a direct response to these problems.

The rationale behind the use of a 'systems' approach to health research include:

- In many countries, health research is not well coordinated and often fragmented, resulting in inefficiency and duplication. A more systematic approach to better and more appropriate co-ordination of research would address this.
- Certain research questions or needs of the health system require collaboration and linkages between different research organisations or different research disciplines. A system which enhances synergy, ensuring that the total efforts benefit more than one partner, is the ideal model.
- In many countries research is inadequately linked to the priorities and goals of the health system. There is a need for a more systematic approach to align health research to priorities and goals.
- Many of the outputs of research are not optimally translated into appropriate change within the health system or desired health and equity outcomes. This points to the need for a better and more systematic application of research in policy, planning and delivery, and the need for a more systematic link between the researchers and the users of research.
- There needs to be a more systematic approach to research capacity development and the mobilisation of resources for research and development.
- Countries need to develop a more systematic approach to the setting of rules, procedures and standards, and to regulate health research in line with expressed values and principles.

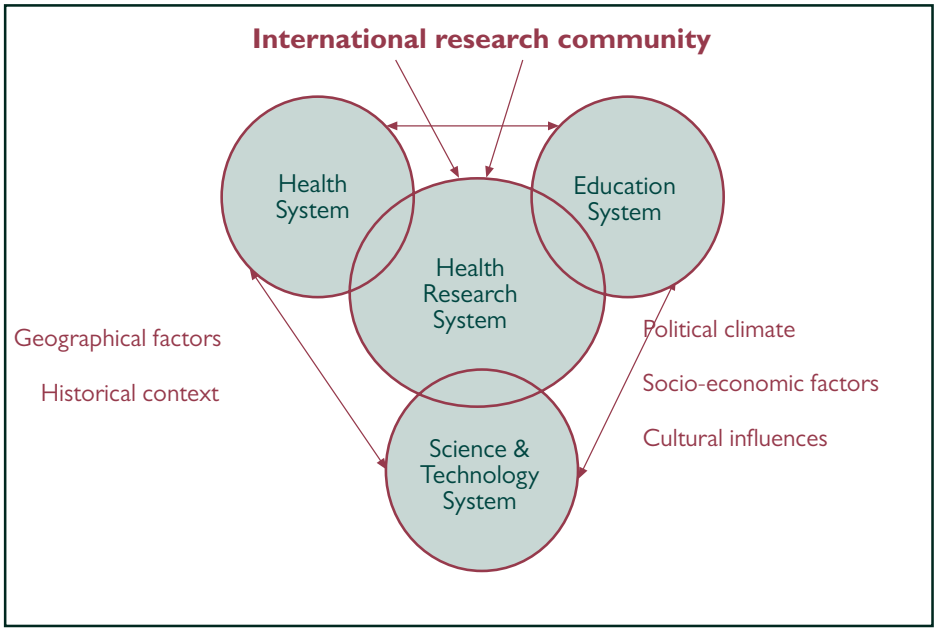

Figure 1: Interaction of the health research system with other national systems and the various factors which shape it

A system for planning, coordinating, monitoring and managing health research resources and activities, and for promoting the use of research for effective and equitable health development, is the central nervous system of the health system. It will enable the health system to respond more effectively to health challenges. Figure 1 illustrates that the health research system is not only operating within the health system but also interacts with the education and the science and technology systems. Some of the factors influencing the system as a whole are mentioned – illustrating the complexity of a functioning system.

The discussion paper prepared for the International Conference on

Health Research for Development (Bangkok, 2000), sets out the goals, underlying values, operating principles, functions and structure for the development of an effective research system. For the purpose of this article we will focus on the goals and functions of a *national* health research system. The reality is of course that countries function within a regional and global environment. These external influences have, in the past, largely determined country realities. It is time for change – to a situation where country activities are of primary importance, and regional and global mechanisms undertake only those activities that cannot be efficiently carried out at country level.

Goals and functions

The prime *goals* of a national health research system are:

- To generate and communicate knowledge that informs the national health plan and its implementation and thus contributes to equitable health development in the country;
- To adapt and apply knowledge generated elsewhere to national health development; and
- To contribute to the global knowledge base on issues relevant to the country.

The four primary *functions* of a health research system are: stewardship, financing, capacity development, and knowledge generation, management and utilisation.

Stewardship encompasses a range of activities intended to ensure that the health research system demonstrates quality leadership, is productive, has strategic direction and operates in a coherent manner. It should aim to create or promote a 'research culture', that recognises the need for evidence-based decision-making and the importance of health research as a vital component of health development. Stewardship can be divided into a number of sub-functions. These include: strategic vision; overall system design and policy formulation; priority setting; performance and impact assessment; promotion and advocacy; and setting of norms, standards and ethical frameworks for research.

Financing for health research comes from a number of sources. If the resources available are to be used effectively and efficiently, consistent with research priorities, mechanisms are needed to ensure coordination and to monitor resource flows over time, both within and between levels.

Each country needs to be able to *generate knowledge* relevant to its own situation so that its particular health problems, appraise the measures available for dealing with them, and choose the actions likely to produce the greatest improvement in health. This should not be seen as the exclusive preserve of universities or research councils, but equally of health/public services, NGOs etc. Generating new knowledge is, however, only part of the process; for knowledge to be useful, it must be shared with other researchers and communicated, in a suitable format, to the various users/stakeholders. It needs to be *translated into policy or action* or absorbed into the existing knowledge/technology base. Low-income countries, in particular, need to ensure that health research brings tangible benefits to the health status of their people. This implies a need for strengthened links between researchers, policy makers, health and development workers, NGOs and communities.

