

# Research into Action

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COHRED, the Council on Health Research for Development, is

a nongovernmental organisation.

It was established in March 1993, and is located in the European Office of the United Nations Development Programme in Geneva, Switzerland.

The Council consists of member countries, agencies, organisations and an 18-member board, the majority of whom are from developing countries.

Its objectives are to promote the concept of Essential National Health Research (ENHR), which aims to assist countries in identifying their health and research priorities as well as strengthening their research capacities, and encourages multi-disciplinary and multi-sectoral collaboration to ensure that health policies and decisions on important health issues respond to the actual needs of the public and will translate into health gains for the population at large.

## ENHR

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# The Alliance for Health Policy and Systems Research

## From planning to action

By ANNE MILLS



### The rationale

The research areas of health policy and health systems have until recently been badly neglected, especially in low and middle income countries. This was the conclusion of the 1996 report 'Investing in Health Research and Development' by the Ad Hoc Committee

on Health Research Relating to Future Intervention Options. It concluded that:

Health care systems vary greatly in their performance — in how efficiently they improve health conditions, extend access and contain expenditure growth; yet there remains a surprising lack of information on the performance of systems and on how policies have affected performance.

There is an urgent need to improve understanding on how and for what purposes societies organise themselves to achieve health goals, including how they plan, manage and finance activities to improve health, as well as the roles played by different actors in these efforts, their perspectives and interests. There is also an urgent need to provide scientifically sound, socially relevant and ethically acceptable guidance for more equitable, effective, efficient and sustainable health policies and systems. Research is required both on the process of health policy making and on the desirable content of health policies.

While a number of agencies are making valuable contributions, there has been a lack of concerted action to strengthen health policy and systems research (HPSR) and research capacity. Unlike the other priority areas identified by the Ad Hoc Committee, HPSR is more context-specific and process-orientated and needs to be closely linked to the policy-making process and involve many different actors within society. There is substantial demand for the results of HPSR which greatly exceeds the limited research capacity in institutions throughout the world. Existing capacity is unequally distributed and HPSR is grossly underfunded. Within development programmes, there is inadequate recognition of the value of using funds for research. In terms of more formal research funding, less than 0.2% of total research funds spent globally by non-profit private and public agencies is devoted to HPSR, an unacceptably low level of funding given its importance to the health status of the world's population.

In the last few years there have been an increasing number of initiatives in the area of HPSR, and in addition agencies that previously funded primarily biomedical and disease-specific research have begun to broaden their funding activities. However, the volume of HPSR funding is still very small relative to other types of health research. Although

there seem to be many recent initiatives, these are often poorly coordinated. They are placing great pressure on the limited pool of country researchers who are then not available to support country research priorities.

To address these problems, there has been agreement for some time that a body is needed that can act as an advocate for HPSR at the international level, link with networks, countries and agencies involved in this field of research, promote capacity building, commission key pieces of research and the development of tools and methodologies, and ensure widespread communication of research products. The increasing diversity of agencies involved in work relevant to HPSR at both international and national levels creates the specific need for a mechanism that is capable of networking flexibly and creatively with existing agencies and initiatives.



### The Alliance for Health Policy and Systems Research

This is the rationale for the Alliance for Health Policy and Systems Research. Over the last two years, work has been under way to create the Alliance, as one of the initiatives of the Global Forum for Health Research and with the Norwegian and Swedish governments acting as sponsors. An international consultative meeting held at Lejondahl, Sweden, in April 1997, recommended its formation. An Interim Board was appointed, endorsed by the Global Forum meeting in June 1997, and has met four times since then.

The latest landmark was a Meeting of Interested Parties held in Geneva on 18/19 February 1999 and attended by around 50 people from countries, bilateral and multilateral agencies, and other interested bodies. The meeting endorsed the creation of the Alliance, its structure and plan of action. The aims and objectives of the Alliance are shown in the box on page 4.

A key input into the deliberations of the Interim Board were three regional overview papers, which were commissioned with the assistance of COHRED from David Harrison (on Africa), Sadia Chowdhury (on Asia), and Miguel González-Block (on Latin America). They were asked to review existing documentation and consult widely within the region in order to provide an overview of HPSR capacity, lessons from capacity development initiatives, research needs and priorities and how the Alliance might be of help.

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# Complementarity of Aims.

## A perspective from WHO/SEARO in the context of ENHR

*The secret of life lies in complementarity, as Watson & Crick found in unravelling the structure of DNA.*

*Can the same be said of health research ?*

### Promoting health research

The activities of the World Health Organization's (WHO) Regional Office for South-East Asia (SEARO) are guided by three overall objectives which take account of the vital role that the promotion, development and management of research play in national and regional health development. These objectives are: the strengthening of national research capabilities; the promotion and coordination of research on regional priority problems related to social and economic development; and the promotion of research designed to facilitate rapid application of existing and emerging scientific knowledge.

The principal research management mechanisms to achieve these long-term objectives are the South-East Asia Advisory Committee on Health Research (SEA-ACHR) and the Medical Research Councils (MRC). These and other complementary mechanisms are aimed at developing health research strategies based on the health needs, the scientific and technological capacities, the health development policies and the research potential of WHO Member States in South-East Asia.

Those strategies must be responsive to changing needs or challenges to health, and also to present and future opportunities offered by science as well as society. Under the watchword of 'continuity with change,' the Region's health research strategies seek to ensure that:

- ① research is related to the eight elements of Primary Health Care, and researchable areas are identified and prioritised within the framework of those eight elements;
- ② the types of research are given differential emphasis, although with the main emphasis placed on health systems research:

  - ③ the health research system is developed as a whole and is linked to the health care system; and
  - ④ intersectoral research, as well as research outside the strict health domain but with a bearing on health, is positively promoted.

