

How to Boost the Impact of Country Mechanisms to Support ENHR:

A peek into the melting pot of country experiences



Produced by the COHRED Working Group on
Promotion, Advocacy and the ENHR
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country experiences*

This publication is part of a COHRED effort to develop ENHR implementation skills at a country level, and has been developed by members of the COHRED Working Group on Promotion, Advocacy and the ENHR Mechanism. Thanks must go to the following:

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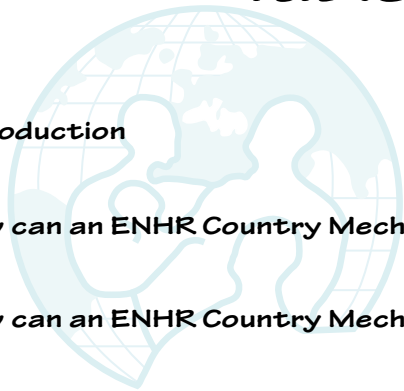
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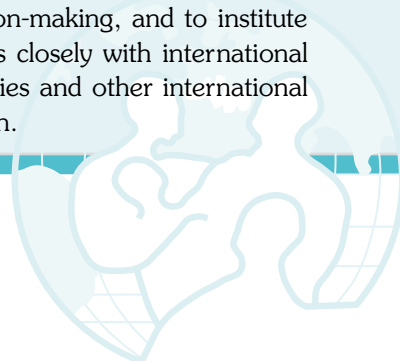


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COHRED's Mission

COHRED works with countries to strengthen their research capacity, to identify their major health problems and to find ways of addressing their health problems. COHRED helps countries to build strong links between researchers, health care providers at all levels of the health system, decision-makers and the community. These links are crucial to carry out the research necessary for informed and intelligent decision-making, and to institute the appropriate action. COHRED also works closely with international research programmes, United Nations agencies and other international organisations working towards equity in health.



Introduction

What “impact” should an ENHR mechanism have?

Essential National Health Research (ENHR) is a strategy that has been implemented in many countries in Africa, Asia and Latin America over the past decade. ENHR aims to support actions that promote equity in health. So, if the implementation of ENHR is effective, it will:

- be an effective agent of transformation, and
- promote equity in health.

Different countries have adopted a variety of “mechanisms” for promoting ENHR. The mechanisms have all developed different characteristics in response to varying country contexts and needs - characteristics that have helped, or sometimes hindered, the implementation of ENHR. We would like to share these country experiences, in the hope that they may assist other countries to implement ENHR even more effectively. In doing so, we recognise that there is no “right way” to implement ENHR, and what works in one country may fail miserably in the next. But we hope that, through the sharing of lessons learnt, countries may have greater insight into the factors that have a positive or negative impact on the effectiveness of a country mechanism for ENHR.

The four tough tasks of an ENHR mechanism

In this review, we try to pinpoint some of the “make or break” factors that influence the effectiveness of a country’s ENHR mechanism to:

1. Meet its main objective of **promoting equity in health**
2. **Act as an agent for change**
3. **Provide research systems management and support**
4. **Develop and evolve with changing circumstances.**

For each objective listed above, we will:

- Highlight some of the main messages that seem to be emerging
- Illustrate with country examples.



How can an ENHR Country Mechanism Promote Equity in Health?

- Include a wide array of stakeholders
- Place equity at the centre of ENHR efforts
- Be explicit about what an “equity focus” means in practice
- Review or initiate a process of setting national research priorities
- Integrate ENHR plans into national social development plans
- Make it clear that monitoring moves towards equity in health is ‘core business’ of ENHR
- Create “windows” through which local realities can be viewed

The issue

The main purpose of the ENHR mechanism is to promote equity in health through research. It's not just another way of boosting the country's institutional or technical capacity. These outputs may, of course, be a means to an end. But often, the end point of greater equity in health is lost as academics build personal empires, politicians resist close scrutiny of health outcomes, or investors play out their own international interests. This section examines how the ENHR mechanism can adhere to its objective, that is, to achieve greater equity in health.

Key messages

Involve a wide and inclusive array of stakeholders

Traditional research and research management may run counter to equity in health for at least three reasons:

First, research is traditionally regarded as the domain of researchers i.e. the intellectual elite, or at least those people who have a reasonable degree of education. Generally, this group has identified with, or even represented the interests of, wealthier groups in the population.

Second, research has tended to be concentrated in large, national institutions in urban centres. The concerns and interests of rural and local communities have been largely hidden.

Third, the politics of power are such that the voices of the poorest - who bear the greatest burden of disease - are least audible.

The implementation of ENHR (and by inference, the functioning of the ENHR mechanism) should be guided by a mix of stakeholders, representing different perspectives - constituted to redress the trends and anti-equity biases described above. The difficulties of this approach should not be underestimated: much research involves very specialised knowledge, and efforts to include less educated, poorer people in the process, run up against profound social and political realities. A significant risk that must be avoided is ‘token’ involvement of groups traditionally excluded from research processes. Such tokenism may be found both in the process of selecting participants and the way in which they participate in activities. Dragging “community representatives” along as proud exhibits of an inclusive process - without a genuine say - demeans the whole process of participation.

Involving diverse stakeholders

In the **Lao People's Democratic Republic**, the Council of Medical Sciences (CMS) initiated a series of workshops to build consensus around research priorities and to encourage greater use of research findings in decision-making. Researchers, health service managers, policy makers and community representatives participated in these workshops that sought to develop an active coalition among the four constituents. All four groups now participate in the implementation of the Second Five-year Health Research Master Plan.

Source: COHRED (1998) Country Profile: Lao PDR. Unpublished, Geneva.

Place equity at the centre of efforts to promote ENHR

ENHR is a response to global and national inequities in health that are mirrored in inequities in health research funding and focus. From the outset, it needs to be clear that ENHR seeks to better define and respond to these inequities.

Outline the real implications of this equity focus

The challenge for proponents of ENHR is to move its implementation beyond the “feel good phase” of greater national solidarity and support in principle, to demonstrable changes in the focus and funding of health research. At the outset, people need to understand the consequences of Essential National Health Research.