Moving from strategy to action – a proposal by WHO/SEARO

In the document 'Strategies for Health Research Systems Development in the South-East Asian Region', developed by the WHO Regional Office for South East Asia, some strategies are suggested that can assist countries to strengthen their health research system.

Formulating national health research policy. Most countries have explicit national health research policies – these countries may need to review and revise their policies in the rapidly changing global and national context. Other countries may need to begin formulating a national health research policy. A task force, representing all stakeholders, may be established to draft the policy. It should then be reviewed through a process of broader consultation between policy-makers, researchers, institutions, community and civil society, and also through public debates. The final document should be endorsed by the highest constitutional body (usually Parliament).

Establishment of national health research forum. The national health research forum is an institution which aims to help stakeholders reach consensus on identifying the national health research agenda and priorities based on the framework laid down by the national health research policy. The forum will review, from time to time, the performance of the national health research system within which the policy is implemented. Each country may decide the actual structure of the forum according to its needs and existing health research system.

Review of national health research system. In order to understand what is happening within a complex system of development of health research, there is a need for a thorough review of the national health research system. A situation analysis starts with what exists, is non-threatening and neutral and links to the notion of planning forward. It should be context based and emphasise the notion of country-based approaches. The analysis should be part of local, institutional or national processes, and should also include the generation of information for better understanding of the strengths and weaknesses of health research systems, which would help to strengthen the effectiveness of the system.

Regional partnerships and WHO's role. Regional partnerships in health research systems development must be strengthened to support countries in their efforts to build national and local health research systems. WHO should contribute to national and local efforts for the promotion and development of health research tailored to the distinctive needs and priorities of the countries. WHO should therefore act as a proactive partner in health research development seeking opportunities to complement and strengthen what other development partners are doing.

Strategies for health research systems development in South-East Asia region. World Health Organization, Regional Office for South-East Asia, New Delhi, October 2001.

A long-term systems approach to the *development and maintenance of research capacity* is needed, addressing issues such as the depth and range of research competencies, gender disparities in education and training, institutional mix and capability, and the fostering of sustained collaborations, along with clear plans that include provision for monitoring and evaluation. Efforts need to focus on both the quantity and quality of skills available, not just in research techniques, but over a broad range of related areas, e.g.: research priority setting, leadership and management, development of partnerships, innovative uses of information and communication technologies.

An appropriate *structure* for a health research system is needed to govern the above core functions. The different contexts and needs of countries will shape such a structure. Countries may choose to reorient existing structures, support systems and networks, or to develop new entities to support health research for development.

Output and impact

In order to better define and understand the national health research system it is important to understand and appraise its outputs and their utilisation carefully (see figure 2). When looking at health research outputs from the system perspective, one of the key concerns is how the outputs relate to, or are in alignment with, the health research system as a whole. In addition, the extent to which health research outputs are equity-oriented. The key output of any health research activity should be viewed generically as "new knowledge". In order to link new knowledge, and contextualise it according to the values and principles of an effective health research system, it is critical to look at the practices of knowledge management. While it is accepted that knowledge production (via a reliable and scientifically rigorous process) is a desirable output of a research system, it is equally important to produce the 'right type of knowledge' (in alignment with the national priorities), and to take the concerns of all stakeholders into account. Any assessment of the outputs of a health research system is therefore incomplete without simultaneous assessment of the knowledge management practices.

Over the next few years, COHRED's main focus will be to support countries to develop their health research systems. The principles of *putting countries first*, the practice and attainment of *equity*, and conducting *research which leads to development* form the basis for the development of a research system, through which the Essential National Health Research (ENHR) strategy can be applied. One could say that the ENHR strategy forms the very heart of the health research system. An analytical working group has been set up by COHRED to gain knowledge on the conceptual issues of the health research systems approach and to work directly with country teams to develop and strengthen their health research systems.

In the articles which follow, the Philippines and Brazil share their experiences of "developing and strengthening a health research system".

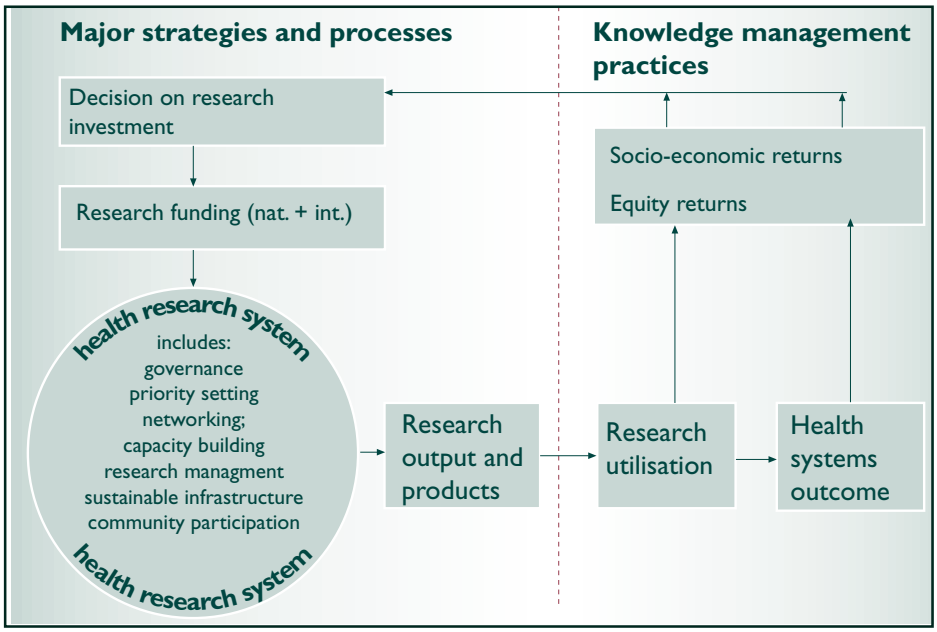

Figure 2: Strategies, processes and knowledge management practices resulting from the research output of a health research system

Further reading

Health research for development: the continuing challenge. A discussion paper prepared for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000.

