

Research into Action

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**COHRED, the
Council on Health
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While everybody is no doubt preparing for their Christmas celebrations, the preparations for the *International Conference on Health Research for Development* are continuing, and COHRED's contribution is becoming even further defined. In this issue, we feature the special projects that COHRED is undertaking for the October 2000 meeting. As a special lead-up to the International Conference, we introduce the first in a series of 'opinion pieces'. This issue highlights the successes and the future challenges that COHRED faces in two interviews with successive generations of COHRED actors. Dr John Evans, Chair of the Commission on Health Research for Development talks with Nancy Johnson about his hopes for the future, based on the Commission's goals, and Dr David Okello speaks candidly with Lucinda Franklin about the challenges facing COHRED and ENHR in the new millennium.

'ENHR in Action' is highlighted with snapshots on The African Conference on Health Research for Development, and some innovative developments in India and Pakistan. And we introduce COHRED's newest Board Members to the fold.

Our feature article this quarter looks at Health Equity in Southern Africa, and how EQUINET and ENHR are helping to fill the knowledge gap.

Finally, it's been five years since the first issue of *Research Into Action* went to press, and since then we've never really taken stock of our approach, or surveyed our readership about their needs. So, it's that time of the year, where we hope you'll put pen to paper, and

complete our short survey which looks at everything from the format of the newsletter, to your current address details, so that you will continue to receive this exciting read in 2000!

Once again, we would like you to know that if you have an article or story which you think would make interesting reading for other *Research Into Action* readers, we'd love to hear from you! We're always glad to hear from our readers, so if you'd like to see your organisation's name in lights in the following issue of *Research Into Action*, please post, fax, or email your story to the Secretariat (details on the back page of this issue), for the attention of The Editor, *Research Into Action*.



COHRED wishes all *Research Into Action* readers a Merry Christmas and a Happy New Year. See you in 2000!

Exploring Inequity in Health in Southern Africa

“Issues of social allocation of economic resources cannot be separated from the role of participatory politics and the reach of informed public discussion” (Sen, WHO 1999)

Summary

- 1 Recent research about equity in Southern Africa has shown that inequities exist in relation to:
 - ◆ Health inputs (literacy, education etc)
 - ◆ Public health services
 - ◆ HIV (Rich - Poor differences; gender differences)
- 2 There is good evidence from Southern Africa that when resources for public health services are carefully deployed (“vertical equity”) that health gains can be equitably achieved
- 3 Integration of communities into resource allocation processes is important to motivate vertical equity

*Recognition of the importance of equity in national, regional and global agendas was the driving force behind the formation of the Southern African network of research institutions on equity in health, otherwise known as EQUINET. A network of institutions and individuals working on equity in health in Southern Africa, EQUINET is guided by a steering committee consisting of representatives from Zimbabwe, Botswana, Tanzania, South Africa and Zambia, and involves collaboration with colleagues from Sweden and the UK. This network of equity actors in the Southern African region is coordinated by Dr Rene Loewenson, Director of the Training and Research Support Centre (TARSC), based in Zimbabwe. Dr Loewenson provided the keynote address to the plenary of **The African Conference on Health Research for Development**, incorporating the **6th African ENHR Networking Meeting**, which was held in Harare, in September 1999.*

Quoting Sen, Dr Loewenson began by highlighting the relationship between social forces and their ability to drive policy choices about how resources are allocated. She emphasised the importance of these social forces, indicating that where resources end up and how they are used depends on the degree to which people are able to participate in directing resources towards their needs. Citing the recent UNDP report, Dr Loewenson went on to indicate concern over increasing global inequities.

“The assets of the top three billionaires in the world are more than the combined GNP of all least developed countries and their 600 million people (UNDP 1999).”

She went on to quote further statistics from the UNDP 1999 Human Development Report, further emphasising the growing global inequity:

By the late 1990s the fifth of the world’s people living in the highest-income countries had:

- ◆ 86% of world GDP, while the bottom fifth had 1%
- ◆ 82% of world export markets, while the bottom fifth had 1%
- ◆ 68% of foreign direct investment, while the bottom fifth had 1%
- ◆ 74% of world telephone lines, while the bottom fifth had 1.5%

Community involvement is the key to effective resource allocation and greater equity

The importance of integrating communities into the resource allocation process was a key point in Dr Loewenson’s paper. Communities should

not be merely affected by inputs and subsequently reflect the outcomes of the process. Community involvement, she suggested, is the key to effective resource allocation and greater equity, as further evidence shows that the burden of HIV/AIDS impact is relatively greater at household than at sectoral or national level.

Dr Loewenson went on to present the various types of equity-based research that has been, and is currently, occurring in the Southern African region.

Research which highlights inequity

Recent research about equity in Southern Africa has shown that inequities exist in relation to health inputs (literacy, education etc), public health services, and HIV (Rich - Poor differences; gender differences).

