Regional Workshop to Launch a Central and East European Network on Essential National Health Research

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Workshop Report

Jointly organised by

The National Institute for Health Promotion, Budapest, Hungary

The Council on Health Research for Development (COHRED)

The International Forum for Social Sciences in Health (IFSSH)

INTRODUCTION

The meeting was opened jointly by Dr. Peter Makara of the Hungarian National Institute of Health Promotion and Dr. Yvo Nuyens of the Geneva-based Council for Health Research and Development. Their objective was to explore the ways in which health policy and health in Central and Eastern Europe could be improved through the involvement of social scientists in health research and related decision-making. Both were Steering Committee members of the International Forum of Social Scientists in Health, a global organisation which over the last few years had brought together health social scientists in Africa, Asia and the Pacific and in Latin America and the Caribbean. The Forum believed that throughout the world, but particularly in developing countries and regions, the formulation and pursuit of appropriate and effective heath policies needed the input of social science perspectives and research. The Workshop had been called to assess the relevance of the Forum's philosophy and action programme to countries in Central and Eastern Europe. If the Workshop supported the Forum's approach steps could be taken to set up an organisation and to develop an action programme suited to this Region's needs. A separate decision could be taken as to whether it would be advantageous to affiliate formally with the International Forum.

THE INTERNATIONAL FORUM OF SOCIAL SCIENCES IN HEALTH (IFSSH)

Drs. Wang'ombe and Illsley described the Forum as a collective of social and health scientists dedicated to the following commitments:

1. to build up a global forum of social and health scientists, who will provide mutual support and encouragement;
2. to advance social science perspectives, concepts, theories and methods to broaden understanding of health;
3. to bridge theoretical and applied pursuits in the social and health sciences;
4. to advocate the application of interdisciplinary approaches in solving health problems;
5. to attract and sustain the involvement of social scientists in the study and solution of health related problems.

The Forum's objectives will be achieved through two major strategies. The first strategy involves the creation of a network of social scientists working in health, a network crossing regional, national and disciplinary boundaries. The second strategy involves the development and strengthening of social science research, training and policy activities. These activities or entry points are set out in a minimum global agenda (see the attached diagram).

The key components of the organisation are the regional networks which carry out the action programmes, the International Forum being largely a co-ordinating mechanism. Five regions are currently represented on the Forum Steering Committee: Africa, Asia and the Pacific, Latin America and the Caribbean, Europe, and North America. A Middle Eastern Region is being formed. The programme is being most actively pursued in the first three regions. In Western Europe and North America many other organisations share the Forum's objectives and co-ordination may not be essential. The interim European Steering Committee believes that the highest priority should be given to developing an action programme in the Central and East European area.

Dr. Wang'ombe described the operation of the Social Science and Medicine African Network (SOMA-Net) as an example of how the Forum works. It was started in 1990, two years before the Forum was established and, as the name implies, in co-operation with the journal, Social Science and Medicine. It has a small regional secretariat in Nairobi, Kenya, and operates through national "chapters" which have responsibility for all work in their country. So far SOMA-Net has established chapters in 12 African countries. During the last few years SOMA-Net has begun work on several of the entry points listed in the diagram. In the area of NETWORKING it produces and disseminates a directory of individuals, institutions and agencies working in social

sciences and health in Africa, holds biennial conferences and produces annual reports and news letters. Under CAPACITY BUILDING it has begun work on skill development, on transdisciplinary methodology. Consultations about a review of medical training curricula have been started with medical training institutions. PROMOTION OF SOCIAL SCIENCE IN HEALTH is now being carried out more effectively by national chapters. HEALTH POLICY studies in respect of specific health problems in five African countries have been designed through the initiative of SOMA-Net. One of these studies, in Tanzania, has been funded.

It is clear from this example that the Forum's work is done in the regions and within regions most of the work is done by countries. However there is need for inter-country and inter-regional interaction to exchange ideas, materials and, where possible, resources. This implies the need for regional networks and for the International Forum.

