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esearch into Action

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COHRED, the
Council on Health
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COHRED puts countries first

Some of you may notice that this quarter's issue of *Research Into Action* has moved away from its traditional format. We'd like to present to you, our readers, COHRED's new way of working. Despite the change, rest assured that *Research Into Action* will continue to bring you current news, updates on conferences and meetings, recent publications and engaging stories from COHRED's ENHR constituents. "Countries First" is an integral factor in deciding *what* we present in this publication, and *how* we present it.

Research leading to action

This issue deals with the question of what 'research into action' actually means, by featuring stories from a number of the ENHR Regions. These stories take a look at how research to action differs from situation to situation, and how no one strategy for realizing this goal is any better or worse than another. Features include a report from the Asian region on a multi-country equity study which is currently underway, Tanzania's priority setting workshop - with a difference - and we introduce the Central Asian Republics and Kazakhstan, as our latest partners in the global ENHR movement.

The *International Conference on Health Research for Development* is a further feature of this issue. The overall conference objectives and the activities which will be undertaken by COHRED in preparation for this conference are presented. In sharing this information with its' readership, the hope is that COHRED's contribution will represent the hopes and wishes of all constituents. It is a recognition of the need for both diffusion of learning, and sharing of knowledge. Forthcoming issues of *Research Into Action* will continue to feature articles on the *International Conference on Health Research for Development*, including updates on the conference agenda, commissioned papers, and registration details.

Finally, we'd like to ask that you, our readers become more involved in the evolution of this publication. Please write to us and tell us what you'd like to see more of. Is there anything we should print less of? Do you have an interesting story to tell that you'd be willing to contribute to the next issue? Send it to us! Our contact details can be found on the last page of this issue.

The *Research Into Action* Team

The Bishkek Declaration:

A commitment to ENHR by the Central Asian Republics and Kazakhstan (CARK)

Essential National Health Research (ENHR) was recently introduced to the Central Asian Republics and Kazakhstan (CARK).

In a recent Declaration, the CARK countries committed themselves to the ENHR strategy. CARK's introduction to ENHR is an example of the multiple entry points at which ENHR can be introduced into a country.

The CARK MCH Forum

The CARK MCH (Mother and Child Health) Forum was established in April 1997. The Forum ensures that scientists, technicians and policy makers are regularly brought together to exchange knowledge and experiences on priority health problems related to the survival, development and protection of children and the wellbeing of women. The Forum reviews existing health policies and identifies cost-effective and innovative approaches, and defines practical and scientific recommendations. The Forum has a number of technical working groups on Maternal and Perinatal Care, Safe Immunisation Practices, Hygiene, and Breastfeeding and Micronutrients.

At a workshop involving representatives from all countries in the region, researchers, members of the CARK MCH (Mother and Child Health) Forum, and representatives from many international agencies and donors, including COHRED, WHOEURO, UNICEF, UNFPA,

CDC, and the World Bank, a Declaration was agreed upon which adopts ENHR in the CARK region, and clearly promotes ENHR as the ideal strategy for learning and sharing knowledge.

The Declaration establishes the tenet that countries needs must come first, and that, without solid country developments, no regional structure will be sustainable.

The mechanism through which ENHR was introduced is unique to CARK. A long-standing Forum, through their international donor, the CARK MCH Forum provided the impetus for the establishment of an ENHR Working Group, the first meeting of which took place in June this year.

The Working Group on ENHR for the CARK region is composed of the Deputy Ministers of Health for each country, one senior official from the MCH department of the Ministry of Health and key researchers from each country, as well as representatives from several international agencies.

The CARK MCH Forum is supported by UNICEF, and is an excellent example of how a major international initiative can act as an "international trigger" for ENHR. It reinforces the point that countries are not expected to be card-carrying members of COHRED before they implement any of the ENHR strategies, and that ENHR is a strategy for health research for *all* countries, not the copyright of COHRED.

