



Research into Action

This issue of *Research into Action* is produced in and by Kenya. It is the first time that the Newsletter has been shaped by such direct country input, in this case from a country that has been actively engaged in implementing ENHR over the last ten years. We expect that this collaboration will not only lead to articles that better reflect the interests of our readers, but also help to develop capacities at country level for communication about research and an enthusiasm for doing this. We hope to expand this kind of collaboration to other countries for future issues of *Research into Action*. The Kenya editorial team consists of Mohamed Abdullah, Rispah Oduwo and Simon Langat.

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This issue of *Research into Action* deals with various important topics. In most of Sub-Saharan Africa, AIDS and HIV has continued to gain deep roots to the point where almost 80% of the world's people infected with the virus are found in this region. The numbers continue to grow by leaps and bounds, not to mention the millions of children who become orphans when their parents die of AIDS, and AIDS-related conditions. It is for this reason that AIDS is a major development issue in Kenya, and the feature article in this Newsletter discusses the matter at some length. Five hundred Kenyans die *daily* from this disease; more than twice the number who died in the 1998 terrorist bombings of the American Embassy in Nairobi and Dar-es-Salaam.

As the International Conference in Bangkok draws near, we continue to update you on the consultative processes taking place, particularly for the African and Latin American Regions. Also in this section our third 'Opinion Piece' features two further insights into health research for development. Many of you will fondly remember Professor Raphael Owor's efforts in steering the African Regional ENHR process in the formative years. From the time that he took up the position of African Regional Focal point in Mombasa in 1994, much can be said about the gains the region has made in ensuring equity in health through ENHR. His views are reflected in the opinion piece, alongside which is an interview with Dr Adnan Hyder who provides us with his perception of the ENHR process, with particular reference to his country Pakistan, and the way forward for Asia as a whole.

Our section on 'ENHR in Action' contains an article from Lithuania on the status of health research and future plans in the country. We also feature an article about a Health Research Management Workshop held in Tanzania earlier this year. These are the type of activities that continue to strengthen ENHR. We look forward to publishing such similar country level activities in the future. Results of the December 1999 reader survey of *Research into Action* have been summarised and give a good impression of your wishes and needs.

For the first time, we have a "Letter to the Editor" dealing with ethics in research. Readers are invited to write to us about any burning issue and we hope to reply to your concerns raised in subsequent issues of the Newsletter.

Finally, we have news of two COHRED publications as well as several conference announcements, which may be of interest.

Enjoy!

The *Research into Action* Team.

AIDS and HIV in Kenya: An issue of economic development

Mohammed Abdullah, who has been the Kenyan Focal Point for ENHR for a decade, and more recently a COHRED Board member, was recently appointed to head the newly constituted National AIDS Council in Kenya. In this article, Dr Abdullah writes about the effects HIV/AIDS on development and his plans for the NAC.

While the HIV/AIDS epidemic in Kenya is yet to reach its peak, its effects on development in Kenya have begun to show. AIDS was first diagnosed in Kenya in the early 1980s. There were seven cases reported in 1984. At the end of 1999, there were 400,000 cases. About 500 persons now die every day from AIDS and HIV in Kenya. It is expected that by the year 2005, there will be 2.5 million persons infected with HIV, up from the current 1.4 million. The period between the year 2005, and 2010, may see the peak of AIDS/HIV prevalence to be followed by regression. This however, may be dependent on how successful today's control measures are.

Kenya's response to the epidemic was prompt. In 1985, the National AIDS committee (NAC) was formed. The committee was under the Ministry of Health, its mandate, to advise on prevention and control. Public opinion was however, different. Popular beliefs about AIDS at the time, varied from indifference to ignorant disbelief. The Ministry of Health, through a few 'futuristic advocates' muddled through the process of curbing a deadly epidemic in a 'hostile' environment. Public opinion was misinformed. AIDS anger propelled discussions to the probable origin of the epidemic, and not the reality that it had to be stopped. The sparse knowledge of the disease around the world at the time too, may have aggravated the situation. So while the Ministry of Health struggled to get the message across, the country remained sceptical about the disease. Meanwhile, prevalence figures rose.

Other arms of the Government were with the Ministry of Health in at least recognising that the epidemic could only be contained through a united and concerted effort by all. In 1987, AIDS was included in the country's National Development Plan. Resources were mobilised for intervention and particularly the control of Sexually Transmitted Diseases (STD), as a strategy for AIDS prevention and control.

With the introduction of the Essential National Health Research (ENHR) strategy in the early 1990's, came a renewed focus on local problems. Networking and consensus building among stakeholders on various issues in health brought about new visions and mechanisms for guiding health decisions and actions.

The most significant result of the new interactions was the realisation that the problem of HIV/AIDS was a development issue that could not be handled by the health authorities alone. It was the ENHR movement

that first sounded this alarm in the early 1990's, by including AIDS and HIV as top research priority for Kenya.

In 1996, a multi-sectoral task force was formed to deliberate and draft an AIDS policy paper and again ENHR was a guiding strategy. The paper was finally adopted by parliament as Sessional paper No 4 of 1997. Parliament had taken a lead role in the fight against HIV/AIDS. The involvement of Parliamentary politicians in the prevention and control of AIDS was seen to be a major step in the mobilisation of public opinion to fight the scourge. It provided wider platforms for outreach to the communities, specifically targeting their co-operation. The sessional paper itself addressed the broad policy framework on HIV infection. It addressed the issue of multi-sectoral AIDS prevention and control strategies; mobilisation of resources for financing HIV prevention, care and support; priority focus on young people who are the most vulnerable and the creation of a National AIDS Control Council to take charge in guiding the country's response to the epidemic.

Estimated population with HIV 1993 -1997

	1993	1997
Number of Adults	680*	1 325
Aged < 15 years	46	91
Total population with HIV	725	1 416
Prevalence rate %	5.3	9.0

**Ministry of Health figures in '000s, Nairobi, Kenya.*

The National AIDS Council (NAC) became a reality in 1999. This was a result of the joint efforts of most of the last decade in the fight against AIDS. AIDS was declared a national disaster by the President of the Republic. The Council is autonomous and was given emergency powers to do whatever it takes to control the scourge.