Report of the International Conference on Health Research for Development. Bangkok, 10-13 October 2000, Thailand.

Report of the international workshop on health research systems. Cha'am, 12-15 March 2001, Thailand.

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Health Research in Brazil: current challenges[1]

In line with the ever increasing social and economic relevance and the growing technological inputs to the health sector, bigger and more complex structures for health research are being developed in many countries. Health research is the major component of science and technology systems in almost every country which has some S&T culture. This is true both for the leading economies (such as the USA) and for developing countries such as Brazil.

Brazil occupies a very particular place in the global research platform. Despite being on the periphery, Brazil built a research tradition with two defining characteristics: (i) the majority of the financial resources for research are internally generated and (ii) a majority of the research community is educated within the country, from technical to post-graduate personnel. This combination of attributes places Brazil in a unique position when compared to countries of similar size and level of development. Perhaps only China and India share similar profiles, although the majority of graduates remain in Brazil to complete their PhDs. Few developing countries can boast of such a record.

One aspect of the complexity of health research currently is the increasing extrapolation of the traditional boundaries of health sciences. It is becoming more and more common for knowledge from fields other than the health sciences to be incorporated into health research. This has the added benefit of achieving a far more comprehensive "multi-sectoral" perspective.

Since 1992, the Brazilian National Research Council (CNPq) - an agency linked to the Ministry of Science and Technology – has regularly collected data from research groups throughout the country. There are approximately 3,500 groups conducting scientific or technological research on health. These groups comprise around 15,000 researchers. Approximately half of the groups are health science-based, one quarter are based in the biological sciences, and the remaining quarter are humanities, engineering, agro sciences, exact and earth sciences-based.

It is imperative that the size, scope and complexity of the health research field in Brazil be taken into account in order to define an appropriate approach for establishing national health research policies, so that the policies are inclusive of all sectors engaged in health research. From a different perspective, the policies must contemplate both the research primarily oriented to the advancement of the global body of knowledge, as the research on practical applications and the development of products and processes. As far as the actors are concerned, health research comprises the work conducted by clinical researchers, bioscientists, public health researchers, and other professionals.

In the past, research in Brazil has been characterised by low adherence to priority research, and removal from the country's social and economic needs. In the case of health research, a modern approach requires the revision of this tradition towards an increase in the degree of articulation and integration with the health needs of the population. According to the resolutions of the First National Conference on Health Science and Technology held in 1994, the country's policies on health science and technology research must be part of the country's health policy.

NOTICES

Workshops

11ème Cours International de Formation en Recherche-Action (CIFRA)

Ouagadougou, Burkina Faso

Depuis 1991, ce cours est réalisé par le Ministère de la Santé avec l'appui de la GTZ (Coopération Technique Allemande) dans le cadre du projet "Promotion de la santé reproductive des groupes de populations difficiles à atteindre". Organisé une fois par an, le cours vise à renforcer les capacités de participants à combiner, compléter activement et mettre en valeur leurs compétences acquises pour l'amélioration des services de santé.

Le cours se déroule en trois phases:

Cours de base: commence le 1er juillet et le 11 août 2002, à Ouagadougou durant 6 semaines. Recherche sur le terrain: commence le 12 août et le 31 octobre 2002. Cette phase pratique dure environ 10 semaines. Atelier de restitution: commence le 4 et le 15 novembre 2002, à Ouagadougou (2 semaines).

Candidatures:

Nombre de participants: 20 au maximum.

Profil / expériences: médecins, infirmiers/ères, sages-femmes, travailleurs sociaux, gestionnaires, maîtrisant la langue française. La préférence sera accordée aux équipes de 2 ou 3 personnes travaillant ensemble dans la même zone.

Bourse: Les candidats éventuels sont invités à s'assurer d'une bourse auprès des organismes privés ou publics, nationaux ou internationaux.

Frais d'inscription: 850,000 F.CFA (1,295.81 Euro)

Les candidatures doivent parvenir au CIFRA au plus tard le 31 mai 2002 :

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Workshops Conferences Seminars

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Conferences

Ethical Issues in International Health Research

June 10-14, 2002, Boston, USA

The Program on Ethical Issues in International Health Research at the Harvard School of Public Health is an interactive program drawing on the combined talents of leaders in the field. Participants from both developing and industrialised countries have an opportunity to compare experiences, receive expert advice, and voice their concerns in five days of lectures, case studies, and panel discussions.

The program is intended for individuals involved in all areas of international health research, including medicine, anthropology, epidemiology, education, journalism, political science and law; government, foundations, and industry officials with funding responsibilities; and members of institutional and governmental review boards.

The Program fee is $1,750, and tuition assistance for individuals from developing countries who would not be able to attend without external support may be available through the Program.

To register or view more information about this workshop, please visit –
http://www.hsph.harvard.edu/bioethics
Email: bioethics@hsphsun2.harvard.edu

4th International Conference on Priorities in Health Care

Oslo, Norway, September 18-20, 2002

Aims of the Conference:

- Provide education on how to improve and promote priority setting in health care
- Exchange sound, practical ideas on improving methods of priority setting
- Promote better understanding between politicians, administrators and health care workers on the anatomy and consequences of setting priorities
- Build a research base of methods for improving priority setting
- Promote international solidarity among the fewer rich for the many poor.

For more information please contact:
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At the same conference, it was recommended that a national health research system should follow a number of general principles: (i) every project should adhere to ethical standards; (ii) research practices that sum up efforts and foster integration of research groups and institutions should be encouraged; and, (iii) scientific and technological standards of quality as assessed through peer review should be established as basic criteria for project funding.