Some of the inevitable implications of a successfully implemented ENHR strategy include:

- Involvement of stakeholder groups, who previously did not undertake or use research
- Growing links with actions and responses to research outcomes.
- Changes in resource flows towards the country's research priorities
- Changes in the nature of research towards the country's health priorities
- Greater scrutiny of the impact of health policy implementation, in terms of its impact on equity

Review or initiate a process of setting national research priorities

A process of priority-setting is a useful way to achieve a high degree of consensus about the need for research directed towards equity in health. Often, a number of complementary techniques need to be used to identify health research priorities (a number of publications on priority-setting are available from COHRED).

Integrate ENHR plans into national social development plans

Equity may be advanced by formulating the ENHR agenda as a response to the priority needs of a country's people and as an input to its social development programme. In this way, ENHR can become a legitimate part of a country's plans for development. But beware the pitfalls associated with this strategy: when National Health Plans are themselves formulated haphazardly, or developed in a top-down manner by an exclusive group, ENHR may become co-opted into a status quo that limits its potential to be an agent of change.

Integration of ENHR into national social development plans

In **The Philippines**, the autonomous ENHR Foundation (Inc.) works closely with the ENHR Unit in the Ministry of Health to integrate ENHR into the National Health Plan. A detailed five-year research plan coincides with the research needs of the National Health Plan.

In **Kenya**, a Master Plan of ENHR Activities (1992-1998) was incorporated into the National Development Plan in 1994. The priorities identified relate to maternal and child health, water and sanitation, health care delivery systems and STD/AIDS.

In **Ethiopia**, a clearly articulated policy on Science and Development serves as a springboard for detailed policies and action plans for the different economic and service sectors. ENHR has been recognised as an appropriate integrated strategy for organising and managing health research as an instrument for health development.

In **Thailand**, national development plans have formed the backbone of transformation and development for the past 36 years. Now ENHR has been formally incorporated into the 7th National Development Plan (1991-1996).

Source: COHRED (1998) Country Profile: The Philippines. Unpublished, Geneva.
COHRED (1998) Country Profile: Kenya. Unpublished, Geneva.
COHRED (1998) Country Profile: Ethiopia. Unpublished, Geneva.
Kachondham Y, Winichagoon P, and Tontisirin K. (1992) Nutrition and health in Thailand: trends and actions. National Epidemiology Board of Thailand (NEBT): Thailand.

Make it clear that monitoring the move towards equity in health is 'core business' of ENHR

It needs to be clear from the outset that monitoring the move towards equity in health is an integral part of the ENHR agenda. Governments and other decision-makers may be supportive of the concept of equity, but the crunch comes when research results show that inequities persist, despite their efforts. Decision-makers and other ENHR advocates may need to sit down together and agree on a process for monitoring country moves towards equity that allows for exchange of views, but does not compromise that truthfulness of monitoring efforts.

The ENHR mechanism will need to monitor both movement towards equity in health (gauged both by health outcomes and health service outputs/processes/inputs), and equitable use of resources available for health research.

Monitoring the move towards equity in health

In **South Africa**, the Health Systems Trust publishes an annual review of health and health care, focusing particularly on progress towards equity. During 1997, a national survey of 160 clinics was conducted to assess inequities in service provision. During 1998, this survey was expanded to include a bigger sample size of clinics and to include district hospitals. Research addressing other aspects of equity (such as resource allocation and distribution, and health outcomes) will supplement the facilities survey as part of an "Equity Gauge", to be repeated annually.

National and provincial legislators from Parliamentary Committees of Health and Finance have been involved in the development of this "Equity Gauge", as they will be principal users of the research results. Health journalists have also participated in its development.

Source: Health Systems Trust (1997) Annual Report. Durban, South Africa.

Create “windows” through which local realities can be viewed from the national level

Discussions about equity may remain abstract and academic unless they are rooted in local realities. Local experience provides a constant point of reference for monitoring the move towards equity, and should be firmly linked to national priority setting processes, resource allocation for research, and information dissemination.

Creating “windows” through which local realities can be viewed

In **Nepal**, the National Health Research Council was established in 1991 to improve the health and well-being of the country’s people, and became part of the Global ENHR Network. One of its activities was the development of a community-led health research and development program, which served as the impetus for a Society for Holistic Development. This Society brings together non-government and community-based organisations under a single umbrella promoting a number of aspects of social development. In this way, both local needs and local research have found a national platform.

In **Nicaragua**, the Nicaraguan Community Movement is a founding member of the National Commission on ENHR. Great emphasis is placed on local and community input into health research, and two district-based groups on ENHR have been established.

Source: COHRED (1998) Country Profile: Nepal. Unpublished, Geneva.
COHRED (1998) Country Profile: Nicaragua. Unpublished, Geneva.



How can an ENHR Country Mechanism be an Agent for Change?

- Think beyond the obvious institutional options
- The ENHR Mechanism may be an effective way to coordinate health research
- Don't be boxed-in by conventional boundaries of research
- Actively engage other users of research
- Establish clear linkages with the Health, and other Ministries
- Foster "ownership" of the ENHR mechanism by stakeholders
- Develop a portfolio of research that reflects local to national needs, and short to long-term considerations
- Regional strategies can make your country's ENHR mechanism more effective

The Issue

A number of factors may influence the effectiveness of an ENHR mechanism as an agent for change. This publication identifies these factors and highlights key messages, drawing on country experiences.


Key messages

Think beyond conventional institutional arrangements

Different countries have adopted varying institutional options for the ENHR mechanism, such as parastatal research councils, research units in the Ministry of Health, autonomous or semi-autonomous NGOs, university-based units or even a cluster of existing research organisations under a united ENHR banner. All of these institutional arrangements have strengths and weaknesses. Some of these are summarised below.