AIDS has had a tendency to destabilise key macro economic variables like; reduction in savings and investments; escalation in health expenditure; decline in labour productivity, absenteeism at places of work, and loss of experienced workers through premature death. AIDS strikes people in the most productive age group, both biologically and economically. The effects ripple through the business sector on a macro-economic scale. While the health care and insurance sectors are the most significantly affected, other sectors including the universities, the armed forces, agriculture, the transport sector and extension services of the public sector are also considerably affected.

The priorities of the NAC are to contain the epidemic

through; advocacy and promotion of behaviour change; prevention of blood borne infection; caring for and support of the infected and affected; reduction of STD prevalence; strengthening of epidemiological activities with a focus on enhancing the capacity to generate, analyse and disseminate qualitative data on HIV/AIDS at all levels; prevention of mother to child transmission; mitigation of the socio-economic impact of AIDS including care and support to the infected and affected.



Dr Abdullah (standing) addresses senior health officials at a HIV/AIDS seminar.

The Council has engaged itself in social mobilisation activities to enhance community participation and partnership. It has been coordinating units in all key sectors of the economy. It employs a multidisciplinary team to run the committee with strategies akin to the one used by the ENHR movement.

As a recognition of the movement's contribution, the first chairmanship was given to a leading personality in general health sector development in Kenya.

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Health Research in Lithuania: Results from an emerging Republic

In 1999, COHRED initiated the Health Research Profile (HRP) project. The aim of the project is to address the absence of systematic information on countries' health research status. The indicators used to construct a health research profile pertain to each individual country were:

- financial resources
- research capacity
- equity basis
- research to policy activities
- quality of research

The specific aims of the HRP project are to answer the following questions:

- Are health research efforts directed at the priority health problems of the country?
- Are countries geared up to use global and country-specific knowledge effectively?

The ultimate goal is to provide countries with a tool for ongoing assessment of national research activities. Thirteen countries worldwide are currently involved in the HRP study. In this article we highlight some of the results and conclusions that have arisen from the Lithuanian sector of the study.

The History of Health Research in Lithuania

Prior to 1989, the management of health research and other research sciences in Lithuania was controlled by the central government of the Union of Soviet Socialist Republics of Russia (USSR) in Moscow. Following Lithuania's liberation from the USSR, the country began to restructure its national health research facilities - from a situation where most

Vital Statistics - Lithuania

Population⁴: 3.7 million

Life expectancy at birth⁴: 69.9 years

Adult literacy rate⁴: 99%

HDI^{1,4}: 0.761

Public expenditure (as % of GNP) on:

- Education³: 5.6

- Health²: 5.1

- Defence³: 0.5

Notes: ¹The Human Development Index (HDI) is a composite measure of life expectancy, educational attainment and income. The HDI value ranges from 0 to 1. ²1995 statistics, ³1996 statistics, ⁴1997 statistics

research was managed by two Universities, in addition to the numerous independent specialist research institutes - to an all-inclusive, relatively bureaucracy-free management structure. In 1989, the Lithuanian Association of Scientists was established as a forum for the restructuring of training, research and science management schemes in the country. In 1991, the National Research and Science Council was established.

Reorganisation of health research management in Lithuania occurred in two phases. The first, in 1991, saw the approval of the "New National Concept of Health for Lithuania". The second phase in 1992 saw the Parliament of the Republic of Lithuania undertake the "Adoption of the Law on Science and University Education".

Health research financing

Lithuania's liberation from the USSR has been indelibly marked by their market economy-oriented transition. Whilst other sources of research financing had completely dried-up, the national budget line for research in general was being stretched thinner and thinner, to the point where there is currently almost no funding available for research activities. As a result, all researchers in Lithuania are being paid a minimum basic salary - a situation which the researchers accommodate in an effort to maintain the capacity for research in the country. A change in researchers' mindset is required - from one where the State hands money over for research with no questions asked, to a situation where researchers must compete with each other for any State funding that may be available. It is hoped that this situation will encourage researchers to tap new sources of funding through private and international organisations with links in the country. National financial support for research can be grouped as follows:

- Fundamental biomedical research
- Clinical research
- Human ecology, health promotion and disease prevention (public health oriented research)

The Ministry of Health specifically supports R&D projects such as:

- Maternal and child health
- Health policy development
- Health care reform management
- Environment and health

Research for health policy development

Formulation of a national health policy began as early as 1989 with the release of the "New National Concept of Health", which was based on the WHO "Health For All" principles. The national policy covers the following areas of research:

- Situational analysis of health using mortality/morbidity trends

- Risk profile assessments including lifestyle and environment
- Proposals for health care reforms based on health services research data
- Capacity development of human resources for health
- Assessment of health care financing strategies

Information and data arising from the monitoring of these areas are now systematically utilised to evaluate health policy development and implementation, to mobilise intersectoral action in health and development, and to inform plans for the new National Health Programme.

Conclusions

Lithuania was found to have "substantial scientific competence and expertise" which bodes well for cooperation between researchers and policy makers in national health policy development activities. Activities are planned for designing national, regional and local programmes aimed at reducing existing health inequities. Programmes for health promotion, disease prevention and health care improvement are also planned which will contribute substantially to the overall development of the country. It was also noted that health research in Lithuania is grossly underfunded and lacks coordination at the national and institutional level. The lack of funding is attributed both to the country's current economic transition period, and to researchers failing to seek funding from private sources, particularly international funding sources. This was an area which needs to be explored further.

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The HRP project and the International Conference on Health Research for Development

An entire parallel session of the International Conference on Health Research for Development will be dedicated to presenting the results of the Health Research Profile Project. Information about the project will also be made available at the conference "marketplace" which will serve as a more informal forum for discussion of these results.