Contact address: Dr Umit Kartoglu, Health Officer, CARK UNICEF, 15 Republic Square, 6th Floor 480013, Kazakhstan. Phone: + 7 3272 638 700 Fax: + 7 3272 501 662 Email: ukartoglu@unicef.org

The CARK Countries*



Kazakhstan¹

Total population: 16.4 million
 Life Expectancy at birth: 67.6 yrs
 Adult literacy rate (%): 99.0
 Real GDP per capita (US\$): 3560
 HDI value²: 0.740
 Public expenditure as a % of GDP on:
 Health³: 2.2
 Education^{4,5}: 4.7

Uzbekistan¹

Total population: 23.2 million
 Life Expectancy at birth: 67.5 yrs
 Adult literacy rate (%): 99.0
 Real GDP per capita (US\$): 2529
 HDI value²: 0.720
 Public expenditure as a % of GDP on:
 Health³: 3.5
 Education^{4,5}: 8.1

Kyrgyz Republic¹

Total population: 4.6 million
 Life Expectancy at birth: 67.6 yrs
 Adult literacy rate (%): 97.0
 Real GDP per capita (US\$): 2250
 HDI value²: 0.702
 Public expenditure as a % of GDP on:
 Health³: 3.5
 Education^{4,5}: 5.7

Turkmenistan¹

Total population: 4.2 million
 Life Expectancy at birth: 65.4 yrs
 Adult literacy rate (%): 98.0
 HDI value²: 0.702
 Real GDP per capita (US\$): NA
 Public expenditure as a % of GDP on:
 Health³: 1.2
 Education^{4,5}: NA

Tajikistan¹

Total population: 5.9 million
 Life Expectancy at birth: 67.2 yrs
 Adult literacy rate (%): 98.9
 Real GDP per capita (US\$): 1126
 HDI value²: 0.665
 Public expenditure as a % of GDP on:
 Health³: 5.8
 Education^{4,5}: 2.2

* All statistics are taken from the 1999 UNDP Human Development Report

1. All 1997 statistics unless stated otherwise
2. Human Development Index (HDI) is a composite measure of life expectancy, educational attainment and income. The HDI value ranges from 0 to 1, where the maximum possible value is 1.
3. 1995 statistics
4. 1996 statistics
5. % of GNP

The Bishkek Declaration on ENHR

- ◆ Identify appropriate policies and mechanisms which will lead towards the initiation of Essential National Health Research in each country
- ◆ Declare the CARK MCH Forum Working Group on ENHR as a permanent cooperation and facilitating structure to allow regional and international exchange of knowledge and experience on ENHR
- ◆ Publish an ENHR newsletter to promote and support ENHR initiatives in the CARK region
- ◆ Establish the CARK MCH Forum ENHR AWARDS to support capacity building and strengthening
- ◆ Appeal to UN agencies, bilateral and multilateral development agencies, non-governmental organisations, foundations, and appropriate regional and national organisations to increase their support for Essential National Health Research, capacity building, strengthening national coordination mechanisms to promote research, policy making and management
- ◆ Encourage the development of Centres of Excellence in those fields of research deemed to be appropriate to the region
- ◆ Encourage international partnerships to facilitate the success of all of the above.

Caribbean Minister of Health takes the lead in research shake-up

Barbados, April 21, 1999

Research will take a more central and dynamic role in health policy formulation in the Caribbean.

During her opening address to the Caribbean Health Research Council (CHRC), the Hon. H.E. Thompson, Minister for Health, committed herself to ENHR. "I give my firm commitment to ensuring that research [takes] a more central and dynamic role in policy formulation in the Ministry of Health," she said, in response to calls from top Caribbean health researchers for the Ministry to become a more active stakeholder in their activities.

The Minister further responded by promising to redress the fragmentation of health research in the region by increasing analytical capacity in the Ministry, forging closer links with research centres and promoting research training for health professionals.