Comparison between various institutional options for the ENHR mechanism

Institutional Arrangement	Strengths	Weaknesses
Unit in the Ministry of Health	<ul style="list-style-type: none"> • Close link to action plans of Ministry of Health • Responsive to priority health needs identified by MoH • Official credibility • Established budget line, so funding fairly secure • Political muscle to pull often fractious researchers together 	<ul style="list-style-type: none"> • May become bogged down by bureaucracy • Links with research/academic environment are often lost • The need for longer term research (basic/futures research) may become submerged • Research agenda may mirror political/government agenda only • Research outputs will tend to be mainly for MoH use, to the exclusion of other users (advocacy groups, legislators, media etc) • Ability to monitor the move towards equity may be limited
University-based	<ul style="list-style-type: none"> • Based in an academic/research environment • Ability to develop a short- and long-term perspective and research agenda • Respected academics may be able to play a leadership role amongst colleagues 	<ul style="list-style-type: none"> • Traditional divide between research and action often perpetuated • Academic interests may override the primary objectives of the research • Research separated from the day-to-day issues of the health sector and planning activities of the MoH
Parastatal council	<ul style="list-style-type: none"> • Often held in high esteem by academic community and politicians • Legislated bodies for co-ordination of health research • Can make use of existing research management and support infrastructure • Facilitates integration of applied and basic research around priority health problems 	<ul style="list-style-type: none"> • Often stuck in traditional research moulds • Tend to reflect the interests of the senior medical fraternity, who generally dominate Council Boards • Often bureaucratic and inflexible • Sometimes conflict of interest arises as many Councils are both “do-ers” and funders of research • Autonomy from State fairly limited; so explicit equity focus may be difficult

Institutional Arrangement	Strengths	Weaknesses
 <p>Non-governmental organisation</p>	<ul style="list-style-type: none"> • Flexible and responsive to priority health needs • Often able to secure additional funds for research • Sustainability often wholly dependent on outputs that attract investors • Organisational autonomy, which permits a clearer monitoring role • No vested interests (if no intramural research conducted) • Able to involve other players easily such as the media, advocacy and community groups • Easily bridges the divides between research and action 	<ul style="list-style-type: none"> • Distant from day-to-day planning in the Ministry of Health • May at times be in conflict with MoH as a consequence of unfavourable research results • May battle to secure cooperation of traditional academics • May be regarded as “unofficial” by the Ministry of Health
<p>Multiple organisations under the ENHR banner</p>	<ul style="list-style-type: none"> • Can draw on the relative strengths of each organisation • Interests of different constituent groups can be represented • Net effect is a powerful national lobby group 	<ul style="list-style-type: none"> • Difficult to co-ordinate activities • Risk that groups will represent their own organisational interests

A number of countries are developing ENHR mechanisms that are ‘hybrids’ of the institutional arrangements described above. This has been done to maximise the strengths and minimise the weaknesses of the various options.

Think beyond conventional institutional arrangements

In **The Philippines**, the ENHR Foundation (Incorporated in 1993) is an autonomous NGO, closely linked to the ENHR Program of the Ministry of Health. Its membership is from academia, NGOs and governmental groups other than the MoH. Initially conceived to overcome problems of government red tape in the implementation of ENHR, it now complements the coordinating and research support activities of the Health Ministry’s ENHR Unit. It provides a research-friendly and flexible project management system, with minimal paperwork in respect of program and financial management. As an NGO, it is able to bring in outside technical support at short notice. On the downside, it’s a relatively young organisation that has to generate all its own resources for day-to-day operations; its members work on a part-time basis; and it has no direct and well-defined linkage with policy makers.

In **Kenya**, the National Health Research and Development Council (NHRDC) was established as an NGO set-up by government as the mechanism for implementing ENHR. A management board consists of the heads of 20 stakeholder-institutes. This NGO can build on the strengths of a fairly well developed national health research infrastructure, but is constrained by resources - as it does not receive government funding for research activities.

In **Nicaragua**, a National Commission for ENHR was established in 1992, with its executive secretariat based at the Medical School in Managua. Its composition was high level representation from a variety of stakeholder groups such as the Ministry of Health, universities, Nicaraguan Communal Movement, Christian Medical Action, and National Centre for Folk Medicine. This Commission has spearheaded the participatory development of a five-year ENHR plan.

Source: COHRED (1998) Country Report: The Philippines. Unpublished, Geneva.
 COHRED (1998) Country Report: Kenya. Unpublished, Geneva.
 COHRED (1998) Country Report: Nicaragua. Unpublished, Geneva.

The ENHR Mechanism may be an effective strategy for coordinating health research

Some countries have experienced problems in implementing ENHR where mechanisms for supporting health research already exist. It must be clear that establishing an ENHR Mechanism does not, of necessity, mean disbanding research mechanisms already in place. The main purpose of the ENHR mechanism is to promote consensus and an overall research direction toward equity in health. It needs to reduce fragmentation of effort, not make it worse! In Bangladesh for example, BRAC has been an effective mechanism for reducing fragmentation, where the government now supports BRAC-implemented research programmes.

Don't be boxed-in by conventional boundaries of research organisations

Some research systems support mechanisms have proved more effective by expanding their scope of activity to include practical support for implementation. This may be a particular consideration in support of health systems research and technology development, where the link with implementation is often very direct and immediate.

Breaking out of the traditional research moulds

In **Bangladesh**, the Essential National Health Research (ENHR,B) is a giant government/NGO effort, operating under the umbrella of the Bangladesh Rural Advancement Committee (BRAC), the largest NGO in the country. The research is integrally linked with the service interventions of BRAC, aimed at addressing health priorities such as safe motherhood, child health care, acute respiratory infections and other infectious diseases and nutrition-related diseases. This arrangement has allowed ENHR to be assimilated into major national development strategies, and to tap into existing research networks. There is no intention to set up a separate ENHR mechanism or program.

In **Trinidad and Tobago**, research is linked to support for materials development and implementation of clinical guidelines and protocols. This activity is regarded as an integral part of the implementation of ENHR under the direction of the ENHR Task Force.

In **Benin**, implementation of ENHR is spearheaded by an Agronomist, 3 medical practitioners, a member of the Ministry of Health and a traditional healer (community representative).

Sources: COHRED (1998) Country Profile: Bangladesh. Unpublished, Geneva.
Chowdhury S (1998) Health Policy and Systems Research in Asia.
Paper prepared for the Interim Board of the Alliance for Health Policy and Systems Research (unpublished). Dhaka, Bangladesh.
Personal communication (1998): Dr David Picou.
Personal communication (1998): Benin Country Representative at ENHR African Regional Network meeting.