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From a little known entity to a functional health research network: The Tanzania National Health Research Forum

This article is a report of a Research Management Workshop held in Tanzania from January 27-30, 2000. As a result of which, new enthusiasm and commitment has been forged, which will strengthen the National Health Research Forum

The ENHR process in Tanzania recently entered a new phase. In 1998, a redefinition of the research coordinating mechanism resulted in the establishment of the National Health Research Forum (NHRF). A national research priority setting workshop held in 1999, resulted in a reinvigorated agenda for national health research. These two landmark initiatives in the history of ENHR in Tanzania culminated in a highly successful workshop, which provided a forum for the initial identification of areas in need of capacity strengthening initiatives. This in turn would ensure both the activation of the NHRF, and the effective implementation of the new research agenda. In January of this year, the secretariat of the newly formed NHRF, the National Institute of Medical Research, organised a workshop to discuss and develop a Tanzanian plan for health research capacity development, with an emphasis on research management and leadership. Thirty individuals from ministries, research institutions, academic institutions and WHO, participated in the 4-day workshop.

The workshop focused on capacity needs at three levels: the individual, the organisational and the 'network' level. It proved useful to consider these three levels in line with the ENHR competencies, such as capacity required for both promoting health research and implementing the national research agenda.

The workshop identified three major skills, which would result in good leadership and/or effective research management. These were:

- The need to learn how to effectively manage change, particularly 'organisational change'
- Skills to improve teamwork, coalition building, and networking
- Skills for effective communication of research and research results.

A specific proposal developed by the workshop participants concerned the establishment of a research support system, which would strengthen the District Health Management Teams (DHMT's) and therefore, district-based health and development. In light of the recent implementation of the Health Sector Reform (HSR) plans in one third of Tanzania's districts, the strengthening of research capacities at this level was seen as extremely important. The proposal was discussed with the Permanent Secretary of the Ministry of Health during the last day of the workshop. She

pledged the Ministry's support to the plan.

The workshop also revealed some important lessons for COHRED:

- The ENHR strategy and its competencies are not yet widely known in Tanzania
- The national health research priorities (revised in 1998) were used as a framework on which to base the judgement in awarding funding for the most recent round of proposals submitted to the Health Research Users' Trust Fund (see also Research into Action Issue 15). Relatively little work has been done to 'operationalise' the priorities in a more general way. Emphasis is needed on the 'What happens next' phase of national health research priority setting. Strategies for using national priorities more extensively for communication, coordination of activities, allocation of resources, and application to programmes and policies also need to be discussed.

The workshop represented an important step for the ENHR process in Tanzania. Not only was the profile of the new NHRF raised, but it also helped the organisation move from being a recently created entity 'on paper' to a widely accepted and actively engaged national health research 'network'.



Participants at the Research Management workshop in Tanzania

In addition to this, links between Tanzania's health research community and the Government of Tanzania were strengthened through direct discussions about the research aspects of the health sector reform programme. The health research community (specifically the NHRF) became firmly committed to contributing to the health sector reform programme. At the same time, officials in the Ministry of Health recognised the potential contribution of the NHRF, and pledged to support the plans, which had been developed.

The challenge now is to build on the enthusiasm and achievements that the workshop initiated, develop a more explicit and detailed operational plan for the next year and beyond, and mobilise further support - both within Tanzania and among external donors and groups.

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Health Information for Development Project

To date, coherent health information projects have rarely, if ever, been put together on a cost-effective scale. Assistance has frequently been scattered through individual resource centres or small networks. There has been little success in sharing of results among information resource centres, and consequently the wheel has been reinvented with depressing frequency. The Health Information for Development (HID) Project aims to reverse this trend by drawing on the combined experience and expertise of its partners and help to kick-start a Global Health Information Age.

The HID project was launched in January 2000, after considerable discussion conducted through the Health Information Forum, a British NGO think-tank, and online lists such as AFRO-NETS and AHILA Net. Working with numerous partners throughout the world, HID will produce a Global Directory of Health Information Resource Centres (HIRCs) by August 2000.

HID is seen as the research/needs assessment phase of the much larger Information Waystations and Staging Posts project, which aims to strengthen 1,000 selected HIRCs into fully equipped electronic "information waystations" that will provide locally appropriate content on health issues. The project is intended to reinforce existing health services, education systems and networks, not replace them. This five-year project will cost \$45 m. Funding is currently being sought.

At present, questionnaires are being distributed to "intermediary organisations" such as COHRED and to the HIRCs themselves. HID would welcome

enquiries connected with the completion of these questionnaires (also available on our web-site at www.iwsp.org).

The working definition of a health information resource centre is very broad at this point, and embraces the COHRED network. Thus, the project will work with COHRED to identify the current situation, needs and priorities of these centres, with a view to including them in the Directory, and then among the candidates for upgrading into Information Waystations. With a clear expression of the needs for such capacity building expressed in the Directory, we trust to secure the funding to make the long-cherished dream of a sustainable network of health information resource centres throughout the world a reality.

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The Research Into Action Reader Survey: A response from the Editorial Team

Thanks are due to the 200 readers who took the time to respond to the survey distributed with the December 1999 newsletter (issue 18). Given that the Newsletter is currently mailed to 3500 readers, our response rate was a staggering 6%. However, the quality of the comments received were very useful in helping us to plan for the future of *Research Into Action*. Having compiled these responses, we would like to respond directly to some of the queries and comments. A summary of some of the survey results has also been provided.

Summary of Responses:

- Eighty percent (80%) of respondents told us that 4 issues of *Research Into Action* per year is adequate.
- Sixty-two percent (62%) of respondents "Fully agree" that the newsletter raises important issues.
- Sixty percent (60%) of respondents fully agreed that the content has credibility.
- Seventy percent (70%) of respondents

- said they were “very interested” in the Lead article.
- An average taken on responses for each region (Africa, Asia, the Caribbean, Eastern Europe, and Latin America) indicated that 53% of respondents would be “very interested” in receiving a regional newsletter for ENHR.
- The majority of respondents had access to the internet at work (73%).
- Sixty-six percent (66%) of respondents had never accessed the COHRED website.
- Eighty-one percent (81%) of respondents had never tried to access *Research Into Action* via the COHRED website.
- Seventy-three percent (73%) of respondents indicated that they preferred to receive *Research Into Action* by mail rather than email/by access to the website.
- Survey respondents represented 64 countries, the majority of which were developing countries (the COHRED newsletter is sent to readers in 155 countries worldwide).