Traditionally health research in Brazil has been supported by the National Research Council (CNPq) and another agency (FINEP, Studies and Projects Financing Agency) linked to the Federal Ministry of Science and Technology, by an agency linked to the Ministry of Education that finances post-graduate programs and personnel (CAPES), and by State research agencies that exist in some of the Brazilian states. At the end of 2001, a new Federal fund was created by law and is due to start in 2002. A stronger role for the Ministry of Health and State Health authorities is being recommended. Besides directly supporting research, the Ministry of Health and State Health authorities' roles in financing and provision of health services place them in a unique position to commission and further promote research activity in the country. Of course, this must be done in an open and transparent manner in order to preserve, and improve, the significant research tradition and capabilities that already exist. It will be ensured that adequate administrative structures are established within the Ministry of Health to pursue this new mission.

The development of a national health research system is now requiring the establishment of an agenda of research priorities besides the appropriate funding and administrative arrangements. The issues to be addressed in a country like Brazil are particularly complex due to the overlapping of first and third world agendas. Consequently, priority health problems do not conform to a simple list of diseases or health problems ranked in decreasing order of significance; even when burden of disease criteria are applied. Instead, what's needed is a complete agenda of priorities encompassing all issues and actors, including technological components.

The National Health Council is due to call a further National Conference on Health Science and Technology for 2003. The conference will provide a fruitful space for the interaction of health researchers, health authorities and the community. It is expected that it will not only review the achievements of new mechanisms that have been put into place but will reinforce a collective engagement to better articulate the health research system with the health system and promote an adequate balance between contributing to the advancement of global knowledge and adjusting the research agenda to the health priorities of the country.

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1 Edited abstracts from a position paper prepared by the Brazilian Association of Collective Health – ABRASCO – presented to the First National Conference on Science, Technology and Innovation, sponsored by the Brazilian Ministry of Science and Technology, held in Brazil in 2001.

The National Health Research System: *Pinoy*[1] Style

The Philippine National Health Research System (PNHRS) is comprised of a variety of actors and key players. They include the Philippine Council for Health Research and Development (PCHRD) of the Department of Science and Technology, the University of the Philippines Manila (the country's premier institution for teaching, research and training in health and allied medical sciences) and the Department of Health (through the Essential National Health Research Program). The PNHRS has the basic research infrastructure to nurture health research and agencies responsible for stewardship and includes programs which aim to develop health research in the country.

Research Coordination and Management

Coordination and management of the health research system is a responsibility shared by the government agencies. However, each agency - specifically, the PCHRD and the ENHR Program - though almost similar in their function, has distinct areas of research management. PCHRD's focus is on funded research projects aligned to its Science and Technology Agenda (mostly biomedical and clinical research studies) whilst the ENHR Program (led by the Department of Health) is concerned with provision of national policies and standards for the health sector. Since research activities are pursued at both national and sub-national levels, the various levels government coordinate and manage the health research system.

Promotion of Ethics in Research

Part of coordination and management is the promotion of good research practice. The country has a National Ethics Committee (NEC) which sets guidelines and policies in the conduct of biomedical and behavioral research using human subjects (PCHRD, 2000). Furthermore, the NEC serves as a forum to give ethical guidance, review protocols of agencies with no existing ethics committees and promote the discourse on ethical, social, legal and moral implications of advances in biomedical and behavioral research and technology on the life of the individual and the society. Part of the committee's advocacy is the promotion and institutionalisation of ethics review committees and training on ethical review in various parts of the country.

Research Priority Setting

All the above research actors promote and advocate country specific research priorities. Research priority setting is undertaken both at the sub-national and national levels in consultation with the various users and stakeholders of health research. Bottom-up and top-down approaches have been utilised to generate and update a set of national priorities in recent years. Furthermore, priority setting has taken into account the country's existing international and national commitments and initiatives in areas apart from health, like poverty alleviation, sustainable development, gender and development and globalisation and international harmonisation. Although priority setting is not an annual event, the process of updating or redefining the country's research priorities is being introduced in response to the developments and reforms being instituted in the health sector.

Mobilising and Utilising Resources for Health Research

The Philippine health research system draws its funds from both local and foreign sources. In 1997, the country's health research budget was more than US$10.5 million and US$7.4 million in 1998. Approximately two thirds of this is from government sources. Foreign funds for these years comprised one third of the total funding available (Alano and Almario, 2001). In 1997/98, the Department of Science and Technology and the Department of Health provided more than half of the country's funds for health R&D. Alano and Almario (2001) also found that institutions in the public sector (including university departments, government departments and hospitals) were awarded a majority of these funds in both years of study. Health research activities are largely dictated by research priorities set by the funding sources - whether these are local or foreign. Although adherence to local priorities is encouraged, some activities still tend to be donor-driven which may or may not be attuned to local or country needs.

The review of health research proposals in the *Pinoy* health research system involves several stages. At the institutional level, there is often a review board that screens proposals to be submitted to the donor agencies. For local funding sources, the review process usually has several stages: an in-house evaluation (for ethical, biosafety and intellectual propriety issues, technical and financial feasibility), an external review panel of technical experts and consultants, and the management/governing board review which ultimately decides on the fate of the proposal. The review often includes a set of criteria to determine whether the proposal falls within the health research agenda of the country.

Research Capacity Strengthening

Capacity development initiatives of the *Pinoy* health research system have focused on developing capacity for health research and to some extent for health research management.

The provision of graduate degree scholarship and thesis /dissertation grants to local graduate schools and foreign institutions (to a limited extent usually through bilateral assistance programs or academic linkages), training workshops on research methodologies, research apprenticeship programs (for proposals generated through training) and research fellowship programs (linking scientists to young researchers) serve as major strategies to develop the country's human resources for health research.