Actively engage other users of research

The ENHR mechanism needs to see itself as an entrepreneur, forging links between different users of research and packaging information for different target audiences. You need to look beyond the traditional target audiences for research, that is health service managers - to media representatives, advocacy and other action groups, legislators and others reliant on information.

Active engagement with other users of research

In **Egypt**, a Society for Health Research for Development was established in 1990. One of its principal tasks was to establish a network of participants in health research. Apart from universities and national health research institutions, the Society established linkages with a national association of NGOs and community-based organisations as well as an existing partnership between university and community health sectors in eight rural and poor urban areas. These connections have helped shift the focus away from national university-based research to addressing concerns at district and community level.

In **South Africa**, HST has continuing programmes with journalists, news editors and legislators in addition to regular interaction with the traditional target audience for research, namely health service managers. A health journalist is employed jointly by HST and a leading national daily newspaper. A small research team funded by HST is attached to the national Parliamentary Portfolio Committee on Health. Regular seminars are held with media editors to try to improve the content of health reporting.

Sources: COHRED (1998) Country Profile: Egypt. Unpublished, Geneva.
Health Systems Trust (1997) Annual Report. Durban, South Africa.

Establish clear, defined contact and interaction with Health, and other Ministries

Clear terms of reference, lines of accountability and channels of communication with the Health Ministry are critical, regardless of the institutional arrangement of the ENHR mechanism. Unless this is done, the ENHR mechanism and Ministry officials will constantly feel that they're standing on each other's toes, and research results may not be effectively utilised.

A further important factor is communication with the Ministry and Departments of Science and Technology. Where there is an overlap of responsibility in the country's government departments/ministries, both the Ministry of Health and the Ministry of Science and Technology should be involved in the process. In some countries, the Education Ministry oversees all research, or at least some aspects of research training - and should be actively involved in the ENHR strategy.



Clear Linkages with Government Ministries

The implementation of ENHR in **Indonesia** and **The Philippines** was complicated by the division of research co-ordination responsibilities between the departments of Health and Science and Technology. In the Philippines, the creation of the autonomous ENHR Foundation, with close links to both ministries, helped overcome a fragmented ENHR response.

The Philippine Council for Health Research & Development (PCHRD) is under the Dept. of Science & Technology (DOST). AN “ENHR Programme” exists within the DOH, which initiated a priority setting exercise for a national research agenda, involving multiple stakeholders including the PCHRD. The “amicable” compromise between the ENHR Programme and the PCHRD was that biomedical research priorities that arose from the priority-setting conference would primarily be implemented and pursued by PCHRD (under the DOST), while research priorities relating to health systems and health policy research would be readily pursued by the ENHR Programme. There is some overlap (and some uneasiness), but the two entities try to work together on various issues (such as subnational research capacity building). In essence, therefore, PCHRD and the ENHR Unit are both pursuing “ENHR”, but with a differing emphasis on various aspects of the national research agenda.

In **Benin**, the ENHR mechanism was established within the government sector in 1992, and is known as the Benin Research Centre for Science and Technology. The mechanism is formally housed in the Ministry of Education and Scientific Research. The function of the mechanism includes coordination of research, follow-up, and publication and dissemination of research results. There have been many problems associated with the location of the Mechanism, not least being that there is no clear line of funding. Separately, the Ministry of Health funds some research proposals, but there is a need for greater synthesis of the research coordination activities of the two Ministries.

In **Ethiopia**, the ENHR Mechanism is housed within the National Health, Science and Technology Council, within the Ethiopian Science and Technology Commission (ESTC). The coordination of all ENHR activities in Ethiopia is undertaken by the NHSTC, and functions well due to cooperation from all stakeholders at all levels. The ENHR mechanism is regarded as a member body of the National Health, Science and Technology Council, which bodes well for the success of ENHR in the country.

Egypt has structured its’ ENHR Mechanism within the National Academy of Science and Technology (NAST). The Mechanism’s functions include conducting needs assessments, prioritisation and planning, contracting of research studies, evaluation, and dissemination of research findings.

Funded entirely by the government, the Mechanism also has representation from members of the Medical Research Council (Egypt). Recently (1997-98), there has been “major” activity involving coordination and cooperation between the NAST-based mechanism and the Health Systems Research Unit in the Ministry of Health and Population (MOHP). Both government and donor agencies act as funders of the ENHR process in Egypt. The ENHR mechanism has experienced some difficulties in carrying out its’ mandated coordinating role.

Source: Personal Communication (1998): Prof Mary Ann Lansang.
Personal Communication (1998): Benin Country Representative, ENHR African Regional Networking Meeting.
Personal Communication (1998): Ethiopian Country Representative, ENHR African Regional Networking Meeting.
Personal Communication (1998): Egypt Country Representative, African Regional Networking Meeting.

Specific aspects of health research may require the involvement of other ministries, such as Agriculture, Finance or Education - and an ENHR mechanism may be an effective way of facilitating collaboration between the various departments and ministries.

Foster “ownership” of the ENHR mechanism by different stakeholders

All those involved in ENHR need to feel that they have a strong interest in the ENHR mechanism. You will need to give consideration to processes of accountability to and participation of constituent groups (including communities, the Health Ministry and international investors). But be aware of the pitfalls of excessive consultation, where mechanisms for action sometimes end up as ineffectual talk-shops.

Fostering ownership of the ENHR mechanism

In **Benin**, a number of institutions have been identified as focal points for ENHR. These include the Faculty of Health Sciences, the Regional Centre for Health and Population Development (CREDESA), and the Ministry of Public Health. The organisation of ENHR has also been decentralised within the Ministry and other organisations, to allow for greater community participation. The strength of this arrangement has been a high level of participation by diverse interest groups. Its weakness is a lack of coordination and well-defined interaction with the Health Ministry.

In **Jamaica**, an ENHR Task Force has been active since 1995. Formally recognised by the Ministry of Health, it brings together representatives from the Ministry, University-based units and the Planning Institute of Jamaica in promoting and advocating for ENHR.