Some Reader Comments:

“More examples of ENHR development from different countries.”

“Research agendas of developing countries” / “It would be nice to see research agendas announced...”

“More practical information on what does NOT work in ENHR, and WHY; new strategies and analysis of their effectiveness”

“Partnership development - how to, what works, and examples of this; sub-national (district level) ENHR;

Advocacy: how to promote ENHR to both government and communities”.

“I’d like to see articles with examples of “research to action” - particularly of research which has led quite directly to improved equity in health”

“Examples of research utilisation and how this is benefiting the country’s health programmes and health status of the people. How research policies are being formulated in relation to health policies of the respective countries. Different modes of research capacity building that are being applied in different parts of the world. Different aspects of research management and how these research management issues are tackled”

“More examples of specific success stories of research carried out in diverse communities”/ “section on current developments/advances/breakthroughs in health research”

“Developed/developing country partnerships in research”

“Is it possible to have a page where the readers voices

can be heard, and the editor directly responds to the opinions expressed by readers?”

A Response to Your Requests

A readers forum is something we have been considering for some time. You will notice that this issue introduces a “Letter to the Editor”. That, in addition to this article will hopefully go some way to addressing this suggestion.

Many of you asked for more disease-specific articles, or articles dealing with issues such as social security or health insurance. *Research Into Action* is intended to disseminate information about ENHR, the global development of ENHR specifically, and the process *behind* the strategy. It is a strategic decision not to include articles that are disease-specific, since we think other journals do that much better. ENHR as a strategy, and concept, and issues directly related to research management - these areas are our particular focus. Although we sometimes use research being undertaken in a particular area (e.g. TB) to illustrate “best practices” in research management, the focus is not on a disease specific, but on the way the research is conducted, and the outcome of that research in relation to policy change, or an issue that helps illustrate an ENHR competency.

From your responses, it is clear to us that the majority of people still prefer to receive a hardcopy of the newsletter. However, it also became clear that very few of the respondents were aware that it was possible to access this information via the website. The benefit of this is that all newsletters (from issue 17 onwards) are available on the website in Portable Document Format (PDF), and are therefore accessible at all times. If you do have internet access, and would be interested in seeing a previous, or perhaps even the current issue, of *Research Into Action*, please feel free to visit the website at: <http://www.cohred.ch>

In future, we will endeavour to keep you up to date with changes to the COHRED website via the newsletter.

The *Research Into Action* Team

Opinion Piece - One decade of ENHR

In the issues leading up to the International Conference on Health Research for Development to be held in October this year, The Research Into Action team plans to feature a number of 'Opinion Pieces'. This is the third of a series of articles providing views from two different perspectives in the ENHR arena. Griet Onsea talked to Professor Raphael Owor about his hopes for COHRED's future, and Lucinda Franklin interviewed Dr Adnan Hyder. Both interviews provide a unique snapshot of the history of health research from two different global regions.

Interview with Raphael Owor, former ENHR focal point, African region

Professor Raphael Owor of Uganda has been involved in the ENHR movement from a very early stage. After his active participation in the Secretariat of the Task Force on Health Research for Development (out of which COHRED was established), Professor Owor took up the responsibility of implementing the ENHR strategy in Uganda. A number of African countries who were involved in implementing ENHR in the early nineties, expressed the intention to build closer partnerships, and as a result, established the African ENHR Network. Prof Owor was the first Regional ENHR focal point and continued to stimulate networking in the region for over 5 years. At the national level he recently played an active role in establishing the Uganda National Health Research Organisation (UNHRO), which has a mandate to develop, coordinate, promote and strengthen health research which is essential for the health and development of the Ugandan people. Professor Owor is also vice chair of the COHRED Board and an active member of some of COHRED's working groups.



What in your opinion have been the most important impacts of the independent Commission on Health Research for Development and its 1990 Report?

I think to me the most important result is that the countries are now beginning to feel that health research is meant for the people. The results of research should be felt in the country. Many countries that have followed the recommendations are now convinced that research is not for the sake of producing data only. There is an increased willingness to actually use the research results.

Another important development is that countries feel that they should control their own research agenda. The new approach to research management stresses the importance of involving the community, requires feed-back of research findings to policy makers, requires country level priority setting, implementation of the research agenda, and so on. The research coordinating mechanisms we had in the past can, in many cases, no longer manage these new principles and countries are still trying to find a way to manage the new approach to health research for development. The new research management or coordinating mechanism at country (or even at district) level has an important task to ensure

that a research priority agenda is indeed implemented and communicated to donors and other investors.

Do you feel the initial focus on the role of research in achieving equity in health has fallen off the agenda?

We are still building on systems that will move us more efficiently towards equity and I think this will not happen in the short term. Research will enable us to identify inequities and can give recommendations on how to decrease these inequities. The question is whether national level research brings inequities in health on the table, or whether we should focus more on district health research. My personal feeling is that district (or even more decentralised than that) health research is needed to really monitor inequities and the move towards equity.

What do you see as the way forward for COHRED?

COHRED advocates for 'putting countries first' and for 'research leading to action'. These are relevant messages and already around for some time now. Although COHRED fulfils this broker role well, I see one very practical, but important, issue which COHRED has not yet given its full attention, but where it really could support countries: the facilitation of donor support to the ENHR process. The idea of the COHRED Board being a mixture of representatives from both donor organisations and countries was supposed to facilitate this process. Countries try to get donors on board at country level, - I have also tried - but have never succeeded. I think we need the donors' goodwill to sit around the table and say: 'right, we are willing to support research in these areas, in these countries for the next three years'. By doing this, it allows the countries to plan. With the goodwill of the donors COHRED could still fulfil this role.