Health Inputs

Disparities in access to health inputs and health care have persisted, and in some cases widened in some southern African countries over the past 10 years. In low income, black and rural communities, TB, malnutrition and water-related disease rates have been consistently higher.

Public Health Services

Inequalities have been noted between different population groups, with regards to access to TB control, antenatal care coverage, public health measures, access to quality care facilities. These differences are distributed across a number of parameters, including race, rural, urban, and peri-urban status, socio-economic status, age, gender, geographical region, and insurance status.

HIV/AIDS

Much of the ill health and mortality in the region is now attributable to AIDS, the spread of the HIV/AIDS epidemic in southern Africa itself exemplifies how inequalities in health and health care emerge. Research also shows patterns of transmission, which indicate that the common spread of HIV occurs from more

socially and economically powerful adult males to poor and economically insecure females, particularly adolescent females.

Research which works for equity

Research in southern Africa has also shown that there is good evidence from Southern Africa that when resources for public health services are carefully deployed (“vertical equity”) health gains can be equitably achieved. There have been many examples of research showing that redistribution of investments towards accessible primary health services have been highly successful. Dr Loewenson cited further evidence from a number of countries, that investments in education, and particularly in female education, are a consistent and important determinant of improved health in the poorest groups. A review of periods of high health gains in Southern Africa indicate that health systems can reduce health inequalities by redistributing budgets towards prevention, and by improving rural and primary care infrastructure and services.

Despite this evidence, “efficiency driven perspectives have dominated international health policy debates, and focused attention away from issues of relevance, of services as they interface with communities, or of how resources are allocated to these levels”.

The recent push for more efficient management in health services has done more harm than good

Dr Loewenson expressed concern that the domination of the “efficiency driven perspective” has had a negative impact on the equity agenda. The recent push for more efficient management in health services has done more harm than good, and has in fact, exacerbated inequity.

She attributed the poor attention “to the positive experiences in the region that have emerged from pursuing equity policies” as being the enabling environment for “developments in health systems in Southern Africa that have

exacerbated inequity". Dr Loewenson presented evidence of this in the absolute reductions in both real health budgets, and relative allocations to primary care, resulting in loss of coverage and poorer quality of care. She concluded that "many of these changes reflect the fact that macro-economic and health sector reforms have enabled more powerful medical and middle-class interest groups to exact concessions at the cost of the poorer, less organised rural health workers, or the urban and rural poor".

The Challenge for ENHR...

Dr Loewenson highlighted the challenge for ENHR as being to lead to "new knowledge" that firstly integrates - rather than marginalises - communities into social and economic processes and secondly, enhances informed and participatory decision making. The "new knowledge" that allows this to happen is:

- ◆ That which reveals health costs of marginalisation, insecurity and unsustainable development paths as a sign of a need for change
- ◆ That which identifies alternative ways of organising health systems that direct that change
- ◆ That which builds empowerment and effective participation in economic and social processes, yielding a greater likelihood of that change being effected.

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Note: A review of inequity was recently published in *The Lancet* (Gwatkin DR, Guillot M, Heuveline P (1999) **The burden of disease among the global poor, *The Lancet*, 354 (August 14), 1999**), illustrating the attention that equity is currently attracting in both academic journals, and the popular media. In support of this trend, *Research Into Action* plans to feature an article on this paper in a forthcoming issue.

About Equinet

The Southern African Regional Network on Equity in Health is a network of institutions and individuals working on equity in health in Southern Africa. This network is also known as EQUINET. The aim of EQUINET is to:

- ◆ Further the conceptual framework and policy issues in relation to equity in health in Southern Africa
- ◆ Gather and analyse information to support scientific debates and decisions on equity in health in Southern Africa
- ◆ Engage stakeholders, and in particular those social groups whose interests would be better served by more effective pursuit of equity measures in health
- ◆ Use all of the above to provide input into policies affecting health at the National and Southern African Development Community (SADC) regional level

Defining priorities of the EQUINET network include the exploration of:

- ◆ The extent to which different groups of people in the region are able to make choices over health inputs, have the capacity to use these choices towards health and the manner in which policies and measures affect such capacities
- ◆ The extent to which different groups of people have the opportunity for participation, and the power to direct resources towards their health needs, and the policies that influence this.

Financial support for the EQUINET project is provided by IDRC (Canada).

The EQUINET Network secretariat is based at the Training and Research Support Centre (TARSC) in Zimbabwe. Contact Dr Rene Loewenson for further information on the Network, or visit the EQUINET website at <http://www.equinet.org.zw>

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This article features excerpts from the paper by Dr Rene Loewenson titled "Equity in Health in Southern Africa: Can research fill the gap?" and is based on her keynote address to The African Conference on Health Research for Development, incorporating the 6th African ENHR Networking Meeting, held in Harare, Zimbabwe, September 19 - 23, 1999.