Both the public and private sectors provide incentives for health research activity. Health research awards at the national and sub-national levels and scientific contests are regularly administered by public agencies. The private sector provides incentives through the provision of research awards and professorial chairs. The government's *Balik-Scientist* (returning scientist) program which encourages the return of foreign trained Filipino researchers and the availability of a scientific career system in government institutions have been provided to nurture a conducive environment for health researchers in the country and draw the human resources required to meet the country's needs.

Development of health research management capacity has been addressed with the establishment of committees/coordinators selected by administrative regions in the country to develop expertise in overseeing, coordinating and monitoring research, priority setting, managing research funds and providing relevant strategies to enhance human resource development and research utilisation. Similarly, arrangements between established centers of excellence and emerging centers have been forged to develop competencies in health research and health research management.

Complementing strategies include the strengthening of R&D infrastructure with the upgrading of research facilities and laboratories with the provision of new equipment, and modernisation of health and medical libraries. Maximisation of resources is encouraged by promoting resource sharing and wide (electronic) access to collections for researchers.

Research Dissemination and Utilisation

Several strategies are in place in public funding agencies to ensure the maximum utilisation of health research results. These include the involvement of the end-users (industry, health provider, technology adapter) at the start of the R&D process as co-investigators; as a co-funder; or, requesting an endorsement of the project from the potential end-user in addition to requiring a research utilisation plan as part of the proposal. Assistance in the promotion and dissemination of results through a technology transfer fair/inventors forum, the sponsorship of public seminars, conventions, press releases, media coverage, printing of research results through mass media and electronic publications, and submission of research results to policy makers are further strategies being considered.

Assessment of the Pinoy Health Research System

The *Pinoy* health research system has its share of strengths and weaknesses. The country has in place the basic elements of a functioning health research system. The government has established a health research council to oversee, coordinate and monitor health research activities and to provide the supporting strategies required to develop and nurture the health research environment. These efforts are complemented by other government agencies with health-related concerns. Despite this advantage, the support and advocacy of the country's health research system is highly sensitive to changes in political leadership - particularly of the Department of Health (a key player and a major user of health research output).

Limited government subsidies, poor private sector investment and weak resource mobilisation initiatives and the fluctuating economic situation in the country have weakened efforts to enhance and sustain research and development, capacity development and information system initiatives of the health research system. Funding is still well below the two per cent of the health budget recommended by the Commission on Health Research for Development in 1990. Hence, the country's ability to use research to address health inequity is not as strong as it should be. The coordination and monitoring of health research activities - particularly in non-government organisations and institutions - continue to be a problem, and fragmentation of efforts from the various major players in the health research system still remain unresolved.

The country has a considerable number of experts in certain disciplines. However, expertise in fields such as health economics, biomedical devices, technology forecasting and clinical pharmacology and researchers' ability to translate and communicate research results to popular medium is still required. R&D facilities are still concentrated in urban areas particularly in the National Capital Region. However, with the application of information and communications technology, there is now an increase in interconnectivity, availability and utilisation of health information and technologies.

Apart from internal forces, the health research system also faces some threats as well as opportunities from

external elements. With the advent of globalisation, the flooding of cheaper health technologies poses a threat to the development of similar technologies within the country. Similarly, open trade opens the range of choices to consumers which serves as a challenge to the existing regulations on exposure to poor quality/unsafe products. Although open trade and open migration resulting from globalisation allows the sharing of technical expertise and other health services across borders, they also increase the possibility of exposure to new pathogens and transmission of diseases which the health system needs to be prepared for. Despite easier access to imported raw materials, dependence on imported health materials and currency crises may pose a problem. Similarly, even if the demand for exploration of indigenous plants and materials for pharmaceutical development increases and with this, profits the country, the need to balance this move with avoiding biopiracy and environmental conservation is also important.

The *Pinoy* health research system needs to collectively assess the situation, direct the future goals and paths and coalesce fragmented efforts in the health research system. With two major bodies – namely, the Philippine Council for Health Research and Development and the Department of Health - playing critical roles in the functioning of an effective and efficient health research system, the need for convergence is imminent. Although this concern is currently being addressed, COHRED's National Health Research System initiative in the Philippines plays a catalytic and vital role in expediting the process and improving the country's existing health research system.

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1 ***Pinoy*** is the popular word for something which originates from the Philippines.

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Conferences

Forum 6
The annual meeting of the Global Forum for Health Research

Arusha, Tanzania, November 12-15, 2002

Forum 6, the annual meeting of the Global Forum for Health Research, is a policy meeting examining the causes and consequences of the 10/90 gap and defining ways of helping correct it. Presentations will address the latest thinking on the 10/90 gap and act as a catalyst for action during the coming year.

Forum 6 will bring together policy-makers, researchers and scientists, donors and administrators to present their latest results and contribute ideas for the next stages of work in health research. The Global Forum for Health Research invites individuals, institutions and organisations involved in the planning, conduct, dissemination and utilisation of the results of health research to submit abstracts for presentations.

For more information, please visit the web at:
http://www.globalforumhealth.org/
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Workshops Conferences Seminars

New faces of the COHRED Board

COHRED's Board met for its annual meeting in December 2001. Part of the deliberations involved the appointment of seven new members, who will replace Board members completing their term of office. We wish to thank our outgoing members for their support and commitment over the years, and hope that they will remain in contact with COHRED's workings in the future. In order to welcome the newly appointed members, we have provided a short introduction for your interest.