The time will come when for example, Kenya, stands up and decides what they wish to do in their country. Nobody can tell the Kenyans what to do. The question will then be whether there are local researchers who are able to conduct the essential research. If not, the required capacity should be developed, and donors could jump in to increase capacities in certain areas. Through the empowerment of countries it will become difficult for donors to go their own way. The best would therefore be, in my opinion, to sit around the table with the donors as soon as possible.

Do you think we are looking to a brighter future for health research?

Yes, I think so, mainly because more and more relevant research is being done. There is also an increased understanding of the value of having both biomedical research and operational research. The challenge of the AIDS epidemic showed this

particularly clearly: making people understand how to control AIDS and how to prevent yourself from the virus, showed the value of this operational research. The exchange and collaboration between researchers is an encouraging movement as well.

What in your opinion are the major challenges for Africa over the next ten years?

I think challenge number one is for national governments to provide money for research. There is no way by which we can develop health research or any type of research in Africa unless governments begin to budget fairly generously for it. A lot of resources have been used for developing an infrastructure, buildings, and human resources. Any country you go to, you will find a good number of researchers with PhDs capable of doing research, either being trained locally or overseas. These people are available, what is lacking is the money for them to work. African countries must put research higher on the agenda, and give money for real research, not just money to maintain vehicles for the directors of institutes, or to maintain buildings. We need money to be invested into the research process itself. If governments don't appreciate the research, what will happen is that outsiders, donors and so on, will come with their own agenda and do research on what they want, using our labour.

...and Adnan Hyder

Dr Adnan Hyder is from Pakistan. He has worked in the international research arena for more than 10 years, and witnessed attempts to implement ENHR in his country. His involvement with the work of the Commission on Health Research for Development led to a number of other initiatives with which he was actively involved. Dr Hyder is deeply involved in ENHR implementation in Pakistan and serves as facilitator for implementing the ENHR strategy in the country. He says he has seen ENHR go from strength to strength since it was first considered for implementation in Pakistan in 1991.

Within the ENHR arena, his particular interest is in capacity development for health research in Pakistan and the greater Asian region. He cites other important interests as being the use of information for decision-making, health management / quality assurance, biomedical ethics and other health issues with a particular focus on equity. Currently working at the John Hopkins School of Public Health, Dr Hyder maintains contact with his country through a number of adjunct appointments in Pakistan. His role as an international health consultant also gives him a unique view of the importance of health research for achieving equity in health. Lucinda Franklin conducted the following interview with Dr Adnan Hyder.

What is the most important impact that COHRED has with regards to ENHR?

The sense of awareness that ENHR has created is a particularly important impact. Sensitisation of the governments of developing countries has shown such countries that they must take hold of their own destiny. Developing countries are coming to the realisation that only they can change their future by taking control, and insisting on making their own decisions. ENHR has promoted important processes – stakeholder consultations, priority setting meetings, informal discussions on research - at the national level.

Will this impact be sustained in the future?

I believe that this can be sustained, but there must be awareness of the nature of secular trends. By this I mean that COHRED will need to move with the times, and look to the future. The mechanisms used by COHRED will need to continue to evolve, and be responsive to developments in communication and technology strategies that both predict and meet the changing needs of the health research population. Accepting that developing countries in the year 2000 are not the same as they were in 1990, and responding appropriately to that change, is one of the current challenges for COHRED.

A well-known feature of COHRED is that it is small enough to respond quickly and appropriately to changing circumstances. Sustaining this feature of the organisation will ensure that the ENHR strategy continues to make an impact where it should – in the countries.

COHRED's way of working has been undergoing a lot of evolution lately. Where do you see this leading to 10 years from now?

Again, responsiveness is the answer. Tailoring messages and actions to meet changing times is one of the most important features of a sustainable organisation. In the past, there has been some concern about COHRED's way of working. The first concern is that COHRED is not seen as an entity working with quantitative estimates. That is, the information emerging from COHRED is often considered "soft", and the emerging messages not generalisable enough. The result of this is that in the past health researchers have not taken the information being presented very seriously. The perception has been that COHRED's work is not "hard core" science and that it is a process-heavy mechanism. COHRED needs to move away from that by being more transparent, and including the data upon which it bases country case studies and other publications.

The second criticism is that there is too little focus on health management. It's a very important issue, and one of the main reasons why Primary Health Care (PHC) did not achieve as much as it could have because it did not include policies on health

Opinion Piece - One decade of ENHR

management. Efficiency is important, no matter what anyone says, and a greater emphasis on this would serve ENHR well if it is to remain a sustainable strategy. So, there is a need to refocus efforts and to place greater emphasis on the quality of information.

Do you think that the 1990 Commission on Health Research for Development's optimism about health research being a tool for achieving equity in health is still with us today, 10 years on?

There is no doubt that health research is an integral part of the drive to achieve equity. However, much more than health research is required. It is about time that we accept that we are not alone in this struggle to achieve equity. Other sectors such as education and the specific social development sectors have equally strong strategies for achieving equity in a society. Health research is a tool for this, but not necessarily the ultimate tool. A recognition that this is one tool which could be combined with others to achieve our goal; accepting that diversity is good; and to then operationalise this belief will ground us much more in reality. I do not agree that health research alone will solve the problems of the world, but working with other sectors is bound to help.

I also believe that people are much more easily convinced when they see facts to support an argument. Health research is an expensive exercise, and in order to convince governments to invest in this tool, we need to provide them with much better evidence that it can, and does, work. Prioritising the type of research that is done will save countries money, but again, they have to operationalise their priorities. COHRED must take a more active role in ensuring that the national priority setting exercises are put into action.

Are we looking at the same health research problems and challenges that we were 10 years ago? If so, is anything changing to address this? Are you optimistic about this?