ESSENTIAL NATIONAL HEALTH RESEARCH (ENHR)

The ultimate goal is the improvement of population health. For this purpose research needs to arise out of documented health problems, be taken into policy discussion and decision-making and its outcome needs to be monitored and evaluated. These are the key features of Essential National Health Research outlined by Dr. Nuyens.

He referred to the work of the Independent Commission on Health Research for Development, which was established in 1987 to recommend how research might improve the health and well-being of the people. Following a world-wide analysis of health conditions and health research, the Commission concluded in its Report, which was released at the Karolinska Nobel Conference in 1990, that research is an essential but often neglected link between human aspiration and action. Research to support informed and intelligent decision making for health action was of highest priority and good health was a driving force for development based upon equity and social justice.

The focus of health research should be national, and each country - developing and developed - should have a health research base which will enable it to understand its own problems and enhance the impact of limited resources. The process of setting priorities for national health research must be inclusive and involve scientists, decision makers and representatives of the people as equal partners. The resulting national health research agendas should serve as a starting point for global research efforts. The Commission called this concept Essential National Health Research (ENHR).

The Task Force on Health Research for Development was formed in late 1990 to implement the Commission’s recommendations and promote the ENHR Strategy. Eighteen countries began to apply the Strategy between January 1991 and March 1993. At that time, the Council on Health Research for Development (COHRED) was established to continue the work of the Commission and the Task Force, especially the facilitation of ENHR.

Formally established as a non-governmental organisation in March 1993, COHRED consists of member countries, agencies, organisations and a Board

of eighteen individuals. COHRED's headquarters and secretariat are located in Geneva, Switzerland, within the United Nations Development Programme. COHRED serves as a means by which countries, agencies and organisations (governmental and non-governmental) can work together to promote, facilitate and support Essential National Health Research. Each country which adopts the strategy evolves its own particular process and plan. Experience has shown that most countries follow a series of steps which usually, but not always, follow in sequence :

- the formation of a working group to promote the strategy and assess its national applicability;
- a two-to-four-day workshop including representatives of the three constituencies to consider the value and feasibility of ENHR;
- the institutionalisation of the ENHR process and the production of the ENHR plan
- networking with other countries carrying out their own ENHR process
- national acceptance of the ENHR plan and the organisation of its implementation and financing; and
- implementation, monitoring and evaluation of the ENHR plan and the continuation of the process.

In supporting countries with the implementation of the aforementioned process, COHRED works closely with international research programmes, United Nations Agencies and other international organisations working towards health and equity. One example of such cooperation is the International Forum on Social Sciences in health (IFSSH), which recently joined COHRED as a constituent.

In his concluding remarks, Dr Nuyens expressed his appreciation and enthusiasm for the joint partnership between the Hungarian National Institute for Health Promotion, the International Forum on Social Sciences in Health and the Council on Health Research for Development in organising the present Regional Workshop. He noted that this workshop was the first initiative for IFSSH as well as COHRED to address specifically the emerging health research needs in Central and Eastern Europe. He therefore invited the participants to critically review the relevance and feasibility of an ENHR strategy in their countries and also to assess if and how a regional networking process of health social scientists could facilitate the promotion and implementation of ENHR.

REVIEW OF COMMON PROBLEMS AND UNMET NEEDS

One pre-requisite for the development of shared objectives and activities is the identification of common problems and unmet needs. The active regions of the Forum had already been through this process in arriving at their agenda and strategies. The five countries of Central and Eastern Europe represented at the Workshop briefly reviewed and described their national experiences. They identified a number of common features highly relevant to the principles upon which the Forum is based and to the principles of ENHR.

All the individual issues mentioned below were seen, and had to be seen, against the common experience of transition. All the countries had experienced a prolonged period during which national health plans had existed - although they may not have been based on a scientific assessment of needs and delivery systems, and may not have been faithfully or efficiently implemented. A comprehensive health care system had delivered services to populations uninvolved in decisions about what they needed or whether the services were appropriate to the needs. That situation was paralleled in all other sectors of the economy and society. The abrupt dismantling of that structure left far reaching decisions to be made at all levels about the nature of the system which would replace it. In terms of health alone this meant the whole question of how the system should be structured, governed, financed and delivered, and the fundamental principles upon which it should be based. It has left many competing political, professional and special interest groups competing for power and trying to shape systems according to their own needs .Decisions, good or bad, have been taken over the last five years to change, reform or maintain all or parts of the health system. From this situation, from the viewpoint of social scientists, common problems have arisen.