Dr Acharya

Dr Gopal Prasad Acharya (57, Nepali) is a medical doctor with a broad experience in epidemiological research. He held positions as the Dean of the Institute of Medicine and Director of the Medical Education Department of the Tribhuvan University. He is currently the chairman of the Nepal Health Research Council. COHRED has a long standing working relation with the Council, that has been the prime mover in implementing the ENHR strategy in the country. During the International Conference on Health Research for Development (Bangkok, 2000), Dr Acharya, for the NHRC, was given an international award (by the Rockefeller Foundation) to strengthen the capabilities of the health research network in Nepal.

Dr Chunharas

Dr Somsak Chunharas (48, Thai) has a medical and public health background. Starting as a medical doctor in district hospitals, he soon moved towards the research management field and held, among others, positions as the Director of the Health Systems Research Institute, the Director of the National Institute of Health and the Director of the Bureau of Health Policy and Planning. He is currently Assistant Permanent Secretary at the Ministry of Public Health and also holds the position of Secretary-General of the National Health Foundation – an NGO with the mandate to link research to decision making, aimed at creating a knowledge-based health system in Thailand. Dr Chunharas has been actively involved in COHRED's work over the last years by leading a working group on research to policy and action and is now spearheading COHRED's analytical work on National Health Research Systems.

Dr Feachem

Dr Richard Feachem (54, British) is currently Director of the Institute for Global Health, a joint initiative of the University of California, San Francisco and Berkeley. Before taking up this position, Dr Feachem held, among others, positions at the World Bank (Director of Health, Nutrition and Population) and the London School of Hygiene and Tropical Medicine (Dean). He has a BSc in civil engineering, a PhD in environmental health, and a higher doctorate in medicine (DSc (Med)). Dr Feachem's interests are in international health policy and public health. Besides being a member and/or chair of numerous panels and committees, he was elected Chair of the Council of the Global Forum for Health Research in October 2001. Since January 1999, he has been Editor-in-Chief of the Bulletin of the World Health Organization.

Dr Kulzhanov

Dr Maksut Kulzhanov (52, Kazakh) currently holds the position of Dean of the Kazakhstan School of Public Health. Dr Kulzhanov has a medical degree and began his career as a physician in the republican hospital in Almaty. He soon moved towards research focusing on health care management, and has been working at the Almaty Research Institute for Hygiene and at the Republican Centre for Health Protection. In 1992, he took up the post of Deputy Minister of Health. During the five years he held this post he was responsible for health care reform and development in Kazakhstan. The development of health care research activities was also part of this portfolio. Currently, as Dean of the School of Public Health, Dr Kulzhanov and the ENHR team collaborated with COHRED in implementing an ENHR strategy in the Kazakhstan. In 2001, he was elected as member of the WHO Executive Board for three years.

Dr Mäusezahl

Dr Pang

Dr Daniel Mäusezahl (38, Swiss) holds a degree in biology and a PhD in epidemiology. Over the last 10 years, Dr Mäusezahl's academic career has spanned the fields of epidemiology, communicable diseases, environmental health and health systems research. He has worked as research scientist with the Institute of Water & Sanitation Development at the University of Zimbabwe, and with the Swiss Tropical Institute. Dr Mäusezahl is a former fellow in epidemiology of the University of California at Berkeley, and currently holds the position of program officer for health at the Swiss Agency for Development and Cooperation.

Dr Ernesta Medina (59, Nicaraguan) has a research background in microbiology and chemistry. He obtained his degrees at the Georg-August University of Göttingen (Germany) and the Universidad Nacional Autonoma de Nicaragua, León. He has ten years of experience in supervising and coordinating scientific activities at the University of Nicaragua. Dr Medina is now rector of the university and has experience in research development and advocates the need for long-term investments in capacity building at the national level.

Dr Tikki Pang (50, Indonesian) holds a degree in biochemistry and a PhD in microbiology and immunology, both of which he obtained at the Australian National University, Canberra, Australia. After more than 20 years of work experience in microbiology and biomedical sciences at the University of Malaya in Kuala Lumpur (Malaysia), he joined WHO Headquarters in 1999 as Director of Research Policy & Cooperation. During the past three years, COHRED has established a close working relationship with Dr Pang and his Division – in particular, with regards to the International Conference on Health Research for Development (Bangkok 2000) as co-partners organising the conference, in capacity development initiatives, and in the recent discussions and work around the development of effective national health research systems.

NOTICES

Conferences

Third MIM Pan-African Conference

Arusha, Tanzania, November 18-22, 2002

The Conference will focus on scientific progress and potential in malaria research with the aim of promoting the exchange of scientific ideas within Africa. It will consist of plenary presentations by experts, parallel sessions on a broad range of topics, and daily poster sessions. The scientific program of the Conference is arranged around the following five central themes:

1. Drugs and drug resistance
2. Pathogenesis of malaria and its clinical implications
3. Vaccine development
4. Vector control
5. Cross-cutting issues

Conference participants are encouraged to look for their own sponsorship to attend the conference. MIM will only sponsor the participation of a limited number of young Conference attendees from malaria-endemic countries based on a critique of submitted abstracts and the availability of funds.

For more information visit:
http://mim.nih.gov
Or write to:
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Workshops Conferences Seminars

Strengthening the impact of health research in Senegal

Several studies on capacities and potential of the health system, conducted over the last couple of years in Senegal, showed the weak development of health research in the country. Both coordination of research and capacity for conducting research is weak; there is insufficient financing; research results are not well utilised which can partly be explained by the poor interaction between researchers and potential users of research (policy-makers, communities, donors); and priorities for research have not been identified, resulting in research oriented towards donor-priorities (donors are funding 68% of all health research in Senegal). Also no national policy for the development of health research exists.