The Ministry of Health is not the only entity in the region to have had a shake-up recently. The Commonwealth Caribbean Medical Research Council (CCMRC) has changed its title to the Caribbean Health Research Council (CHRC). Minister Thompson welcomed the name change, stating that it sends a "clear signal of the desire to focus not only on medicine, but on the social, behavioural and health services dimensions of health care," reiterating that this change further supports her own moves to strengthen the research focus in her Ministry. She added that the valuable work done by the CHRC will stimulate regional government demand for research to inform their policy decisions.



Elements of a new vision for Health Research in the Caribbean

- Use research as the basis for day to day decision-making
- Build analytical capacity of Ministry of Health
- Forge closer linkages between governments and research centres
- Increase research capacity of health personnel
- Emphasise the importance of shaping the policy agenda on the basis of research
- Put country research agendas ahead of international or regional research agendas
- Ensure readily available, quality data for effective and timely decision-making from governments
- Ensure available capacity for research which seeks to identify and address problems which are of priority to the Government's mandate
- Make policy dependent upon research so that limited financial resources are not an issue

Admitting that the Ministry of Health's research programme has become "fragmented" over the years, Minister Thompson indicated a number of factors that have contributed to the "malaise" which has been apparent in the programme. "Research and information are infrequently used as the basis for day to day decision making" she said, indicating that politicians need to be made more aware of the "value of shaping the policy agenda on the basis of research." The idea that research provokes debate and discussion seems to deter politicians from utilising research results, a statement which was confirmed by the Minister. "Some [people] say (not without justification) that policymakers are only likely to use results that they find palatable, viable, persuasive or gratifying, especially when the research findings are ambiguous or excite controversy over meaning, value or interpretation."

Local political imperatives and country needs must come first

Minister Thompson went on to indicate that international donors', and other regional research agendas do not always have countries needs at the forefront of their activities, and that this needed to evolve into a more consultative relationship so that the result is more dynamic research which benefits everyone.

The lack of quality data

A further factor hindering progress is the lack of useable research results which could inform effective interventions, and assist policy makers to make effective assessments of the burden of disease. If research is to be integrated into the day-to-day decision-making processes, it needs to be readily available and of a high quality.

Demand for problem solving approach

The need for integration of the research process into that of policy revision is intrinsically linked to the issue of providing quality data for decision-makers to use. The demand for immediate

interventions and solutions is one of the major challenges facing the health sector, according to the Minister. Pressure from the public means that policy makers want to see problems solved immediately. This "reactive process prevents us from examining in more detail, the root of the problems" and as a result, "we do not readily see that it is possible to make initial non-research based interventions while starting the research process and taking the time to answer questions, carefully gather information and do the necessary research," said the Minister.

Integrating researchers into policy processes

Finding researchers to apply their skills to the pressing problems that are facing governments was a further concern identified by the Minister. To address this concern, the Minister proposed to make researchers more central to policy formulation and decision-making processes in future. In addition to this, capacity development within the Ministry will begin with the restructuring of the Planning Unit, which will provide more effective policy analysis and research co-ordination, coupled with the establishment of a Research and Development section to take responsibility for research and records management. The most important development here is the restructuring of the Essential National Health Research Committee into a standing Advisory Board to the Planning Unit. This, coupled with the decision to provide broad representation from Research Centres, the Ministry, and the wider community in an effort to strengthen dialogue between the research community, planners, policy makers and clients, sends a clear message that ENHR is no longer simply a focal point, but rather a process involving all stakeholders.

This article is based on the Feature Address delivered by the Hon. H.E. Thompson, Minister of Health, at the Opening of the 44th Caribbean Health Research Council Scientific Meeting, Grand Barbados Beach Resort, the Caribbean. The editors wish to thank Dr David Picou for contributing the source for this article.

Contact address: Dr David Picou, Director of Research, Caribbean Health Research Council, 20 Schneider Gardens, Petit Valley, Port of Spain, Trinidad & Tobago. Phone: +1 868 632 5360 Fax: +1 868 633 0296 Email: chrc.tt@trinidad.net

A Practical Gauge of Equity in the Asian Region

The Asian Regional ENHR Network has recently launched a comparative study on equity across five Asian ENHR countries. The study will look at a number of development issues as indicators of the effectiveness of ENHR in relation to the advancement of equity.