Source: COHRED (1998) Country Profile: Benin. Unpublished, Geneva.
COHRED (1998) Country Profile: Jamaica. Unpublished, Geneva.

Develop a portfolio of research that spans national through local, and short- through long-term considerations

One of the potential benefits of an ENHR mechanism is the opportunity to develop a comprehensive portfolio of research - so that local issues help shape national and sub-national policy, health systems, and even basic research. At present in many countries, basic research is seen as quite separate from applied research. And even health systems research is divided into “national policy research” and “local operational research” - without adequate appreciation of the fact that each needs to be shaped by the other. A portfolio of priority research will enhance the effectiveness of the ENHR mechanism as an agent for change, by keeping it focused in the face of often-conflicting demands from organisations or interest groups.

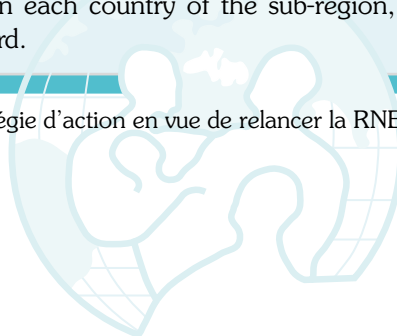
Use regional strategies, where appropriate, to enhance effectiveness of the ENHR mechanism

Sometimes, it may prove strategic to develop regional strategies with respect to aspects of the implementation of ENHR. These strategies may involve sharing of technical expertise, development of collaborative research ventures, and joint funding proposals.

Using regional strategies to enhance the effectiveness of ENHR mechanisms

Following a review of ENHR in a number of Francophone countries in sub-Saharan Africa (Benin, Senegal, Guinea, and Burkino Faso), a sub-regional network has been mooted to enable technical expertise, resources and experiences to be shared across countries. This would allow for research capacity to be developed within each country of the sub-region, which has clearly identified its own limitations in this regard.

Source: Diallo B (1997) Commentaires et suggestions pour une stratégie d'action en vue de relancer la RNES dans les pays francophones d'Afrique (Unpublished).



How can an ENHR Country Mechanism Provide Research Systems Support?

Activities of the ENHR Mechanism:

- Your understanding of the role of research will affect the way the ENHR mechanism works
- Define the role played by the ENHR mechanism in your country
- Define and market your “selling points”
- “Package” information to suit the audience
- Decide whether the ENHR mechanism should fund research
- Generating demand for research, in addition to fostering supply, as a strategy for capacity-building
- Draw on local and international experience and expertise

Potential of the ENHR mechanism to generate income:

- Seek out “investment opportunities”
- Use funds from governments or other investors to lever additional funds
- Target your funding requests to specific investors
- Consider other income generating activities

Nurture your most precious commodity - people:

- Build the skills, enthusiasm and initiative of your team
- Nurture leadership potential
- Develop the diversity of your skills base
- Develop the ability to attract and retain good personnel

Foster a national research environment conducive to new ideas and creativity:

- Identify incentives and opportunities for creativity

Develop ways to monitor the effectiveness of the ENHR mechanism:

- Design a gauge of the effectiveness of your ENHR mechanism

The Issue

Over time, some research support organisations lose their spark, become boring and contribute to intellectual stagnation in countries. How can your country's ENHR mechanism be dynamic, promoting independent thought and new ideas? This section looks at some of the activities and functions of the ENHR mechanisms, and suggests ways in which their effectiveness can be increased.

Key messages

Activities of the ENHR mechanism:

Your understanding of the role played by research will influence the way the ENHR mechanism works

More traditional views regard research as contributing to a body of knowledge or generating information that may be useful for decision-makers. People who hold this view tend to speak of research as “objective”, contributing to “data-linked decision-making”. Others see research as one instrument in social and political change - used by different societal groups for different purposes. The impact of the research may be affected by a number of socio-political and economic factors, that may change over time - and can be influenced by the efforts of “entrepreneurs”. Others see these views not in opposition to each other, but part of a spectrum of roles that research plays.

Some ENHR mechanisms adhere quite closely to the more traditional view, and activities focus on ensuring the quality and academic standing of the research. Those principally involved in doing research are university-based academics, sometimes working together with some health service managers. These mechanisms often fit quite comfortably within statutory science councils. But other ENHR mechanisms play a more “entrepreneurial” role, interacting with a broader range of research users than just the Ministry of Health, fostering dialogue, packaging information for different audiences, pushing the bounds of their activities.

Enhancing the impact of research

In **South Africa**, the Health Systems Trust is an NGO that supports health sector reform. A central part of its work is support for health systems research, dealing with local operational matters through to macro-policy issues. The Initiative for Sub-District Support is an implementation arm of the Health Systems Trust (HST), in which support for research is but one intervention in addressing the health needs of selected districts. (Other interventions include development of communication networks and access to information sources, technical support for improved management systems, and facilitation of processes of change).

Other health sector support programmes of HST include an electronic communications development programme for rural districts (HealthLink), an information dissemination and marketing division, and a management and research skills development programme.

Source: Harrison D (1996) Initiative for Sub-District Support Technical Report #1. Health Systems Trust, Durban.

Define the role played by the ENHR mechanism in your country

Factors specific to your country will determine the role played by the ENHR mechanism, and the scope of its activities. But you should seek to define those activities that will make the mechanism as effective as possible.

Defining the role of the ENHR mechanism

In the **Republic of Guinea**, the Minister of Public Health and Social Affairs appointed a “Group de Réflexion” to promote and set directions for ENHR. This group consisted of scientists and decision-makers from the public, private and traditional health sectors, academia and relevant government ministries. The tasks of this Group were clearly defined: Spearhead the development of a National Health Research Agenda; develop and implement a training strategy; mobilise new resources; and develop a streamlined mechanism for research management and oversight. The result has been significant progress. A five year ENHR Plan has been put into operation. A capacity building process for research institutions and researchers is underway. And an advocacy, information and documentation strategy has been initiated.

Source: The Ministry of Public Health and Social Affairs, Republic of Guinea.
COHRED (1993) Guinea: Essential National Health Research - Summary of Progress, Plans and Budget 1993-1997. Unpublished, Geneva.