There is definitely an unfinished agenda. There are challenges from ten years ago, which have still not been overcome; while new challenges have emerged; and on top of that, old challenges have taken on new faces. Persistent challenges include malnutrition and poverty. The list of new challenges is of course headed by the appearance of HIV/AIDS the world over. Old challenges with new faces are easily demonstrated firstly by the notion of re-emerging diseases, such as Malaria and TB, and secondly by a growing recognition that the cause of poverty is not uni-dimensional – that lack of income is just one cause of a much greater problem encompassing other, more complex social and behavioural factors. The unexpected challenges facing us today include the emergence of road traffic injuries and the cost to the health system, and violence. We have to develop new and better analytic tools to combat these problems, which is a major challenge for us.

Where do you think we are with regards to equity in health today? Have we lost our way, and if so, what is needed to put equity back on the agenda?

A value system that stresses equity, empowerment and respect must be the guide for responding to health challenges in different parts of the world. The overriding need is for recognition of the plurality of pathways to operationalise the value base from which efforts for health and development emerge. Equity, that is, the achievement of social justice and the distribution of that justice - is still relevant today. However, I believe there is a need to refocus our strategies and mechanisms to achieve that value base. We need to begin to operationalise rather than theorise and recognise that science and evidence will play a very important role. From a COHRED perspective, the organisation needs to embrace the new methods of collaborating, move away from the position of an organisation providing financial and technical support, and start to consider the notion of new partnerships.

Speaking from a country perspective, in order to move forward, and to refocus on equity, we have to be more prepared to invest our own money instead of waiting for donors. By not doing this, we take the risk that our priorities will not be addressed. The only true way to improve your situation is to do it yourself, with the resources you have available to you.

What, in your opinion, are the major challenges for your region in particular over the next 10 years?

The most important challenges for Asia are firstly to reaffirm its value base, and secondly to accept diversity. In order to do this, there is a need for multiple responses. Countries who are more developed in relation to their national research agendas have a responsibility to assist other countries in the region to do the same. For the region as a whole, a recognition of the power it holds in the world agenda (both geographically and politically), and acting responsibly towards its people is a major challenge. My feeling is that it is time to encourage and nurture new leaders both in the international health community, and in health research. When Boards of international organisations are constituted, the organisation should ensure that young leaders and professionals are encouraged and nurtured, thereby ensuring that all the good work is carried on.

Finally, I would urge COHRED to use the *International Conference on Health Research for Development* as an opportunity to undertake an assessment of its activities and outcomes, and adjust its future direction accordingly.

International Conference on Health Research for Development - Bangkok 2000: Consultative Processes for Africa and Latin America

In preparation for the International Conference on Health Research for Development, six regions (Africa, Asia, Latin America, the Caribbean, Middle East, and Eastern Europe and the Newly Independent States) are currently undertaking analytical and consultative work (see also Research Into Action Issue 19). In this issue of Research into Action we give short updates from the consultative work taking place in the African and Latin American regions.

African Consultative Process

The African consultative process involved an in-depth analysis of health research in 15 countries, and abridged analysis in a number of other African countries. The work was carried out through document review, questionnaires, focus group discussions and interviews. From May 27-30 the regional consultants and country representatives met in Cape Town, South Africa, to discuss the results of the consultative work. In this update we give the preliminary results of this regional meeting. During the coming months more work will be done to fill some of the gaps in information identified.

The African Consultation stressed the importance of health research as a tool for equitable health development and called on all stakeholders to increase investment in such research. All efforts to build research should put countries first, and countries themselves should demonstrate political commitment, establish national research mechanisms, and focus on priority health problems. A national forum for health and health research, involving all stakeholders, provides an effective way for external development partners to focus on funding priority national health research needs. Peace and stability are central to all development, and political leaders should recognise this and work to create solidarity out of diversity.

Specific issues targeted for increased attention include:

- Capacity building and retention, particularly in leadership, management, negotiating skills and communication. In all countries capacity building and strengthening must include both the demand and supply sides
- Advocacy for health and health research and their place in human development. This should ensure higher investments, but also inculcate a culture of evidence based decision making and production of relevant research
- Development of new codes of ethical conduct. The nature of health problems in Africa demands more community based research and interventions. Increased international cooperation in health research calls for new codes of ethical conduct

that are sensitive to these national and regional issues

- Partnerships between North and South should be guided by the principle of equality.

An important way of guiding the development of health research in Africa is to create an African regional forum, which would constantly address generic issues such as donor dialogue, ethics, promotion and advocacy, networking, South-South collaboration etc. Finally the consultation recognised the need for a strengthened role for Africa in international forums. One important step towards this will be to improve linkages and communication among individual countries to promote solidarity and synergy.

For further information about the African Consultative Process contact Professor Mugambi at the following email address: Mugambi@net2000ke.com

The Latin American Consultative Process

From May 8-11 a Cuban forum on health research took place in Havana. The Government of Cuba offered this meeting as an opportunity to also discuss Latin America's participation in the preparatory work for the Conference. The national meeting as such was a new event: it was the first time in Cuba's history that all ongoing health research, from biomedical to operational, was presented in a national forum (called CITESA 2000).



Participants at CITESA 2000 held from May 8-11 in Havana, Cuba.

In a plenary session an overview was given of the efforts made in the past ten years to improve health research systems and health research management - at country and global level. A 'core group' of people involved in health research and in implementing the Essential National Health Research strategy in the region were invited to discuss this issue further. Their contributions 'from the field' in the plenary session as well as in two succeeding workshops on health

Notices - Announcements

research and the International Conference were very much appreciated by participants.

This core group of the Latin American Consultative Process agreed on a number of activities and felt a strong 'motivation boost' for collaborative work in the coming months. More importantly, perhaps, there was an agreement that Bangkok is at most 'the End of the Beginning' of an ongoing process, but that the development of equitable health and health research systems needs efforts far beyond it, in the region and its countries.