1. Nowhere does there exist a clear national plan incorporating objectives, priorities and strategies based on a social scientific analysis of needs and of the structures and processes required to meet them. The situation varies between countries and sometimes means that plans have never been formulated, or that they have been formulated without the benefit of scientific analysis, or formulated but not implemented.
2. Responsibility for the health services, and therefore for health priorities usually lies with the Ministry of Health but, without a clear definition of health and its multiple causes, too little account is taken of the role of other sectors and authorities in the production of health and ill-health. Instead of an integrated multi-sectoral approach it is more usual to find fragmentation of policies and practice with a medically dominated approach from the Ministries of Health and other, possibly contradictory policies being pursued by the authorities responsible for employment, industry, environment, food, etc.
3. With no clear statement of health policy and priorities, there have inevitably been no clear policies or priorities for health research. Again responsibility is often divided between different Ministries and other authorities. The funding of health research has either not increased or has actually fallen, and is medically-dominated.
4. Political support for health research is weak and this reflects lack of interest and concern in the general public which is more pre-occupied with urgent problems of unemployment. Moreover, the public, perhaps because of their passive role as users in the previous system, are more concerned about the upgrading of services through technological applications than in health policy and the social causes of ill-health. Social scientists themselves have tended to concentrate research on these economic and social issues rather than on health. In some countries the number of social scientists working on health problems has actually fallen.
5. Nevertheless interesting social science and health projects are being carried out in many centres across the region. Their number and their

character naturally varies between countries and they face many obstacles. These include lack of adequate research funding, shortage of skilled and experienced scientists (allied paradoxically to shortage of jobs for newly qualified graduates), poor channels of communication with other health scientists and with decision makers at all levels, and in some countries severe isolation from people and events outside their national borders. Some of these communication problems reflect the lack of a critical mass of social scientists in health and of a supporting professional culture. Changes are occurring in the relative numbers, power and visibility of the different social sciences which may in turn reflect underlying political and economic changes occurring during the transition — a topic of some interest in its own right.

ACTION TO STRENGTHEN SOCIAL SCIENCES IN HEALTH AND HEALTH RESEARCH

All counties accepted the need to combine with colleagues across the CEE region, to share information and experience, to strengthen research capacity, to provide critical analyses of policy and practice based on social scientific knowledge. The further and most important objective, to which these activities would contribute, would be the creation of closer links with the decision-making processes in order to ensure the incorporation of social scientific knowledge into policy and action.

These are clearly long-term goals to be achieved through a sustained programme of joint action. In the meantime some relatively simple but crucially important steps could be taken which would either underpin or facilitate the long-term effort. These included:

1. **Networking** — the identification and bringing together of scientists who shared the group's aim s and who would be prepared to take part in its programme. These would mainly be social scientists (broadly defined) but also clinicians and policy makers sympathetic to the group's objectives. The emphasis should be on inclusion rather than exclusion.

Responsibility for the creation of networks should lie with countries each of which would then contribute lists to a regional secretariat responsible for compiling a regional list.

Each country network would arrange a programme of activities which might include exchange of information and materials within the country, meetings to discuss national policies, steps to encourage training, contacts with other relevant national organisations such as professional associations, etc. It would also participate in CEE regional meetings and initiatives.

1. **Training** — Further development of skills relevant to multi-disciplinary research and to multi-sectoral action, and to the management of the research-to -implementation processes were clearly needed. Some steps were already being planned at regional level (see below) but once national networks were established they should undertake reviews of their specific national requirements and their own training resources in preparation for further discussion at regional level.