Define and market your selling points

In promoting and advocating for ENHR, distinguish between your primary and intermediate objectives and products. Your end product is action to achieve equity in health. Some of the intermediate products may be greater research capacity, specific publications or seminars between different user groups. But unless the end product is kept foremost in mind, the ENHR mechanism might become just another organisation supporting health research. One way of “marketing” your end product may be to develop and support a portfolio of research specifically aimed at addressing the health needs of the poor. This portfolio may have a number of components - from economic evaluation of resource allocation to new product development focused on the problems of people living in poverty. In this way, you may be able to “package” research efforts so that their main objectives are easily recognised - and become part of your “logo”.

Marketing your selling points

The South African Health Review, published annually by the Health Systems Trust, has become a flagship for the organisation. It attempts to provide an objective critique of policy developments and trends, based on the results of policy research and evaluation and inputs from a number of health policy observers and actors.

“Package” information to suit the audience

Information for policy-makers, health workers, the media, community-based organisations and other academics may all need to be “packaged” differently. Often, some of the basic rules of communication are ignored, such as simplicity of message and attractiveness of presentation. The ENHR mechanism may need to develop the capacity to assist researchers in packaging information in printed, audio-visual and electronic formats.

Decide whether the ENHR mechanism should be a funder of research

Your country’s ENHR mechanism may simply act as a coordinating mechanism, or it may be designated as a funder of research. Conflict sometimes arises when a research support mechanism both funds and undertakes its own research. It may be advisable to establish an ENHR mechanism that has no intramural research function, but which may be tasked with mobilising funds for research. Alternatively, clear guidelines should be established to ensure that the ENHR mechanism does not act as both player and referee in competing for funds.

Focus on generating demand for research as well fostering supply as a strategy for capacity-building

Most developing countries have identified the need to build research capacity within the country, for specific disciplines and within institutions. Much of the capacity-building effort has focused on fostering the supply of research through “building a critical mass of researchers”, incorporating research methodology into health sciences training curricula, and providing training courses in various research disciplines. But neglected areas of research capacity building include tailoring the research product to make it “user-friendly” and promoting its effective use through training and support for research users. These users may include advocacy groups, journalists and media editors, legislators, health service managers, political, civic and community groups. Consider specific activities that bring together these user groups around particular health issues. These activities may include media seminars, research support to legislators, “hot issue” discussion forums that bring together people with opposing viewpoints etc.

Draw on local and international experience and expertise

Tap into the national, regional and international research networks to share research results, gain access to funding opportunities and other resources that may be of help.

Potential of the ENHR mechanism to generate income:

Seek out “investment opportunities”

Many international and local donors have an interest in successful research initiatives. It may be helpful to view potential funders as investors willing to underwrite successful products, rather than donors who may respond if you go cap in hand. The bottom line is that you have to sell your ideas and their potential benefits to investors in the market. The growth of the Sectoral Investment Programs (SIPs) poses both challenges and opportunities for ENHR mechanisms. On one hand, it may be difficult to secure independent funding for important activities such as monitoring the move toward equity if funds are directed through government sources. On the other hand, SIPs may provide the opportunity for a comprehensive research and development plan to be designed and funded.

Use funds from government or other investors to lever additional funds

Some investors are more inclined to provide support if there is evidence of a financial commitment from your government. Others are keen to be seen funding in partnership with other investors.

Innovative ways to mobilise funds

In **Tanzania**, an endowment of nearly \$200 000 from the Swiss Government plus 50 million Tanzanian Shillings (US\$100,000) has helped establish a Health Research Users’ Trust Fund. Its aim is to facilitate communication between researchers and research clients, disseminate information, and provide research funding. The intention is to use this initial endowment to mobilise additional funds for research.

In **Mozambique**, an inter-institutional ENHR/Health Systems Research Foundation (Mozambican Foundation for Health Research) has been set up to provide funds to young researchers involved in ENHR. The Foundation seeks to provide consultant, tutorial and supervisory support, as well as small grants.

Source: COHRED (1998) Country Profile: Tanzania. Unpublished, Geneva.
COHRED (1998) Country Profile: Mozambique. Unpublished, Geneva.

Target your funding requests to specific investors

Few investors will respond positively to a general proposal that they know has been sent to half a dozen other agencies. You need to be aware of the different and specific interests of specific investors, and make contact with them before submitting final proposals.

Consider other income generating activities

If you have in-house researchers, you may be able to “contract them out” on a consultant basis as a way of generating income for the ENHR mechanism. You may even consider managing funds for donor agencies as another possibility. But these income-generating activities take the time of some key personnel - often a more precious resource than money. This is the type of trade-off that cash-strapped ENHR mechanisms may be forced to make.

Innovative income generating activities

In **Bangladesh**, BRAC’s Research and Evaluation Division spent nearly 29 million taka (US\$ 645 000) on an extensive research programme of impact studies, action research, monitoring and evaluation studies, diagnostic studies, baseline surveys and demographic surveillance. Two thirds of the funding (62.7%) of this research came from BRAC, while a further third (37.3%) was raised from external sources through collaborative and contract research projects.

Source: Bangladesh Rural Advancement Committee (BRAC) (1997) BRAC Research in 1997. BRAC Research and Evaluation Division, Bangladesh: Dhaka.

Nurturing your most precious commodity - people:

Build the skills, enthusiasm and initiative of your team

Often the factor that has most impact on the effectiveness of the ENHR mechanism is not money nor its location, but the people who spearhead its activities. Research management is often trapped in conventional, stereotyped ways of working. You need to develop a working environment that promotes initiative and buzzes with enthusiasm.

First and foremost, team members need to see themselves not as bureaucratic managers of a research programme, but as part of the engine that:

- Helps to shape the national research programme
- Forges links with the media, NGOs and government officials
- Helps to package research outputs attractively and effectively
- Is constantly on the look out for people with research potential that can be developed.

A useful analogy may be that of an advertising agency, where creativity and ideas are central to its success, and initiative and innovation are highly valued. Short, weekly team meetings to brainstorm and then develop structured plans may be an effective strategy - if team members are encouraged to generate and critique ideas. Assigning task teams across all levels of staff to work on initiatives that are particularly visible or exciting is another way to build morale. To a large extent, team morale will depend on:

- The motivation and example of the leadership
- The willingness of the leadership to let other team members have authority and take credit for success
- The degree to which a sense of action, impact and relevance of the ENHR mechanism can be sustained.