The studies conducted are part of a process, which started in 1997 and is supported by WHO and the World Bank, focusing on the identification of research priorities and the evaluation and identification of research needs. It included situation analyses, identification of available capacities, and regional and central level workshops. The above-mentioned findings are not new – they are already mentioned in a number of publications and reports - but the time now seems ripe to act and develop strategies to turn health research into a tool that can be used for developing of the health sector in the country.

The government in Senegal has implemented a number of important initiatives which have shown an immediate impact on health research in Senegal:

- A Department for Research and Development (Direction des Etudes, de la Recherche et de la Formation) has been established at the national level;
- A national fund for health research has been created; and
- A National Council for Health Research (Conseil National de la Recherche en Santé) has been established to strengthen the coordination of health research.

To further support these initiatives and to provide strategic guidance, a policy has been developed which defines strategies for the development of research activities at all levels of the health pyramid. Known as the National Health Research Programme (Program National de la Recherche en Santé – PNRS), and overseen by the Ministry of Health, the policy covers a period of five years, and aims to promote a 'research culture' based on strengthened research capacities of health personnel, implementation of a functioning national coordinating mechanism, and dissemination and utilisation of research results. The focus is on operational research, creating a dynamic process linking policymakers, researchers and communities wishing to participate in the application of research results into health programme decisions.

The 5-year programme is based on the following principles:

- All health structures have a responsibility to undertake research to inform decisions;
- The Ministry of Health has the responsibility for upholding the ethical principles in health research;
- Health research aims to solve public health issues; operational research is a priority;

- The purpose of health research is to solve the health and associated problems of the most disadvantaged and vulnerable communities;
- Health research contributes to defining new research priorities, to reorienting health programmes, and to the provision of data as essential indicators used to inform health decisions; and
- International research can contribute to national research efforts if it is culturally appropriate, if it adheres to sub-regional priorities, or involves partnership development.

With these principles in mind, general strategies for the advancement of health research at all levels of the health system include:

- Strengthen capacities for operational research: training in research methodologies, institutional support to improve logistical capacity, and improving access to - and mobilisation of - funds.
- Develop coordination of research activities: establish ethical and scientific committees within the Ministry of Health, and active promotion and monitoring of partnership development in health research.
- Rationalise the utilisation of research results: develop databases for health research studies, create mechanisms for dissemination (regional and national workshops, publications, mass-media tools), insert clause in fund for health research which ensures that funding is directed at projects with a direct impact on priority health problems.
- Develop research partnerships nationally and internationally: promotion of health research and the national health research policy both at district, national, and international level (e.g. involving partners in the first forum to launch the PNRS).

The following four research priority areas have been identified for the next 5 years: epidemiological surveys and fight against diseases such as malaria, HIV/AIDS, and TB; reproductive health; management of health programs and services; and health education.

The PNRS was endorsed at the first national forum on health research held in June 2001. The participants supported the policy, and declared it to be the national guideline for the health research community. The only major discussion item focused on operational research. Participants argued that there is no contradiction between focusing on finding solutions for priority health problems and nevertheless supporting basic as well as operational research. On the contrary, by not defining the type of research required a better approach of priority health issues can be achieved (e.g. by conducting multi-disciplinary research projects) and a better networking and partnership building between various researchers/ research disciplines can be obtained.

As a result of a fruitful partnership between many actors, the National Health Research Programme now acts as a reference point for the development of research activities for the next five years.

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Further reading:

Programme National de Recherche en Santé (2001). Direction des Etudes, de la Recherche et de la Formation, Ministère de la Santé et de la Prévention, Sénégal.

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Publications

Proceso de Consulta Regional en América Latina - Conferencia Internacional sobre Investigación en Salud para el Desarrollo

Ahora disponible en espanol

En el marco de la preparación de la Conferencia Internacional sobre Investigación en Salud para el Desarrollo, que tuvo lugar en Bangkok en octubre del a_o 2000, se realizó, en América Latina, un proceso de consulta que permitiera: obtener información acerca de las experiencias en investigación en salud, a nivel nacional y regional; establecer un proceso de intercambio de ideas para identificar los temas problemáticos de la investigación en salud y definir posibles vías de solución; promover un intercambio con diversos pares para construir procesos sostenibles de trabajo en equipo en el campo de la salud pública. Esta reflexión aparece en esta publicación que COHRED pone a su disposición.

Los resultados arrojados por la consulta ilustran, entre otros, que en Chile la investigación en salud no ha contribuido a transformar las prácticas médicas o a mejorar la calidad de vida de la población; que en el Caribe, el enfoque de género ha estado ausente en la mayor parte de las investigaciones en salud. Por su parte, el estudio de caso mexicano presenta un análisis de la situación de la investigación en salud y su relación con las políticas de salud; y los estudios sobre Cuba y Brasil se refieren a la necesidad de hacer una planeación de la ciencia y la tecnología para atender los problemas reales de las sociedades latinoamericanas.

Para solicitar esta publicación, comuníquese con el Secretariado de COHRED.

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Developing a policy response to inequities in health

The book 'Challenging inequities in health – from ethics to action' was published last year as the first publication resulting from the Global Health Equity Initiative - a network linking over 100 researchers from more than 15 countries who are unified by their interest in finding ways to address inequities in health. The book's concluding chapter provides a policy-oriented overview of the whole process - from ethics to action - identifying ways of challenging inequities in health. It suggests a way forward towards raising awareness of the issue and stimulating policy makers at various levels to take action. This article provides a summary of the main issues around this policy response.

Addressing global health inequities is one of the major policy challenges aiming to promote and sustain population health. The underlying premise is that something can and must be done about inequities in health. It is possible to challenge inequities with purposeful public policy. Building a robust and appropriate policy response to health inequities requires action across a broad spectrum of areas: first, establishing values; second, describing and analysing causes; then tackling the root causes of inequities; and finally, reducing the negative consequences for the individual of poor health.