The ENHR study is one of many equity studies recently launched, according to a compendium assembled by the World Bank (*Multi-Country Study Programs on Equity, Poverty, and Health*)¹. This publication provides an overview of the international research activity on equity currently being undertaken and describes the activities, scope, contacts and sponsors of each program.

The Asian study is spearheaded by the Asian ENHR Network, and is a multi-country collaboration between Malaysia, Indonesia, the Philippines, Bangladesh and Thailand. This study is unique in two ways. First, it is one of the few studies for which a tool has been specifically developed to gather the information, and secondly, it has an ENHR focus.

The individual country studies are intended to measure the possible impact of ENHR on equity, and will use a defined set of indicators. This practical set of indicators is simple, and often makes use of secondary data, illustrating that equity *can* be measured effectively without the use of highly complicated and technical research.

Country comparisons will be undertaken, to show any change in equity over time. The most difficult question that the study intends to grapple with is 'has ENHR made any difference to the position of equity in the country?' Further, it is deemed important to know whether the degree of achievement in equity has been similar between countries with an approximately similar level of development, to those with a more advanced or less advanced level of development.

Both of these initiatives - the World Bank Compendium and the Asian ENHR Network study - show that concrete measures of equity are readily available, and further highlights the fact that it is not necessary to reinvent the wheel in order to measure equity in various circumstances.

1. Carr D, Gwatkin D, Fragueiro D, (1999) Multi-Country Study Programs on Equity, Poverty and Health. Compendium of Information Assembled for the World Bank. For further information contact Dara Carr ph: +1202 473 9466 fax: +1202 473 3934 email: dcarr@worldbank.org

Further information about the Asian Region's ENHR equity study can be obtained from Prof. Dr. Chitr Sittiamorn, Dean, The College of Public Health, Chulalongkorn University, Thailand. fax: +66 2 255 6046 email: chitr@md2.md.chula.ac.th

The Indicators

- Health: life expectancy, mortality rates, disease-specific morbidity, and indicators of nutrition
- Health Sector: access to care, coverage of types of care available, health facilities - both public and private, and equity in finance and human resource allocation
- Non-Health Sector: population, and household indicators
- Lifestyle: smoking, alcohol use, other drug use
- Human Development (HDI) by groups
- Efficiency: eg. expenditure:
 - on health as % of GDP
 - per Infant Mortality Rates
 - per life expectancy
- Quality
- Affordability
- Sustainability: number of health facilities belonging to each sector, use of health facilities for out-patient care by sector, use of facilities for in-patient care by sector

“Let the debate begin”: Priority setting by, and for, Tanzania

“Attempts to adopt...one of the ready-made criteria for priority setting developed by COHRED, ... or the (WHO, IDRC) Health Systems Research Training Series failed, as workshop participants wished to go through the process and develop their own. This was done keeping in mind the previously mentioned guidelines and at the end, a new tool was developed, borrowing some elements from the existing tools...Let the debate begin...” - A. Kitua, Dir-General, NHRF, Tanzania

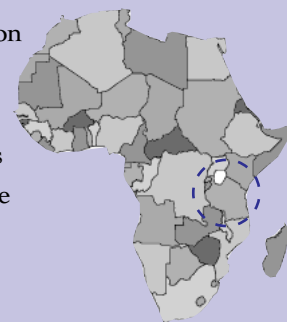
These words were taken from Tanzania's recent ENHR Priority Setting Workshop Report, and illustrate just how ENHR/COHRED can provide a unique learning environment, for health research stakeholders wishing to define priorities in their own way, according to their own rules, and for their own needs.

Over the past years, ENHR in Tanzania has undergone some major upheaval. Some of these changes have been documented in previous issues of *Research into Action* (eg. Issue 15, 1998). Innovative health research leadership in the country has facilitated these changes. Openness and debate are encouraged, and evidence of this supportive environment has come to fruition in the form of the National Health Research Forum (NHRF) - Tanzania's answer to the ENHR Mechanism.