3. **Research/Case Study** — The group envisaged a number of research projects dealing with common issues in which comparative regional analysis would be both enlightening and have greater impact than single national studies. These might result in joint book publication (which might bring several benefits and especially visibility and credibility) but strategies for influencing decisions might also be appropriate, for example, the submission of reports to Ministries, other health relevant bodies and to professional associations. Initially such case studies would review existing information so that they could be produced relatively quickly and in time to influence decisions. Projects involving more extensive data collection might be considered at a later date. Topics for case studies briefly discussed by the group were health care reforms, the public health situation in central and eastern Europe and the changes taking place in the relative status and contributions of the various health social sciences during this period of ideological, political and economic change.

Such suggestions could only be a starting point for the possible activities of the national and regional networks. Henceforth activities would be driven by the national networks, the region acting only as a co-ordinator and clearing house. For the foreseeable future there would be no need for a strong regional secretariat, it being envisaged that even joint activities, such as joint case studies, would be co-ordinated by prime movers from one of the participating countries.

DECISIONS

The following decisions were taken:

1. A Central and East European Forum would be created to pursue the objectives and activities listed above.
2. This would consist of national networks co-ordinated into a regional Forum for the pursuit of joint objectives.
3. Initially the Forum would comprise the countries represented at this Budapest Workshop (Croatia, Hungary, Poland, Romania and Slovenia) but it is expected that other countries will join and thus create a comprehensive coverage of the CEE region.
4. The Hungarian National Institute for Health Promotion will provide a small temporary secretariat. The need for such a centralised service will diminish as country networks are established. Responsibility for each joint activity will assumed by an agreed national network or individual member.

   Small negotiated sums for technical support will be made available by COHRED for help in forming national networks.
5. It was agreed that membership of the International Forum would open up several wider opportunities for the sharing of information and experience and for obtaining financial support. it would also strengthen the credibility and impact of the CEE Region. The necessary steps should be taken to join the International Forum.

NEXT STEPS

a. Networks

Immediate steps will be taken to set up networks in each of the countries present at the meeting. Prime movers were nominated in each country to begin the network-building process. Copies of this report and other material relating to the International Forum and to COHRED will be made available to national prime movers for distribution to potential members.

b. Capacity-building

Whilst sustained long term development must await a review in each country of existing capacity and anticipated needs, in the meantime a start will be made at the regional level. The Hungarian National Institute of Health Promotion had already budgeted for a Training Workshop in the near future and Dr. Makara plans to invite a social scientist and a decision-maker from each country.

c. Research/Case Study

After discussing several possible alternatives members chose the topic of health care reform for the Regional Forum's first case study. It was an urgent topical issue and although many reports on the topic had already been produced none had been able to apply social science perspectives across the range of CEE countries. A well-conducted study making use of existing reports and material would be of high relevance to policy makers and have a potential impact on future decisions. It would also find a ready market with West European publishers.

Many formulations of the issues were possible and needed to be discussed at an early stage. Miroslav Mastilica and Cezary Wlodarczyk, as prime movers for this activity, volunteered to put forward proposals for discussion by country networks and by a forthcoming regional meeting (see below)

WHO had asked Dr. Makara to conduct a comprehensive review of the public health situation in 10 countries in preparation for a major international meeting in July 1997. The CEE Forum might well be able to contribute to the review.

d. Membership of the International Forum of Social Scientists in Health.

Drs. Makara and Nuyens, as the two European members of the Forum Steering Committee, will make the necessary arrangements for the Region's membership.

e. Future meetings

Plans for two future meetings were discussed:

One will be held in October this year in Lublyana either before or after a Workshop already being attended by several participants at the Budapest meeting. Funding will be arranged so that one member from each of the 5 countries can be present. The meeting will discuss:

- more detailed proposals for the Training Workshop mentioned in 7b above;
- possible contributions to the review of the public health situation in Central and East European countries mentioned in 7c above**;**
- a memorandum from Miroslav Mastilica and Cezary Wlodarczyk suggesting guidelines for a book on health care reforms;
- reports from member countries on their progress in building networks and on their future activities;
- the temporary supporting role of the Hungarian Institute for Health Promotion and for long term arrangements for the future.

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