Nurturing a team of ENHR activists

In **Thailand**, the National Epidemiology Board (NEBT) represented the interests and activities of a broad group of academics, health officials and community activists. Many of the participants had been actively involved in the pro-democracy movement of the 1980s, and brought with them the desire for social change and equity. Under the leadership of several highly respected senior academics (who were recognised advocates of social change), the NEBT served as an active, enthusiastic forum for furthering the commitment to equity through health research.

Source: Kachondham Y, Winichagoon P, and Tontisirin K. (1992) Nutrition and health in Thailand: trends and actions. National Epidemiology Board of Thailand (NEBT): Thailand.

Nurture leadership potential

Unfortunately, research management organisations are often the retirement homes of weary and burnt-out researchers. You need to identify leadership potential in people of whatever age and seniority, and develop it. Often, it is those selected on the basis of their potential, rather than solid track records, that make the biggest difference.

Nurturing leadership potential

The **Mexican** Commission on Health Research is an NGO working in collaboration with the Ministry of Health. Its general objective is to encourage scientific and technical disciplines that can contribute to the improvement of health in Mexico. Leadership in health research management has been identified as a critical success factor, and particular emphasis is placed on identifying and nurturing people for leadership positions.

Leadership in health research was recognised as a critical factor by the National Epidemiology Board of Thailand (now the **Thailand** Health Research Institute). A cohort of young researchers have been nurtured over a number of years to play leading roles in public health.

Source: Task Force on Health Research for Development (1991) ENHR: A Strategy for Action in Health and Human Development. Switzerland: Geneva.
Sithi-Amorn C, Chunharas S, Chooprapawan C (1997) ENHR Development in Thailand. COHRED, Geneva.

Develop the diversity of your skills base

People working in the secretariat of the ENHR mechanism do not all have to be researchers. You need to consider the various functions of the mechanism and appoint people accordingly. For example, you may need people with management, communication, marketing or administrative skills. Researchers who bring perspectives like public policy or political science and community development may complement the skills of epidemiologists or basic scientists.

Develop the ability to attract and retain good personnel

You need to find ways to attract and retain good personnel as the secretariat of the ENHR mechanism. This includes providing a stimulating work environment, financial incentives, opportunities for personal development and career advancement.

Foster a national research environment conducive to new ideas and creativity:

Identify incentives and opportunities for creativity

Often, the hierarchical nature of the research community and bureaucratic approaches to research management stifle the enthusiasm of new researchers. “Research” becomes a career, rather than a way of generating new knowledge and precipitating action for equity in health. The ENHR mechanism needs to break through these constraints to foster a research environment conducive to new ideas and creativity. Strategies may include further study opportunities, think tanks that deliberately challenge conventional approaches or thinking and sponsored “time-out” for researchers to pursue new aspects of their work without the day-to-day demands and pressures.

Develop ways of monitoring the effectiveness of the ENHR mechanism:

Design a gauge of the effectiveness of the ENHR mechanism

You may identify indicators for assessing its impact on resource allocations for health research, the nature of research undertaken, or its linkages with action. But in addition, you may identify a number of indicators for assessing the efficiency and effectiveness of the ENHR mechanism itself, in terms of specific products and outputs that you have identified. Continue to monitor research to ensure that identified research priority areas are being addressed.

Developing a national database on health research

In **Zimbabwe**, the Medical Research Council published a database of health research that will be regularly updated to keep track of planned, ongoing and completed research. Information will be regularly gathered on researchers and research institutions involved in research. This database will be a valuable instrument to gauge progress with ENHR over time.

Source: COHRED (1998) Country Profile: Zimbabwe. Unpublished, Geneva.



How can an ENHR Country Mechanism Respond to Changing Circumstances?

Setting up the ENHR Mechanism:

- There's no cookie cutter solution: What works in one country may not work in another
- First, get to grips with the country context
- Political backing opens the way for ENHR
- The starting point is a common vision
- Sometimes there's a place for opportunities/approaches that ignore all the sage advice above
- Make use of "prime movers", but don't make them indispensable
- Build on what exists
- Make sure that the ENHR mechanism is robust enough to withstand political change

Sustaining the ENHR mechanism:

- Have clear, credible "products"
- Market "value-added" utilities
- Focus on demand for health research as much as supply
- Make use of external resources and knowledge

The Issue

By its very nature, the implementation of ENHR requires the "buy-in" of many different groups within countries - political, academic, community, advocacy groups amongst others. The process of setting up country mechanisms to support ENHR has generated a lot of lessons that may be helpful to countries at a similar stage. But the establishment of the mechanism is the beginning - and not the end - of the process of supporting ENHR, and mechanisms need to be flexible and dynamic to respond to changing country circumstances.

This part of the review looks at the continuing evolution of the ENHR mechanism in countries, from the process of setting it up, to ways of sustaining it and responding to changing circumstances.

Key messages

Setting up the ENHR Mechanism:

There's no cookie cutter solution: What works in one country may not work in another

Different countries have adopted different mechanisms for supporting ENHR, taking into account their unique socio-political and research environments. The challenge for individual countries is to develop a

mechanism that is most effective in carrying out the main objectives of ENHR, namely research linked to action that promotes equity in health.

First, get to grips with the country context

Fools rush in where angels fear to tread. Before identifying or establishing an ENHR country mechanism, give careful consideration to the political and research environment of your country. A particular university department may, at first glance, appear to be the ideal location for the ENHR mechanism, but may in fact be on the sidelines of health sector activities. A location in the Ministry of Health may look good, but its effectiveness may be constrained by rapid turnover of officials and political appointees. Factors such as leadership, decision-making, resource flows and other personal dynamics should be considered before selecting an appropriate ENHR mechanism.

Political backing opens the way for ENHR

It's a long, hard grind without political support. Because of its emphasis on the poor, ENHR inevitably challenges social conventions and the priorities of traditional research communities. It needs political backing to ensure that health research is more aligned to the priorities of the country, that is, that research leads to action, and that action promotes equity in health.