Tanzania has shown that ENHR is not a prescriptive process that must be done 'by the book'. It has developed from a secretariat located in a single institution for seven years, with limited involvement of other health research stakeholders, to a dynamic, consultative, and autonomous body which provides a unique responsibility and partnership for all research institutions in the country. In short, Tanzania's mechanism has been transformed from the traditional idea of a single institution, to an interactive forum - promoting collaboration, co-operation and partnerships that can only positively strengthen health research activities in Tanzania.

Tanzania's Criteria for setting research priorities

- Magnitude of the problem
- Avoidance of duplication
- Feasibility
- Focused
- Applicability of results
- Add to new knowledge
- Political acceptability
- Ethical acceptability
- Urgency



The recent ENHR priority setting process is an example of the innovation that has been taking place in Tanzania lately. It is also one of the first ENHR activities to be taken-on by the new NHRF.

Priorities for health research in Tanzania are now firmly grounded in local realities, as a result of the decision to involve the health districts by asking them to provide the following information for their areas:

- ◆ The top 10 disease problems, either by morbidity or mortality (or both)
- ◆ The top 10 health system/health service problems
- ◆ The top 5 socio-cultural problems experienced in the district

Of the 113 health districts in Tanzania, 45 responded with information for the workshop. As a result of this positive response, workshop participants were provided with a rich *local* perspective of health in Tanzania.

Existing criteria for priority setting, as set-out by COHRED and WHO/IDRC in their 'Health Systems Research Training Series' were deemed unsuitable by all participants. After much debate, these criteria were redefined to suit the local situation. Participants then turned their attention

"Let the debate begin" ...
continued

to the priorities themselves. Unhappy with the resulting mish-mash of priorities realised by a single list, workshop participants worked together to evolve a new way of looking at research priorities. Tanzania now has 3 sets of priorities to work towards, each set providing a unique perspective on the health of the population. The three perspectives are listed below:

1. A list of ten *disease*-based priorities
2. A list of ten *health services delivery/health systems*-based priorities
3. A list of ten *socio-cultural issues*-based priorities

The completion of this initial exercise made it clear that measures of DALYS (Disability Adjusted Life Years) and YLL (Years of Life Lost) have a limited value as criteria for priority setting. In a country where funding for research is so scarce, the money that is available would perhaps be better spent on building national capacity, including empowering districts to collect accurate and complete information that will only improve the priority setting exercise over time.

Contact address for Tanzania's National Health Research Forum:
Dr A.Y. Kitua, Director General,
National Institute for Medical Research (NIMR), PO Box 9653,
Dar es Salaam, Tanzania. Fax: +255-51-130 660 Email: nimr@twiga.com

La RNES dans les pays francophones d'Afrique

Malgré de nombreuses tentatives faites pour introduire la stratégie de la RNES dans la région d'Afrique de l'Ouest, peu de pays de la région francophone ont été capable de porter un intérêt collectif soutenu à la stratégie.

Six pays francophones ont participé à la RNES depuis son début: le Bénin, la Guinée, Burkina Faso, le Mali, Côte d'Ivoire et le Sénégal. Afin que l'intérêt vis à vis de la stratégie se maintienne dans ces pays, il sera crucial d'apporter un support à la région. La langue est un problème majeur. La plupart des pays reçoivent une information sur la RNES en anglais, alors que l'anglais se parle peu dans les pays francophones. COHRED a fourni une documentation cruciale de la RNES traduite en français, mais malgré tout, une approche plus proactive concernant les moyens de support est devenue nécessaire.

En 1995, une mission en Afrique de l'Ouest comprenant COHRED, OMS et le Centre de Recherches pour le Développement International (CRDI) a évalué la situation concernant la recherche en santé et la mise en oeuvre de la RNES dans chacun des pays de la région. Il a été reconnu à ce stage, qu'une forme de support serait requise afin de renforcer la RNES dans la région et d'aider l'incorporation de la RNES des pays francophones en Afrique de l'Ouest au sein du Réseau de RNES d'Afrique.