Health Research for Development

Promoting an African Perspective for the New Millennium

In the past year, the African ENHR Network extended its open door policy to African networks at large, not just its inter-country networks. This was plainly illustrated at *The African Conference on Health Research for Development* which took place in Harare, September 19-23, incorporating the *6th African ENHR Networking Meeting*. Participants from all sectors, representing more than 25 African countries, met for three consecutive days and discussed many major health research issues, such as how African countries can 'work for equity in health' through 'collaborative partnerships' in order to work towards African solutions for African problems.

A full day of the conference programme was spent discussing ENHR competencies (eg. priority setting for health research, linking research to policy and action, involving the community in research, and capacity strengthening). Following the keynote presentations, breakaway sessions offered the opportunity for representatives to exchange experiences, highlight lessons learned and identify future challenges. Feedback from these discussions has been provided to COHRED's Task Force on ENHR Competencies, so that it may incorporate these in the further development of learning materials.

Joint initiatives between COHRED and WHO were highlighted in the address by Dr E Samba, regional Director of WHO/AFRO. Dr Samba emphasised the new partnership and encouraged the ENHR focal points to get in touch with national WHO representatives and ministries to address problems together. He indicated that in the last few years, WHO/AFRO has given a high priority to health research in general, and to Health Systems Research (HSR) in particular. From his perspective the HSR projects at country level could be a strong partner in the implementation of ENHR



*Dr T Stamps, Minister for Health and Child Welfare,
Zimbabwe*

In his opening address to the plenary, the Minister for Health and Child Welfare, Dr T Stamps, stressed that in this time of major reforms in Zimbabwe's Ministry of Health, policy making needs to be driven by evidence-based research to ensure that limited resources are invested in areas with the highest social returns. Therefore, he pledged his assurance that a dedicated budget line item for health research would be created in the Ministry of Health.

Dr Stamps challenged participants to identify mechanisms for demystifying research and to recognise the importance of including policy makers and communities into the research fold. He suggested that one way of achieving this would be to provide opportunities to discuss research questions and define priorities for research collaboratively.

"This conference comes at an opportune time for the African region as we look forward to the year 2000 International Conference on Health Research for Development, in Bangkok, Thailand" said Dr Stamps, indicating that the "African meeting should be used to prepare for good African representation at the conference in Bangkok".



'Uplifting' entertainment was enjoyed by all at the conference dinner

Dr Stamps not only provided the opening address to the conference but also attended sessions throughout the conference, showing his interest in issues such as the value of research for policy decisions, and in ENHR in general.

The meeting closed with the adoption by unanimous acclamation of the 'African resolution on ENHR'.

Renewed Collaboration between WHO/AFRO and COHRED

In June this year, the African ENHR Mentoring Team met with Dr E. Samba, regional Director of WHO/AFRO, and representatives from the HSR project. It was agreed that the African ENHR Network and WHO/AFRO would work collaboratively in order to:

- ◆ Compile an inventory of experts and research institutions in the African Region (This project is currently underway)
- ◆ Undertake a project on leadership development
- ◆ Promote coordination of health research at the country level
- ◆ Promote better communication and information sharing at the country level

The African Resolution on ENHR

We the participants attending the Essential National Health Research (ENHR) Annual Networking Meeting in Harare in September 1999,



Recognising...

the deteriorating health and development conditions in Africa due to:

- ◆ the changing global social, political and economic scenario
- ◆ the diminishing global resources base, and the diminishing social returns for the investments
- ◆ the increasing competitive demands from other emerging regional/zones
- ◆ the large human resource drain or displacement to other more lucrative regions

Realising...

- ◆ the need for essential health research for health development
- ◆ the need for Africa to address its health problems and offer its own possible solutions
- ◆ the need to address the imbalance in resources for health research
- ◆ the need to influence policy through evidence based decision making

Reaffirming...

- ◆ the commitment to essential national health research as an essential tool to address equity in health and for health development

(continued on pg. 7)

*The African Resolution on ENHR
(continued)*

Hereby resolve...

- ◆ to be united in health development using a well coordinated ENHR strategy of health for all in Africa
- ◆ to offer African solutions to the African health problems using African institutions
- ◆ to work with our governments and all other partners in health development in Africa
- ◆ to develop the necessary critical capacity for health research development
- ◆ to develop an appropriate structure and mechanism to facilitate increased resource flows of global funds to the African Region
- ◆ to contribute actively, as an African community, to the global body of knowledge and experience base concerning health research for development
- ◆ to participate fully with other currently active health networks in Africa

Making ENHR Happen: the IndiaCLEN / COHRED partnership

ENHR by serendipity?

An Annual Meeting of IndiaCLEN (the India chapter of the International Clinical Epidemiology Network, INCLEN) became a vehicle for renewed interest in the ENHR strategy in India, as reported by Dr Manjula Datta of IndiaCLEN recently.

ENHR in India was first implemented in 1992 through two NGOs, with the support of the Indian Medical Research Council (IMRC). Since then, ENHR has been less visibly active in the country. However, earlier this year discussions between INCLEN and COHRED took place that began to concretise collaboration between the two initiatives in the Asian Region. This led to ENHR familiarisation workshops for INCLEN's country-based initiatives being encouraged.