Establishing values

To develop value-driven policy an essential first step is to demonstrate the injustice and unfairness of present economic and social arrangements. A start can be made by:

- Setting equity objectives and targets for policy;
- Subjecting existing and proposed developments to health equity impact assessment.

Equity objectives tend to be of two types: symbolic - their main purpose being to inspire and motivate; and practical or action targets to help monitor progress towards equity and to improve accountability in the use of resources. The two types are mutually supportive in shaping policy action. Both the implementation and outcomes of policy need to be monitored and judged against the original equity objectives. At the heart of the monitoring issue is the definition of effectiveness: if the equity dimension is explicit, then the central focus is on how to achieve this politically determined objective in the most cost-effective way. This contrasts with the more common approach, which sets equity in conflict - or as trade-off - with efficiency. The focus of the assessment process should be the impact of policies on the health and circumstances of the most vulnerable sections of society relative to other population groups.

Describing and analysing causes of the health divide

A key element of any strategy which tackles health inequity is an assessment of the size and nature of the problem. Two assertions in this respect are that health measures based on population averages are not reliable guides to what may be happening to the health of different groups in society; and second, it is always possible (and necessary) to make some assessment of the health divide. What is surprising is that such analysis is still not yet routine practice. Many national databases are analysed by averages only, undifferentiated by gender, area, ethnicity, or socioeconomic characteristics. Furthermore, many of the causes of inequities in health are social in origin. Considering the magnitude of the problem from a point of view of human development and well-being, it is striking how little systematic research has been done on the social causes of ill health.

Tackling root causes

Once the health divide in a country has been described and the causes analysed, the most critical element of a strategy to promote health equity is to identify points of entry for action on root causes. The main determinants of health in general can be thought of as layers of influence: individual characteristics, individual lifestyle factors, social and community networks, living and working conditions, general economic, cultural and environmental conditions. The overarching macroeconomic, cultural and environmental conditions prevailing in a country are of paramount importance in the pathways to inequities in health in developing countries. A health equity impact analysis should inform the articulation of macroeconomic policy as a key entry point in promoting health equity. The classic public health endeavors to improve living and working conditions and access to essential services (e.g. education and health) also remain vital in promoting health equity. Some believe that the most damaging effects of social inequality on health are those that exclude people from taking part in society, denying them self-respect and dignity. The negative health effects of social exclusion are increasingly recognised. This reinforces the need for combining structural changes related to economic, living and working conditions with health education efforts when trying to influence lifestyle factors such as smoking, alcohol intake and sexual behavior.

Building equitable healthcare systems

The fourth element of a policy response is to build more equitable health systems, with the dual purpose of removing barriers to access to good quality health care while simultaneously preventing the health care system itself from contributing to poverty and other adverse consequences.

Despite overwhelming evidence for greater need, health services are often sparser, of poorer quality, and more difficult to access in areas which serve disadvantaged populations. In order to address issues of access, factors to consider include: how to mobilise financial resources in order to improve access; how to allocate those resources equitably in relation to need; and, how to monitor the use of available resources to ensure that they are being deployed to meet the stated equity objectives.

Awareness of health equity as an international issue has reached the point where sufficient momentum has built up to stimulate the types of collaborative action that are necessary to monitor and advocate for health equity worldwide. The types of practical initiatives that need to be taken are:

- Enlarging the health equity policy community by building or strengthening networks of researchers and advocates.
- Building greater capacity to monitor and analyse policies from an equity perspective.
- Encouraging global advocacy.

To take action on all these frontiers requires respected international leadership. The authors call upon the World Health Organization to assume that role and to become the 'world conscience of health'. With a 'world conscience' playing a leadership role, it is up to a constellation of governments, ministries of health, regional organisations, researchers, advocacy groups, and individuals to stem the tide of widening inequities in health.

This article is paraphrased from:

Chapter 21: "Developing the policy Response to Inequities in Health: A Global Perspective" by Margaret Whitehead, Göran Dahlgren and Lucy Gilson. In: *Challenging Inequities in Health. From Ethics to Action.* Eds. Timothy Evans, Margaret Whitehead, Finn Diderichsen, Abbas Bhuiya, Meg Wirth. New York: Oxford University Press, 2001.

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Publications

COHRED Learning Briefs

The new learning briefs for this quarter are:

Revisiting capacity development (Learning Brief 2002/1). This learning brief focuses on lessons learned from an agricultural research and development viewpoint, but can be applied to the health sector with which it has many parallels.

Data for health research planning and development in Uganda (Learning Brief 2002/2). This brief summarises a study on the current situation of health research in Uganda and emphasises that such a regular assessment can facilitate the further implementation and development of the ENHR strategy in a country.

Learning briefs are published quarterly as supplements to the ENHR Handbook. New briefs are distributed with Research Into Action, and back issues are available from the COHRED Secretariat.

General

The Community of Science Service (COS)

The web-based Community of Science (COS) is an Internet site for the global Research & Development community. COS serves to bring together scientists and scholars at universities, corporations and government agencies worldwide, by providing tools and services that enable researchers to find funding, promote their research and access experts and collaborators. COS maintains a database of grant information, updated daily, which contains more than 22,000 records, representing over 400,000 funding opportunities. The site provides access to a vast database of funding opportunities. Users are able to receive customised weekly funding alerts about grant opportunities relevant to their work, can showcase their own research and contact details, as well as link up with a network of 500 000 scientists and scholars.

Information about the database can be found at:

http://fundingopps.cos.com/docs/about.shtml. For not-for-profit organisations and non-U.S. governments, the annual license fees range from $500 U.S./year to $4,000 U.S./year, depending upon the size of the organisation.

The COHRED Secretariat is moving offices on

April 30, 2002.

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