La 5ème Réunion de Réseau RNES d'Afrique (qui s'est tenu au Ghana en Octobre 1998) a marqué un pas important vers la réalisation de cette intégration. Dix-sept représentants venant de six pays francophones, qui mettent en pratique la RNES, étaient invités à se rencontrer au Ghana afin de discuter du modèle et de la fonction d'un réseau de RNES. Plus important encore, la réunion a permis d'amorcer une discussion sur les problèmes auxquels se heurtent la recherche en santé et la mise en opération de la RNES dans les pays francophones. La réunion, de deux jours, a réussi à mettre en place une personne servant de contact régional et qui agirait comme point de centralisation de la RNES dans les pays francophones. Dr F. Binta T. Diallo a été nommée pour une durée d'un an et dans ce but est basée au Ghana.

Une autre initiative de la région francophone: la participation active dans les activités de recherche et de développement qui ont été arrangées par les Groupes de Travail de COHRED. Les résultats de ces Groupes de Travail sont liés directement à la contribution de COHRED à la Conférence Internationale sur la Recherche en Santé au service du Développement qui aura lieu en Octobre 2000.

Le relancement de la RNES dans la région francophone d'Afrique a amené des bénéfices supplémentaires sous forme de contacts avec le Togo, le Niger, le Chad et le Cameroun. Le plan de sensibilisation à la RNES est mis en oeuvre dans ces pays.

Les problèmes et contraintes qui se présentent dans la région tournent principalement autour des questions de communication et de technologie. Le manque de moyens de communication rend très difficile une collaboration de la part de ces pays qui soit effective et efficace.

Email (courier électronique) et l'accès à Internet sont rarement disponibles, et la communication par téléphone ou fax pose parfois un problème. Il en résulte une isolation professionnelle. Malgré tout, l'accès accru à ces facilités est la clé de la revitalisation de la RNES dans la région francophone. Parmi les problèmes il faut inclure le manque de finances dédiées à la recherche, l'absence d'une masse critique de chercheurs de tous genres, l'affaiblissement et le manque de mécanismes de coordination de recherche au niveau national et le changement fréquent de ministres et gouvernements.

La collaboration entre les pays francophones et les autres participants à la RNES/recherche en santé qui sont actifs dans la région, a joué un rôle important dans le développement. De nombreuses visites de pays en pays, ayant pour but la promotion de l'importance de réseaux d'échanges dans la région, ont eu lieu. Un atelier régional, réunissant COHRED/OMS, portant sur la méthodologie de recherche au Sénégal, a réuni en Août 1999 des participants de 7 pays francophones. Un autre exemple topique, est l'aide provenant des programmes dans le domaine de la santé, spécifiques au pays et parrainés par la Banque Mondiale.

Finalement, la collaboration entre COHRED et OMS a résulté en une mission collective lancée par les centres régionaux de chaque organisation au Mali et au Sénégal.

Le renforcement de la RNES dans la région Africaine francophone a été, au cours de l'année dernière, un grand succès. Il faut espérer que le nouvel intérêt dans la région sera soutenu par leurs activités.

Cet article se base sur le rapport soumis à COHRED par le centre de la RNES pour la région francophone d'Afrique, Dr F. Binta T. Diallo. Pour la contacter, veuillez vous adresser au Secrétariat de COHRED à Genève.

Activités RNES spécifiques de pays francophones d'Afrique

Le Bénin a été le premier pays francophone d'Afrique à adhérer à la stratégie de la RNES. Une série de réunions, portant sur les activités de la RNES dans le pays, auxquelles participaient des personnes de tous les secteurs, ont eu lieu. Le Bénin a finalisé son plan d'action; cependant l'une des activités essentielles se concentre sur la révision d'une liste de priorités de recherche. Le Bénin participe au Groupe de Travail sur la Promotion, le Plaidoyer et le Mécanisme de la RNES, fournissant ainsi une étude de cas à travers les activités de leur mécanisme.