IndiaCLEN recently held their Annual Meeting, which included scientific sessions on AIDS research in India, IndiaCLEN's Infectious Diseases Initiative (IID), various epidemiological studies taking place throughout the country, policy research and health management issues, the Institutional Review Board, and IndiaCLEN's Public Health Program Evaluations. Day three of IndiaCLEN's Annual Meeting, was intended to be a familiarisation workshop for members of IndiaCLEN to promote collaboration between the country network and COHRED, but instead, became a workshop for ENHR constituents in India, effectively generating renewed vigour and interest in the ENHR strategy.

As a result of this, IndiaCLEN announced that it would actively pursue a program of promoting ENHR within its activities. Initiatives are on their way to construct a platform, in which IndiaCLEN, the BAIF Development Research Foundation (an active NGO in the country) and the Indian Council on Medical Research, and possibly other actors, could work out a joint strategy for the promotion of ENHR in India.

Is this luck, or ENHR occurring by serendipity? It just goes to show that ENHR can't be forced to operate. If the environment is right, it will happen naturally.

For further information on the ENHR partnership in India, please contact Dr Manjula Datta of IndiaCLEN. Email: manjulad@yahoo.com

The Pakistan Public Health Network: A New Commitment to Health and Development

September 18, 1999 was a special day in the unfolding of public health and development in Pakistan. It saw the birth of a formal network of institutions involved in health research and development in the country - the "Pakistan Public Health Network". More than a dozen key institutions in the country were present at a meeting sponsored by COHRED which was held at the Department of Community Health Sciences, Aga Khan University in Karachi, Pakistan. The meeting witnessed an inter-institutional commitment to share scarce resources, learn from organizational experiences and explore the development of an Essential National Health Research (ENHR) agenda for Pakistan. The meeting was a follow-up from two workshops that were held in the previous year to promote and discuss the organization of such a network.

The Karachi meeting involved a *core group* of research institutions. Participants identified key focus areas for the country, such as the role and need for capacity development in Pakistan; the evaluation and monitoring of capacity development efforts; and the health systems and academic environment within which capacity development efforts need to occur.

The meeting also formalised the role of the network of institutions involved in public health research and development in the country, and helped to define a strategy for moving ahead with the implementation of ENHR in the country.

The outcome was the formation of two special Task Forces. The first is to be chaired by the Pakistan Medical Research Council, and will undertake further exploration of the Essential National Health Research strategy. The second group will work on the financial and legal formalities of the network.

The day closed with a feeling that something important had happened - key stakeholders in the country had agreed to work together for Essential National Health Research. The spirit of mutual understanding, commonality of need and unity of purpose was tangible, and each representative headed for different parts of the country resolving to make a difference. For countries that are in advanced stages of implementing an Essential National Health Research agenda, this may seem to be a small step. For a country that has seen major political and economic shifts within the past 10 years, this was a real step forward. With this first step, Pakistan joins

other ENHR players - a game (to use the analogy of golf), where we are all playing by the same rules, but with individual handicaps. The global community welcomes the new player!

COHRED wishes to thank Dr Adnan A. Hyder, for contributing this article. For further information on the Pakistan Public Health Network please contact Dr Hyder at the School of Public Health, Johns Hopkins University, USA

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Pakistan Statistics

Population¹:
144 million

Life Expectancy at Birth¹:
64.0 years

Adult Literacy Rate¹:
40.9%

HDI^{1,4}: 0.508

REAL GDP per capita (\$):
1,560

Public expenditure (as a % of GNP) on:

Education²: 3.0

Health³: 0.8

Defence²: 5.6

Notes:

1. 1997 statistics

2. 1996 statistics

3. as a % of the Gross Domestic Product (GDP) (1995)

4. The Human Development Index (HDI) is a composite measure of life expectancy, educational attainment and income. The HDI value ranges from 0 to 1, where to maximum possible value is 1.

° Human Development Report (1999)
United Nations Development Programme (UNDP) Geneva

One Decade of ENHR

Research Into Action's editorial team is planning to feature a number of 'opinion pieces' in the issues leading-up to the International Conference on Health Research for Development (October 2000). This is the first of those opinion pieces, and looks at two views of COHRED and ENHR - one from COHRED's past, and one from the future.

The Commission on Health Research for Development (CHRD), a twelve-member independent group was established in 1987 to recommend ways in which research can improve the health and well-being of people in the developing world. The commission operated from the central premise that research is an essential, but often neglected link between human aspiration and action, and that there are many ways in which research could be applied to improving health. It placed highest priority on the generation of relevant and timely research to support informed and intelligent decision-making for health policy. The commission called for an action agenda for undertaking research that was essential and of national importance. In this way the Essential National Health Research (ENHR) agenda was born.

Talking with John Evans...