In the coming weeks and months a number of countries and some research related networks will try to gather opinions of stakeholders in health research. More in-depth studies, with roundtable discussions and structured questionnaires, are taking place in Chile and within the Latin American and Caribbean Women's Health Network. Preliminary discussions of these consultations will take place in Buenos Aires at the end of June. However, work will continue beyond the Conference.

For further information about the Latin American Consultative Process contact Delia Sanchez at geops@chasque.apc.org or Matthias Kerker at kerker@cohred.ch

ANNOUNCEMENTS

The People's Health Assembly 4-8 December 2000 Dhaka, Bangladesh

The People's Health Assembly (PHA) is a global project collectively organised by 8 civil society organisations. The PHA will bring together the knowledge and experiences of different group and communities around the world with the aim of analysing and assessing their experiences in health and health-related issues.

The following objectives will guide the PHA process:

- To hear the unheard. People's concerns and initiatives for better health, including traditional and indigenous approaches. Action plans will be worked out and refined;
- To reinforce the principles of health as a broad cross-cutting issue. The problematic aspects of vertical, non-integrated programmes will be highlighted;
- To develop co-operation between concerned actors in the health field.

- To formulate a People's Health Charter.
- To improve the communication between concerned groups, institutions and actors.

The Assembly will be held during five days from 4-8 December 2000 near Dhaka, Bangladesh with approximately 500 participants.

For more information, contact:

PHA Secretariat
CIROAP
250-A Jalan Air Itam
10460 Penang
Malaysia

Tel: 604-229 1396

Fax: 604-228 6506

Email: phasec@pha2000.org

Website: www.pha2000.org

The 5th Asia-Pacific Social Sciences and Medicine Conference

Health Beyond Year 2000: The Role of Health Social Science in Guiding Policy and Action

The Asia-Pacific Network (APNET) of the International Forum for Social Sciences in Health, which began in 1994, has been in the forefront of advocating interdisciplinary and transdisciplinary approaches to health.

The 5th Asia-Pacific Conference on Social Science and Medicine, (APSSAM) conference to be held in Kandy, Sri Lanka from September 24 to 28, 2000 provided a forum for addressing shared concerns of health professionals, social scientists and health activists as was done in previous biennial conferences held in Yogyakarta (1998), Perth (1996), Manila (1994) and New Delhi (1992).

Areas to be covered by the conference include:

- Health Sector Reform
- Health, Poverty and Discrimination
- Violence and Health
- Mental Health
- Gender, Sexuality and Reproductive Health
- Health Seeking Behaviour and Health Care System
- Bioethics
- The role of Health Social Science

For more information and expression of interest, contact:

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International Colloquium - Evidence for Action

25-29 October, 2000 Cape Town, South Africa

The Cochrane Collaboration invites all health care providers, policy makers, educators, consumers, researchers and the health care industry to its eighth international colloquium.

Interactive sessions will focus on challenges that are unfolding as the Cochrane Collaboration pursues its goal of preparing, updating and disseminating systematic reviews of the effects of health care interventions. The implications of evidence from Cochrane reviews for health care practice, policy and research will also be considered.

Case studies will provide a backdrop for discussions and priority topics will include Tuberculosis, HIV/AIDS, Malaria, Pregnancy and Childbirth, Tobacco Addiction and Heart Disease. Training in the methods of systematic review and meta-analysis will be provided at both beginner and advanced levels'.

For regular updates of the Programme see the Colloquium website at:

<http://www.mrc.ac.za/conference/cochrane.htm>

Abstract and registration forms can be obtained from the Colloquium website or by contacting the Colloquium Secretariat at:

Tel +27-21-938-0433/0202
 Fax +27-21-938-0395

Email: Charleen.daries@mrc.ac.za (or)
Mandy.salomo@mrc.ac.za

Website: <http://www.cochrane.org>

Publications from COHRED

For a free copy of these publications, please contact the COHRED secretariat

1. *The ENHR Handbook: A guide to Essential National Health Research. COHRED Document No. 2000.4*

A practical guide, and useful resource for anyone involved in the implementation of the Essential National Health Research (ENHR) strategy. Presented in an attractive, easy to organise folder, the



ENHR Handbook provides a practical and succinct overview of the information and resources available to countries, organisations and individuals wishing to successfully coordinate and manage a strategy for health research.

The Handbook is organised in two parts. Part one introduces the concepts and competencies for effective health research. Part two provides experiences from countries, organisations and agencies on how the ENHR concept has been applied, including information on available resources, contacts and "learning briefs" - short, lessons learned bulletins. The learning briefs are an ongoing initiative whereby new briefs will be sent four times a year to those who express an interest in receiving the Handbook.

2. *Community Participation in Essential National Health Research. COHRED Document No. 2000.5*

"Community Participation in health has been a major policy theme since the 1970s, and was a fundamental principle of the Alma Ata Declaration of 1978. Twenty years later, it is still considered an essential part of health development, but there is growing recognition of the fact



that community participation is not a simple matter". Community Participation is also a guiding principle of the Essential National Health Research strategy. The community is considered one of the three major stakeholders in ENHR, and its participation is declared an important part of the ENHR Strategy for Action.

Prepared by Susan Reynolds Whyte for the COHRED Working Group on Community Participation, this publication (another in the series of issues papers from COHRED) aims to address the fact that despite the importance attributed to it, there is little systematic knowledge of how community participation actually functions, or could function, in ENHR. The result of a study which examines how community participation has been defined, understood and practiced in countries that have launched ENHR, this paper raises as many questions as it gives answers. However, it also provides some thought-provoking glimpses of the problems and potential of community participation. By addressing the questions, the aim of the publication is to reinvigorate the concept of community participation.

e-Notes - Internet access made available to developing countries

Research Into Action does not delve into the IT (information technology) area very often. However, despite many of our readers being connected to email, few have good (if any) access to the internet. It is for this reason that we have decided to publish this article which features a free service from SATELLIFE, enabling anyone with email to retrieve pages of text from the World Wide Web (internet). In future issues, we will provide a list of links to sites which may be of interest.