En **Guinée**, au cours d'une réunion les partenaires principaux dans le domaine de la santé et de la recherche en santé ont exprimé leur désir de tenir un atelier sur la RNES qui servirait à promouvoir, défendre et raviver l'intérêt pour la RNES. Au cours de cet atelier, les participants ont défini les partenariats de collaboration, un plan d'action commune, et ont avancé certaines propositions concrètes pour la mise en place d'un plan de travail approprié aux compétences variées et aux capacités financières de chaque participant. Une révision des priorités de recherche du pays a également été entreprise. La Guinée est un participant actif du Groupe de Travail de COHRED portant sur la Participation de la Communauté.

Burkina Faso a organisé un processus d'établissement de priorités de recherche en santé et organise maintenant la RNES aux niveaux régional et local. Le pays participe aussi aux activités du Groupe de Travail de COHRED "de la Recherche à l'Action".

English Summary



ENHR in the francophone African countries

Despite a number of attempts to introduce the ENHR strategy in the West African region, very few of the french-speaking countries have been able to sustain a collective interest in the strategy, and so a more proactive approach to support was required.

A contact person for the francophone countries was appointed in October 1998, with the aim of facilitating communication between the francophone West African countries and other African countries involved with ENHR. This is a temporary solution in order to achieve the integration of the francophone countries into the main African ENHR Network.

The francophone countries have been actively involved in a number of COHRED's Working Groups, including Research to Action, Promotion, Advocacy and the ENHR Mechanism, and Community Participation.

The reinvigoration of ENHR in the francophone region has been highly successful over the last 12 months. It is hoped that the region's renewed interest will continue to be fostered by their activities.

The International Conference on Health Research for Development*

In October of 2000, a landmark international conference on health research for development will be held in Bangkok, Thailand. The event's four primary initiators are the Global Forum for Health Research, the World Health Organisation (WHO), the World Bank and the Council on Health Research for Development (COHRED). Central to the conference is the issue of *equity*.

1. Why a Conference in 2000?

- ◆ *Assess* the impact of major health research initiatives in the past
- ◆ *Evaluate* the gains for equity in health
- ◆ *Review* the indicators, tools and methodologies used for health research
- ◆ *Concretise* partnerships
- ◆ *Recommend* steps to bring us closer to equity in health and development.

2. Who is the Conference aimed at?

All stakeholders in health research - researchers, policymakers, community representatives, NGOs, civil societies, professional associations, research institutes, international organisations and donors involved in health research for development. Stakeholders from health-related sectors such as education, agriculture, nutrition etc are also invited to attend.

3. What are the intended outcomes of the conference?

- ◆ A research agenda, or vision, for health research in the first decade of the new millennium
- ◆ A scenario for international health research co-operation
- ◆ A global situational analysis on health research
- ◆ Review of tools and methodologies
- ◆ Position statement on important health issues and themes

* Contributors to this document include both members of COHRED, and the health research community at large.

COHRED's contact person for the international conference is Dr M. Jegathesan.

Dr Jegathesan is based at the secretariat in Geneva, and can be contacted by:

Email: cohred@cohred.ch

Phone: +41 22 917 8558

Fax: +41 22 917 8015

Mail: CONFERENCE 2000, COHRED, c/o UNDP, Palais des Nations, CH-1211, Geneva 10, Switzerland.

COHRED's contribution to the international conference

Prior to the conference, COHRED intends to prepare a *pre-conference publication*. The publication will reflect upon **Essential National Health Research (ENHR)** and **health research for development** more broadly, in the past ten years. In addition, the document will look ahead to the next decade and suggest signposts for equity-oriented health research for development. Presented in three sections, the first will provide the reader with an introduction and background to the health research and development context, past and present. The second section will examine three key themes (community participation, linking research to action, and fostering a national climate for equity-oriented health research) from the defining ENHR perspective of "putting countries first." It will also contain a chapter on the usefulness of thinking regionally - specifically, using geography as an organising principle for research collaboration. The final section will examine the way ahead from an ENHR and wider health for development viewpoint. Evocative "stories" based on the experiences of various stakeholders will also be included.