Dr John Evans served as Chairman for the Independent Commission on Health Research for Development in 1990. Since the Commission released its report entitled, "Health Research: Essential Link to Equity in Development" in 1990, Dr Evans has continued to be involved in international and domestic research for development endeavours, serving as the Chair of the International Health Policy Program and more recently as the Chair of the Canadian Networks of Excellence Initiative. Dr Evans is currently Chairman of the Torstar Corporation, a large Canadian telecommunications company. Nancy Johnson spoke to Dr Evans about his landmark Commission's work, and how he feels about the direction that has been taken since 1990.

What have been the most important impacts of the Independent Commission on Health Research for Development and its 1990 Report?

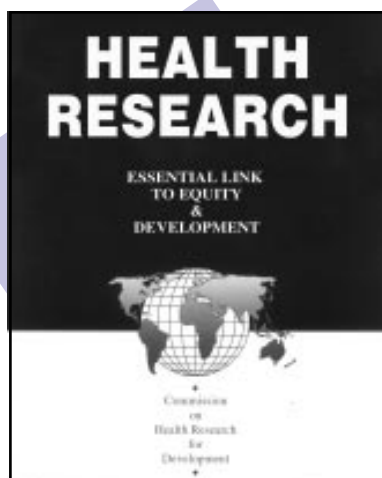
The central conclusion of the Commission was that every country needed an analytic capability rooted in measurement and social sciences, as well as biomedical science, to inform its decisions on the use of limited resources to meet the health needs of its population. The Commission focused attention on the need, or demand side of health policy and programs and the importance of local circumstances in the successful implementation of health programs. The enormous investment in health research in the industrialized world had achieved an avalanche of biomedical and technological advances, but little served the predominant health needs of three-quarters of the world's population living in developing countries.

The Commission made the case not only for strengthening local health research capability in third world countries but also for broadening the relevant sciences, particularly the measurement and social sciences, as important components of institutional strengthening. As well, it drew attention to the fact that translation of evidence into policy was an active, skill-demanding process and not something that flowed spontaneously from the power of the evidence. More broadly, the Commission stressed that research was not merely an academic exercise outside the mainstream objectives of health organizations but an essential and integral component of their strategy to meet health needs and to manage health programs.

How have the challenges facing the international health research community changed over the past ten years?

Market economics, which have dominated over the last decade, have exaggerated differences in health status in populations. The playing field has become much more tilted against equity by forces outside the health sector. The reasons for disparity are doubly important now as they were ten years ago. More important than ever is research that looks at the needs of people and accepts a political philosophy that those needs deserve to be among the highest priorities.

Learning more about the socio-behavioural determinants of health has also become increasingly important. The socio-behavioural aspects of health – for example, the availability of support systems, nutritional practices early in life, the nature of one’s occupation and degree of self-determination – have been shown to have a profound effect on health status. Social context is as important as the technological sophistication of health services in determining health outcome. It is possible to have good technology and relatively poor health outcomes. Alternatively, significant improvements in health outcomes are possible despite limited technology. This may be achieved by socio-behavioural change, without new technologies and financial investment. The spectrum of Essential National Health Research – research that relates to local health needs – provides the evidence for new insights and strengthens the capacity for leadership in policy, and management of programs and the most effective use of scarce resources.



“The Commission Report, published in 1990”

The Commission Report highlighted the role of research in achieving health equity. Much of the present dialogue seems to focus on health research as a means of improving decision-making or achieving efficiency in health systems. In other words, equity seems to have fallen off the agenda. Would you agree? What is needed to put equity back on the agenda?

In my opinion, yes, equity is getting lost. As for putting it back on the agenda, you need to ask yourself, should equity come back by revolution or by evolution? Gross inequities cannot be tolerated forever. If disparities become too extreme then concepts of law and order, property, and justice are overruled. Countries that wish to maintain political stability have to recognize the obligation to prevent enormous inequities in their populations. The current analysis of how equity is reached recognizes that the supply side – for example, access to services – is important, but one has to look also at how people view their own lives and how they can be mobilized to pursue equity rather than think of it as a passive concept. The type of research that is embodied in the concept of Essential National Health Research will help to show which mechanisms can be successful in trying to improve equity.

What are the future directions for health research and development?

Being in a position to monitor, evaluate, and understand what is happening to populations is increasingly important. No matter how many new technological innovations we have, we still must try to assess what their impact is going to be. This is part of Essential National Health Research – understanding the demand side and looking at how the needs of people can most effectively be met with obvious limits on the resources that can be devoted to them, particularly in the developing world. I must say that I am pretty optimistic about the future. The concept of Essential National Health Research is now being adopted by a number of countries, including jurisdictions in Canada. If movement has occurred in the decade since the Commission Report, that is a big step forward.

...and David Okello



Dr David Okello

Lucinda Franklin spoke to *Dr David Okello* about his role in the new COHRED, and his thoughts on where COHRED is heading in the next 10 years. Dr Okello, a Ugandan medical doctor, is currently based in Zimbabwe, working as a research consultant for the African regional office of WHO. In

Uganda, he holds the position of lecturer at Makerere University's School of Medicine, and was head of the International Health Policy Program (IHPP) group. He has a special interest in the ENHR element of priority setting, which he has championed both in his own, and in many other countries over the years. Dr Okello is as a member of several of COHRED's Working Groups for the Task Force on ENHR Competencies.