SATELLIFE is an international non-profit, humanitarian organisation based in Boston, USA, which employs satellite, telephone, and Internet technology to serve the health communication and information needs of countries in the developing world. Its mission is to enhance connectivity (i.e. communication) and thereby improve the health of those in developing countries and remote areas of the world. This is accomplished by using electronic communications to link health professionals with each other and with quality health-related information and information resources.

SATELLIFE seeks to address two major problems faced by health care workers in the developing world:

1. An acute shortage of current health information
2. Isolation of health professionals from each other

Information services offered by SATELLIFE include:

- The distribution of 5 various health newsletters via email. These include: HealthNet News, WHO Library Digest for Africa, Child Health Action, AIDS-Action, Health-Action, and CBR (Community-Based Rehabilitation) News. The latter four publications are received from Healthlink Worldwide (UK). HealthNet News is SATELLIFE's own newsletter, distributed once a week electronically, and free of charge to health professionals in the developing world (distribution is restricted to this due to publisher permission rights). The newsletter consists of a compilation of abstracts, summaries, editorials, and full-text articles taken from prominent medical journals, with special publisher permission. Topics cover a wide range of information from the fields of medicine, public health, and scientific research.
- Hosting of several email discussion groups. The discussion groups focus on topics such as, Cardiology (ProCOR), HIV/AIDS (ProCAARE), Health systems and research in Africa (AFRO-NETS), Essential Drugs (E-Drug), and more.
- Provision of a powerful tool called **GetWeb**, an email-based WWW retrieval system, which allows you to retrieve text from the World Wide Web through your e-mail service.

How to use GetWeb to retrieve a page from the World Wide Web:

1. Compose a new message to the following email address: getweb@usa.healthnet.org
2. Leave the SUBJECT line BLANK. In the body of the message, type the command GET followed by the URL (that is, the www address) of the web page you want. For example,

```
GET http://www.healthnet.org
```

When SATELLIFE receives your message, the GetWeb server retrieves the page from the Web, formats it as plain text, and sends it to you as an email message.

If your e-mail software automatically inserts unwanted text (a signature, for example) at the beginning or end of your message, an error will occur. You can prevent this by enclosing your commands in a begin/end block as shown below:

```
begin
GET http://www.healthnet.org
end
```


The GetWeb server will ignore any text in the body of your message that appears before or after the block. Ideally, the entire URL should appear on **one line** in your message. If the URL you require does go over one line, please see the GetWeb help pages (see below) for more information on how to get around this.

For example, to receive a text-based version of COHRED's www homepage, you would send a message to: getweb@usa.healthnet.org

The body of your message should read:

```
begin
GET http://www.cohred.ch
end
```

Or, to request more than one page from a website, send a message to:

```
getweb@usa.healthnet.org
```

With the body of the message reading:

```
begin
GET http://www.cohred.ch
GET http://www.undp.org
end
```

Using GetWeb to search the World Wide Web:

GetWeb can also be used to get references to information via various www search engines. To use a search engine to look for information, send a message to: getweb@usa.healthnet.org

Depending on the search engine you want to use, (you have a choice of altavista, Yahoo and Infoseek) the body of the message should read:

```
begin
search altavista pediatrics and HIV
end
```

Try to keep your search terms simple and direct.

For further information, and help on using GetWeb to search the World Wide Web, send a message to: getweb@usa.healthnet.org. The body of your email message should read:

```
begin
HELP
end
```

Note: We wish to thank Robin B. Parnes of SATELLIFE for giving us permission to adapt this information for our readers. Any questions, or queries about subscribing to any of SATELLIFE's services can be directed to Robin Parnes at: information@usa.healthnet.org

Ethics and ENHR

I wish to draw your attention to one area in my opinion, that has not received as much attention in your newsletter as it deserves. Ethics - and ethical issues - in my view merit some attention in the ENHR process. Would it be opportune now to begin discussions on the subject in this forum?

ENHR defines research as the "essential link to equity in development". It seeks to use health research in order to achieve equity in development. The thinking in the last decade has been that research should be more rational, and that research is an investment in health - the intended result being national development.

Second, ENHR as a strategy strives to be all-inclusive with a goal, a focus and a specific mode of operation. All-inclusiveness implies the involvement of the communities taking part in the research activities. Consequently, their conceptualisation and perception of issues becomes important.

Third, ENHR is a global movement facilitating the immediate exchange of ideas, experiences and results of other's research endeavors. While universal research standards often yield results that are valuable to many regions of the world, fundamental differences do exist, and need to be recognised.

Fourth, fears are high among the public in developing countries about vaccine testing and drug trials by multinational corporations from foreign countries. These fears are usually based on the lack of knowledge of what they stand to benefit from the trials, their rights and how to seek redress should the need arise. Researchers too, are often not aware of local issues and the rights the community have to be informed about research results. ENHR may be a vehicle through which the fears are allayed.

Finally, "ethics" is a dynamic field, driven mostly by research in biology and other fields. Any universal discourse on research and health and human development that does not include ethics may yet be driven to reaction as a response to a lack of proactive leadership in this area. Currently, in Africa and elsewhere, there are discussions on ethical issues affecting research collaboration and international ethical guidelines among others. I would ask that there be more emphasis on these activities - and on ethics in the ENHR movement as a whole - in future issues of *Research into Action*.

Josef Otieno,
Nairobi, Kenya.

NEWSLETTER PICTORIAL:

The editorial team from Kenya...



From left to right, Dr Mohammed Abdullah, Dr. Rispah Oduwo and Dr Simon Lang'at



Dr Rispah Oduwo of NHRDC, Kenya, and Sylvia Dehaan of COHRED, discuss the finer details of ENHR in Kenya.

The newsletter of the *Council on Health Research for Development* is published four times a year.

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This issue of *Research into Action* was compiled by: Mohammed Abdullah, Rispah Oduwo, Simon Lang'at, Yvo Nuyens, Sylvia de Haan and Lucinda Franklin.

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