Health research for development:

"The International Public Good"

The *International Conference on Health Research for Development* represents a unique opportunity for stakeholders and other interested parties to review a decade of major health research initiatives, and forge an agenda that will guide us into the new millennium.

The conference's first Steering Committee meeting was opened by the Director-General of the World Health Organization, Dr. Gro Harlem Brundtland. She emphasised that the advancement of the twin goals of better health and more equitable development requires a proactive approach to health research. *The International Conference on Health Research for Development* will bring together key partners in order to advance these goals.

Health is both a condition and an outcome of development...

Dr Brundtland's opening remarks outlined the importance of fostering an awareness that, in both the public and private sectors, health and development issues are intrinsically linked, and as such, need to be addressed together. "Health is both a condition and an outcome of development" said Dr Brundtland, and encouraged the initiative to be instrumental in translating this message into practical approaches, policies and field interventions.

Welcoming the proposal that the International Conference will deal specifically with health research in relation to development, the Director-General reaffirmed WHO's commitment to the

promotion of research, as being the solid evidence base which underpins the organisation's decision-making processes. "Research is the international public good", she said, "and as such, its promotion is a core function of WHO."

An essential contribution...

Dr Brundtland went on to assert the importance of "taking stock" of the accumulated knowledge and experience that now exists in the fields of health research, development policies, and international cooperation. "By facilitating such comparative analysis, the *International Conference on Health Research for Development* can make an essential contribution to the knowledge base and assist in providing guidance to decision-makers."

The conference is expected to provide a forum in which to explore the types of research infrastructure, investment decisions, development policies and cooperation mechanisms that are most likely to achieve specific and measurable results in the future.

In addition, WHO will utilise the conference to assist in reviewing the position of research within the organisation, as part of a larger organisational reform process. The WHO research policy, currently being expanded in

order to take into account the changing trends in international health and science, has identified expansion of the knowledge base as a key challenge for global health as we move into the new millennium.

Research must help us anticipate future challenges...

“To a large extent”, said Dr Brundtland, “the research priorities we set for ourselves today determine the health agenda, health practices and technologies of tomorrow. In addressing current challenges, we must base our policies and action on current scientific knowledge and the lessons drawn from the past. But research must also help us anticipate future challenges and propose workable solutions”, she said. “Sustainable development and sound health policies also require foresight and long-term planning”.

The impact of health research over the last decade is a major focus of the conference. It therefore follows that strengthening of research capacity is a further strategy that will be explored. The ability to demonstrate cost-effective mechanisms for building research capacity in countries, along with reliable tools to

measure the impact of this strategy will be a major challenge for this landmark conference. The International Conference on Health Research for Development is an essential addition to the calendar of any stakeholder in health research in the Year 2000. It will provide new and world-wide visibility to health, draw attention to its' intrinsic link with development, foster new thinking on the potential of research to contribute, not just to technical problems, but also to the decision-making processes involved in health, overall development policy and priority-setting.

The International Conference on Health Research for Development will be held in Bangkok, 10-13 October, 2000. This article is an adaptation of a speech made by the Director General of WHO, Dr. Gro Harlem Brundtland to the First Steering Committee Meeting of the International Conference on Health Research for Development, April 30, 1999.

The Director General's full speech can be accessed through the WHO website: <http://www.who.ch>

Registration forms and further information about the Conference can be requested from the COHRED secretariat.

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This issue of *Research Into Action* was compiled by: Yvo Nuyens, Lucinda Franklin, David Harrison and Sylvia Dehaan

Designed and Printed by The Press Gang, Durban, Phone +27 31 307 3240

Mailing address: COHRED, c/o UNDP, Palais des Nations,
CH-1211 Geneva 10, Switzerland

Phone +41 22 917 8558 ♦ Fax +41 22 917 8015

E-mail: cohred@cohred.ch ♦ COHRED Web site: www.cohred.ch