What, in your opinion, has been the most important impact of the work of the Commission on Health Research for Development, and that of COHRED?

The Commission acted as the catalyst, and enabled that essential first step towards getting people to start asking the right questions about what research is for. Following that, the main impact of ENHR for me, was that the strategy stimulated people to think rationally about what is important for health research. COHRED's role in that has been to keep that thought foremost in people's minds, which they have done, and are still doing. Translating the "right questions" into a tangible change though, is something that we have yet to document.

The Commission's concept as such, of linking development to evidence is still right. I doubt however, whether we have achieved that yet. We have made a diagnosis. We have seen a link between development and how to get there, that

we need evidence, but there's still no adequate answer as to how we can do this. Getting the research going is what we have been emphasising, and doing research in the correct areas, but we have to work on creating the right environment for translating research results into correct actions and a correct chain of practice before we can notice a change in health problems.

I am not sure how long the Commission expected this process would take, but at least in the developing countries, it is definitely a longer process than what was originally expected. And of course this period will vary from country to country.

What impact have you noticed in relation to the COHRED message "Put countries first"?

It is a very important message to me, and as far as I can see the impact we have had so far, has not been enough. I am concerned that although ENHR has been around for 10 years, many of the countries have not had the opportunity to give the strategy a chance. For the strategy to work, a supportive government - an organised system of civil society - is very important in terms of achieving development.

The first entry point of ENHR into a country is another crucial issue which impacts on its success, or otherwise. Ensuring that the structures already in place - the structures set up by the nation - are made to feel part of the day to day operationalisation of ENHR is very important. Ignoring structures already in place and setting-up our own, expecting them to be blindly integrated into the national structures is unrealistic.

If you say you want to put countries first, you have to strengthen country mechanisms rather than talk about regional programmes. Otherwise, "put countries first" becomes a statement we cannot support. In short, at least in terms of budgetary investment, we should move away from the idea of regional focal points and concentrate on country support. This does not exclude of course, effective regional networking, which facilitates exchange of experience between countries and helps to maintain a learning environment.

What kind of impact do you think COHRED's emphasis on equity has had?

At the global level, COHRED has created a demand for equity. At the country level, we are just starting to address the inequities that exist. Now that the environment has been created in which equity demands consideration, we should start to define what we really want to do in more concrete terms. The main task as I see it, is for the people who claim to be the ones who are generating the information, to try and get the message across to the right audiences. I doubt if many of our governments know that inequity is a big problem in their countries.

COHRED's message about doing research that leads to action has been around for some time now. Do you believe that this message has changed anything?

I think COHRED's new focus on communication strategies for countries is going to make a major impact. Up to this point, we hadn't quite found the solution for really making a difference in the countries themselves. The communications strategy is a practical way to do this, to help people see how they can translate a research paper into action, into a tangible policy that positively affects equity in the country. If we can help guide the research process from results to translating this into a language that will influence parliamentary decisions, and into MOH plans, to demystify research, and help communities see how they can use research to make a change for themselves, that can only be a positive impact.

We need to be clearer about the kind of research that needs to be done, so that whatever efforts the countries are making with research gets translated into real development changes. We need to work on creating the right environment for translating research results into correct actions and the correct chain of practice before we can notice a change in health problems.

What do you see as being the way forward for COHRED?

In relation to the International Conference on Health Research for Development in October 2000, I would say that we need to look at why some countries have advanced with ENHR and

others are now back at square one. We need to look at the reasons why our activities for the past 10 years have not been properly translated into helping countries. I'd like to see people at this conference talk about how they can translate these global tools and concepts that have been developed, into useful ones for answering questions in the countries.

As for COHRED's role in the future, challenge number one is to strengthen countries. Not only their capacity for research, but also the way research is used and distributed, and enabling governments to see the added value that research lends to the development of a country.

I would like to see research institutions and universities become an integral part of the work of the Government Ministries in a country. In-country ENHR mechanisms need to be strengthened, so that governments sit up and take more notice. At present, it is rare for the ENHR mechanism to be overtly supported by the government, and the national planning process in the countries is completely divorced from in-country ENHR activities. Parliament must be made aware of ENHR so that the strategies become an integral part of the five-year plans. Doing this will create an essential bridge between government and research institutions.

Dissemination of research findings in the countries needs to be pushed, along with the question of coordination as an entity. Often we will find that there is a lot of research going on in the countries, but it is not well coordinated. These two things form an integral part of the countries own communication strategies.