The starting point is a common vision

Often, the implementation of an ENHR strategy in countries brings together “unusual bedfellows” for the first time! Researchers, politicians, trade unions, community representatives and advocacy groups all sit around the same table to discuss ENHR. A starting point is agreement on the basic reasons for this dialogue and joint action, namely to use research as a springboard for action that promotes equity in health. Unless all groups are on board with their colours nailed firmly to the mast, individual and conflicting interests may scupper the implementation of ENHR.

Having said this, there may well be a place for opportunistic approaches

The above messages suggest an ordered, carefully considered approach to the implementation of ENHR. Although sometimes a more opportunistic approach to implementation has been found to be more effective, where contact with individuals has opened up possibilities that may not have existed before. You may need to “go for the gap” and proceed without having all stakeholders on board and committed to a common set of values.

Sure, this approach contradicts that stated above, but neither detracts from the other. The point is that trade-offs will need to be made. You need to be flexible and politically astute in weighing up the options.

Make use of “prime movers”, but don't make them indispensable

Often, one talented individual takes the lead in establishing the ENHR mechanism and developing effective activities. Sometimes, when this person leaves, the activities fall into decay. An effective leader plans for his or her own departure, ensuring that enough human capacity has been developed to keep up the work.

Build on what exists

There may already be one or more organisations that have a function similar to that of an “ENHR country mechanism”. It may be appropriate to use the existing capacity of those organisations. But on the other hand, ENHR does not mean “more of the same” - it's not simply a way to bolster a country's research capacity or access to funding. Factors to be considered in opting to use an existing organisation include its potential to assume an expanded or transformed role, and its national legitimacy and credibility amongst local organisations.

Build in robustness as a critical trait

The effectiveness of an ENHR mechanism can be easily undermined by political changes. How the mechanism can be made to “ride the waves”, rather than sink, will differ from country to country. But some of the

strategies for making the ENHR mechanism robust may include a high degree of autonomy from the Ministry of Health, a “governing board” that has broad representation, and partnership of a variety of different funders.

Setting up an ENHR Mechanism: The example of Uganda

Uganda embarked on a systematic, participatory process in implementing ENHR and establishing an ENHR mechanism. The thinking and efforts of three existing multi-disciplinary and community-oriented research facilities in Uganda served as an ideal springboard for the implementation of ENHR. The Child Health and Development Centre, Clinical Epidemiology Unit and Health Policy Analysis and Development Group at Makerere University laid the ground for new thinking on health research, articulated in a national seminar titled “Beyond Crisis: Social Development in Uganda” and a review of health policy. In May 1990, the Ministry of Health formed an ENHR working group, charged with sharing the vision of ENHR. Its first task was to introduce the concepts of ENHR to a wide audience, from local communities to people in the national Ministry of Health. The take-home message was simple: health research needs to be better aligned to the priority health needs of our people. By February 1991, a national workshop was held to initiate and advance the implementation of ENHR, and it was agreed to locate the ENHR mechanism within the newly formed Uganda National Council for Science and Technology (UNCST). In the meantime, an Ad Hoc ENHR Committee was appointed to steer activities until a formal mechanism was established. This Committee initiated a process of collecting information about health and health research in Uganda from a number of sources. Epidemiological and university-based data was collated. Simultaneously, a series of two day workshops were held in four selected districts, one from each region, to establish local and national priorities. These seminars were followed by focus group discussions in one or two villages in each district with men and women of all ages. The result was a National ENHR Plan, to be implemented by the ENHR mechanism in UNCST, called the Health Research for Development Coordination Office.

The Ad Hoc ENHR Committee proved to be very active, seeking to implement Essential Health Research at district level as well. Since the adoption of ENHR in 1991, the Ugandan National Council for Science and Technology has provided the mechanism for its implementation. A number of factors contributed to the slow completion of the task of formalising the mechanism initiated five years earlier. These included resource constraints, limited appreciation by researchers and academics of the potential link between research and health improvements, flagging political commitment, and bureaucratic delays. A secretariat has been established by the MOH to facilitate the formation of the Uganda National Health Research Organisation (UNHRO). When UNHRO is established by Parliament, it will assume the health research functions now under UNCST.

Source: COHRED (1998) Uganda Country Profile. Unpublished: Geneva.

Sustaining the ENHR mechanism:

Have clear, credible “products”

Often, the secret to sustainability is to be successful. Users of, and investors in health research look for clear, credible outputs arising from the activities of the ENHR mechanism. These outputs need to be achieved as quickly and efficiently as possible, and there is a need to be responsive to the research needs of the country.

Market “value-added” utilities

What makes the new ENHR mechanism any different from any existing or previous research systems support mechanism? Define clearly the “value-added” utilities, such as an explicit focus on the poor, enhanced interaction with different actors in the policy arena, and a well-defined link with action for equity.

Focus on demand for health research as much as supply

Often, strategies for sustainability are described as institutional and individual capacity-building through supply of resources and technical expertise. But equally important are strategies that generate a demand for research, which means far greater interaction with users of research such as health service managers, advocacy groups, legislators and the media.

Attract multiple investors

Having multiple funding sources complicates administration and, unless carefully managed, can cause the ENHR mechanism to deviate from its main objectives. But it can be a useful way of ensuring the sustainability of the ENHR mechanism.

Make use of the fact that some investors like to be seen in partnership with other investors. It may be possible to use the commitment of public funds to lever an equivalent amount from another funder. Different investors often look for “products” or outputs that are slightly different from each other, and you should tailor your approach for each funder - within clear organisational objectives.

Make use of external resources and knowledge

External resources may be useful for a number of reasons. First, you may be able to draw on the experiences of other countries in implementing ENHR, avoiding common pitfalls and benefiting from their knowledge. Second, you may be able to gain access to a wider range of funding opportunities. Third, external input may lend credibility to your efforts to implement ENHR. Use external resources as a valued input to an effective ENHR strategy. Always ensure however, that these resources enhance, rather than distort your efforts to promote equity in health. After all, the promotion of equity is the reason for the existence of every country’s mechanism for Essential National Health Research.

