



# Learning Brief

## Community participation in the Essential National Health Research (ENHR) process: the Bangladesh experience

A recent activity of COHRED's working group on Community Participation was a 5-country study to examine how community participation in ENHR has been defined, understood and practised. The countries involved were Bangladesh, Guinea, Philippines, Trinidad and Tobago and Uganda. The Bangladesh study included a historical review of community participation in the ENHR process going as far back as June 1989 - the date of the first national ENHR workshop. Additional information was obtained from key informant interviews of stakeholders in ENHR; a questionnaire-based survey of a wider range of stakeholders, and a case study of community managed health development, through the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT).

A key feature of the Bangladesh ENHR story (locally referred to as ENHR,B) has been the extensive involvement of non-government organisations (NGOs) and autonomous institutions over the entire 10-year history of ENHR,B. This feature was first evident in the initiation process, where the NGO Bangladesh Rural Advancement Committee (BRAC) and the International Centre for Diarrhoeal Disease Research in Bangladesh (ICDDR,B) played a leading role in launching ENHR,B. It is also evident in the high level of NGO involvement in all elements of the ENHR process: promotion and advocacy, the ENHR mechanism itself, health research priority setting, and a variety of networking activities. About half of the members of the ENHR,B working group are from various groups of "civil society".

An important lesson to be drawn is that NGOs with extensive in-depth experience of working with communities have played a leading role in the initiation and management of the ENHR movement in Bangladesh. At this point, after ten years of experience, the ENHR process in this country is still largely characterised by the "community view" through the involvement of these active NGOs.

However, to maintain and strengthen an ENHR "network" which draws so heavily upon NGOs and autonomous organisations requires particular attention to communications, coordination of effort, and relationship maintenance. This in turn demands considerable time, attention and energy. This is one of the major challenges addressed by those currently involved in ENHR in Bangladesh.

### Further Reading:

- ➔ *Community Participation in the Essential National Health Research (ENHR) Process: the Bangladesh Experience*; Abu Yusuf Choudhury; May 1999, Bangladesh

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