In short, I would like to see COHRED stay with its' current approach rather than set up all sorts of structures, rules and standards. This applies to both the organisation's operationalisation and to the ENHR strategy itself. Just as priority setting is a fluid process that cannot be approached in a textbook manner, so too COHRED's way of working. Constant rehashing of the priorities and expectations is a good thing, and we need to embrace that. Nothing is set in concrete. We all continue to learn about the right and wrong way to do things, answering to the needs of the day. That's something to strive for. It's really just the beginning for COHRED and ENHR in many of our countries.

International Conference

UPDATE

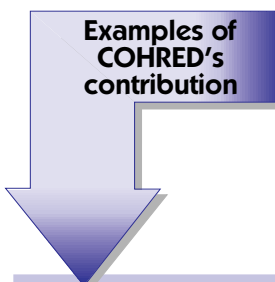
It is less than 12 months now until the October 2000 Conference, and a mere 3 issues of *Research Into Action* to go before this event takes place. In the months leading up to the Conference, we are planning to publish a series of articles that will give our readers a taste of COHRED's contribution to this meeting. These contributions are, of course, open to debate, and your comments would be welcome, some of which may be published in forthcoming issues.

In this article, we feature three of the COHRED projects that are helping to form COHRED's input to this important event.



**INTERNATIONAL CONFERENCE
ON HEALTH RESEARCH
FOR DEVELOPMENT**
BANGKOK • OCT 10-13 / 2000

Enclosed with this newsletter, please see brochure which further describes this conference.



The COHRED Book Project

COHRED is currently preparing a pre-conference publication broadly reviewing health research for development over the past 10 years and, more particularly, the role Essential National Health Research has played in this development. The document will look ahead to the next decade and suggest milestones for equity-oriented health research development.

The publication will provide the reader with an introduction and background to the health research and development context, past and present followed by an examination of 3 key themes based on the ENHR perspective of "putting countries first". These themes are: community participation, linking research to action and fostering a national climate for equity-oriented health research. The geographical principle for organizing research collaboration will also be discussed. The experiences of stakeholders will be interspersed throughout the text.

A further aim of this publication is to examine the way forward for ENHR including its role in the architecture for international cooperation in health research.

Email Vic Neufeld
neufeld@mcmaster.ca or
Nancy Johnson
johnson.n@sympatico.ca
for further information

The Health Research Profile (HRP) Project: How does health research lead to equitable development?

Initiated to try and compensate for the perceived lack of information on countries' health research status, this project's ultimate goal is to provide a tool for countries which will allow the continual assessment of national research activities.

The project will also allow a comparative analysis between countries and regional groupings of countries. The testing of this instrument will take place in 15 countries, chosen for their cultural diversity, economic and social development and epidemiological situation.

A health research profile is being constructed using the following indicators: financial resources, research capacity, equity, research to policy, and quality.

The International Conference on Health Research for Development will be the platform for discussion with users of the profile, including countries, research networks, UN agencies and donor organisations.

For further information contact: David Okello
okellod@whoafr.org
or Peter Tugwell
ptugwell@compuserve.com

The COHRED Task Force on ENHR Competencies

Established in 1997, the Task Force on ENHR Competencies is operating through various Working Groups which are addressing critical competencies in the practice of ENHR. The Task Force is chaired by Mary-Ann Lansang. Learning materials are being developed to enhance the capacity of various target groups including decision-makers, researchers and communities.

At present these competencies include:

- ◆ Priority setting for health research
- ◆ Promotion and advocacy for ENHR
- ◆ Setting up and maintaining an ENHR mechanism
- ◆ Linking research to action and policy; and
- ◆ Community participation in health research

These materials are being made available to countries in order to test their relevance and feasibility with a view to refining them to respond better to user needs. The international conference will create an opportunity to present these products to a wider audience and to organize workshops on the use of the materials. It will also provide an arena where additional experiences and inputs from others can be acknowledged and discussed.

Email Mary Ann Lansang for further information:
mlansang@pacific.net.ph

New Faces of the COHRED Board

COHRED's Board has just met for its annual meeting in Geneva. Part of the deliberations involved the appointment of seven new members, who will replace Board members completing their terms of office. We wish to thank our outgoing members for their support and commitment over the years, and hope that they will remain in contact with COHRED's workings in the future. To welcome the newly appointed members, we have provided a short introduction for your interest.

Dr Izzy GERSTENBLUTH

Dr Gerstenbluth holds the position of Head of the Epidemiology and Research Unit, and Head of Communicable Diseases in the Medical and Public Health Service in CURACAO. Dr Gerstenbluth, 42, has held the position of national epidemiologist for the Netherlands Antilles for the past 2 years.

Dr Samia HABBANI

Dr Habbani is the Director of the Research Directorate of the Federal Ministry of Health in SUDAN. She is 42 years of age. Dr Habbani is currently the ENHR focal point for Sudan.

Professor Marian JACOBS

Head of the Child Health Unit at the Department of Paediatrics & Child Health, University of Cape Town in SOUTH AFRICA, Dr Marian Jacobs is 52 years of age. She holds positions on the Boards of both a prominent health NGO, and with the Medical Research Council (MRC) in South Africa.

Dr Peter MAKARA

Dr Makara, 53, from Hungary, recently joined the WHO European Centre for Health Policy in DENMARK. Dr Makara has been active in promoting ENHR in Hungary and Eastern Europe. He is also active both nationally (in Hungary) and internationally in the field of health promotion and health education.

Dr Susan Pineda MERCADO

Dr Mercado holds the position of Undersecretary & Chief of Staff in the Department of Health, in the PHILIPPINES. She has extensive experience working in academia and in NGOs. Dr Mercado, 40, has also been actively involved in various media productions.

Dr Absatou Soumaré N'DIAYE

Dr N'Diaye is 43 years of age. She holds the position of Head of the Department of Community Health in the National Institute of Public Health Research in MALI. She has been active in a variety of research projects in Mali.

Dr Tomas SCHICK

Dr Schick, 41, is a representative of one of COHRED's funders, the Swiss Agency for Development and Cooperation (SDC). Dr Schick is a specialist in Preventive Medicine and Public Health, and has worked in many countries around the world. He is currently based in SWITZERLAND.

Publications

Evolution of Health Research Essential for Development in Ghana

"Evolution of Health Research Essential For Development in Ghana", Council on Health Research for Development (COHRED)

A new addition to COHRED's country monograph series, this publication provides a comprehensive look at Ghana's progress with health research and ENHR.

Available now, from the COHRED secretariat.



Comment Relancer l'Impact des Mécanismes de Support de la RNES dans un Pays, COHRED 1999

Comment Relancer l'Impact des Mécanismes de Support de la RNES dans un Pays : coup d'Oeil sur les expériences diverses de plusieurs pays : COHRED, février 1999. Disponible en français et anglais. Résultat du travail effectué par le Groupe de Travail sur la Promotion, le Plaidoyer et le Mécanisme de la RNES de COHRED. Cette publication se tourne vers les quatre objectifs principaux d'un mécanisme de la RNES, dont le but est de :

1. Promouvoir l'équité en Santé
2. Agir en tant qu'agent de transformation
3. Fournir encadrement et soutien des systèmes de recherche, et
4. Se développer et évoluer en fonction des changements de circonstances.

La publication s'efforce d'aider les pays en indiquant les facteurs "de réussite ou d'échec" qui ont une influence sur l'efficacité du mécanisme de la RNES, donnant en même temps des récits documentés des expériences de pays et quelques directives simples sur la mise en place de la RNES.

Pour obtenir des copies de cette publication, veuillez contacter le secrétariat de COHRED.



Nearing the end of the pipeline...A new guide on promoting and advocating for ENHR. "Health Research: Powerful Advocate for Health and Development, based on equity" Available in February 2000

These publications can also be accessed through COHRED's website at:
<http://www.cohred.ch/publications/>

Conference Announcements

World Health Forum, Interlaken, Switzerland, May 11-13, 1999

"Public Health today: between solidarity and market reality"

For more information, please contact the Administrative Secretariat:

c/o AKM Congress Service

PO Box

CH - 4005 Basel, Switzerland

phone +41-61-686 77 11

fax +41-61-686 77 88

info@akm.ch

<http://www.akm.ch/whf2000>

International Society for Equity in Health (ISEqH) Conference, La Havana, Cuba, 29-30 June 2000.

Call for papers (submission date February 15, 1999). For registration and further information contact:

Jose Maria Paganini

Facultad de Ciencia Medicas

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1900 La Plata, ARGENTINA

Ph/Fax: (54 221) 423 5755

Email: isequity@netverk.com.ar

Conference on Poverty and Inequity: The Challenges for Public Health in Southern Africa, 24-25 February, 2000, East London, South Africa

This conference will focus on addressing issues around poverty, inequity and health with a particular focus on Southern Africa. For further information, contact:

Anle Odendaal

ABO Facilitator

Tel: +27-43-726-7941

Fax: +27-43-721-0607

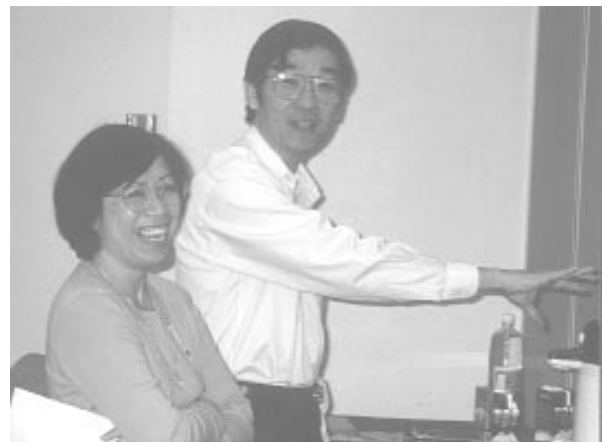
<mailto:abofacil@iafrica.com>

Website: <http://www.essa.za.org>

E-mail: conference@essa.za.org



COHRED Colleagues holding lively discussions during October meetings at COHRED



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

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