The strategies are being translated into practice by the national MRCs, which serve as the implementing arm of SEA-ACHR. The first joint session of SEA-ACHR, the directors of MRCs (or analogous bodies) and the concerned research foci in relevant Ministries was organised in 1998. This affirmed that most South-East Asian countries have well-established research programmes under national medical research councils, research institutions or university departments, whether as national centres of expertise, as WHO collaborating centres or as institutions recognised by WHO. The MRCs and analogous bodies are to function as a

network for the promotion of regional research activities as well as for greater collaboration between themselves, in the spirit of technical cooperation among developing countries.

### Fostering partnerships

In the context of the regional research programme's policy, strategy and operational levels, it is clearly important to foster partnerships for health research. COHRED, as a valued partner of WHO for many years, in January 1998 became an official partner of the WHO, whose research policy and strategy coordination office at the Geneva headquarters is the technical office responsible for collaboration between the two organisations. This is seen as a very good move, on several grounds: it will further increase the collaborative activities between WHO and COHRED to the extent possible; the two organisations can support each other; and, more important, concerted efforts can be made to contribute to improving people's health status by working out jointly a practical and sustainable mechanism.

### Matching goals

What should make collaboration between WHO and COHRED easy is that WHO's research programme directions and COHRED's aim seem to be complementary. Both encourage multidisciplinary and multisectoral collaboration, recognising that health is the outcome of many interacting factors; both aim to assist countries in identifying their health and research priorities as well as strengthening their research capacities; and the strategy of Essential National Health Research promoted by COHRED is a familiar one to WHO in its country-level research and development activities, since research in the developing countries is essential, not marginal, to the goal of health for all. COHRED's strategy has evolved into a critical tool for equitable health development by building research capacity and actually conducting essential national health research — just as WHO does within the overall framework of its research development activities.

### Need for capacity building

Research being truly a multisectoral activity, one organisation or association cannot forge ahead without the collaboration of professionals from allied bodies. While it is true that WHO and COHRED deserve particular mention for their support for research capacity building activities, the two

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All three papers identified a large number of bodies active in the HPSR field, but also a great need to develop further capacity. In all regions there are countries that have more capacity and others that have less. In Africa, HPSR has generally been the concern of Ministries of Health and has taken the form of many small local projects on the one hand, and large donor-driven consultancies on the other. Funding for locally generated research agendas is very limited, and capacity in universities is also limited. Moreover, policy-makers have tended not to look to universities for advice,

#### ims and objectives of the Alliance

aim of the Alliance is to contribute to health development and the efficiency and quality of health systems through research on health for policy, with the objectives to: promote national capacity for HPSR on national and international issues with particular emphasis on countries who currently have limited capacity to participate in HPSR and who are strongly committed to strengthening national capacity; further develop the essential information for policy decisions in the health sector and other sectors influencing health, as the basis for concerted action at national, regional and global levels; stimulate and help to finance the generation of knowledge which facilitates policy analysis and improves understanding of health systems and the policy process; strengthen international research collaboration, information exchange and structures for shared learning among countries; identify influences on health systems which operate at the global level and promote appropriate and responsive policy research.

Policy-makers appear increasingly open to the findings of HPSR in countries such as China and India.

In Latin America, the bulk of HPSR has been done by universities and by NGOs, with little done by the health services themselves. Well qualified researchers are available in many countries, and there are many opportunities to attend meetings related to HPSR. HPSR networks have been growing rapidly. However, there appears to be limited consideration given to the relevance of the HPSR done, or to whether or not it is influencing policy.

Despite the development of HPSR across the world, it is clear from these papers that there is still overall a lack of effective demand for HPSR, of skilled researchers and of funding, and a lack of a clear agenda to promote HPSR. Lessons from previous capacity-building efforts include: not enough attention has been paid to demand as opposed to supply; many universities still lack critical mass in all the disciplines necessary for HPSR and the few skilled researchers that exist are overloaded; there is excessive

and there is often a considerable distance between policy-makers and academics.

In Asia also, government ministries have been the most influential in determining HPSR topics. However, there has been stronger involvement of a variety of interest groups, including NGOs. Also, in some countries, such as Thailand, China and the Philippines, universities have become very active in the field of HPSR. Policy-

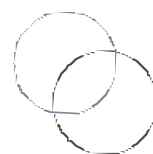
duplication of effort, especially in relation to fashionable research topics; those trained are frustrated when the policy and service environment is not conducive to implementing research findings.

It is clear from the papers that the role of the Alliance needs to be tailored to the differing needs of countries. In particular:

✘ those countries with already substantial capacity are most interested in the Alliance providing the means of sharing information and helping to arrange comparative studies on key topics; helping to improve the relevance and use of HPSR; helping to develop and disseminate new methodologies; and helping to develop the skills required to prepare results for publication;

✘ those countries with least capacity require support to enable researchers, policy-makers and other stakeholders to manage and implement the entire research process, from identification of topics, through carrying out the research to communication of research results; measures to increase the supply of trained researchers will need to be part of this;

✘ those countries with a moderate level of capacity need support to help existing researchers to acquire HPSR-specific skills in designing, implementing, analysing and communicating results, and to help to sensitise policy-makers to the value of HPSR.



## Tasks of the Alliance

Five main tasks are envisaged for the Alliance.

**A. Map and monitor HPSR efforts to identify gaps and imbalances, liaise between those involved, and identify issues that require HPSR**

This will be done in close liaison with WHO, the Global Forum for Health Research and COHRED, and is the vital situation analysis necessary for the Alliance to plan its other activities.

**B. Advocate and collaborate in building sustainable country-level capacity for health systems/policy analysis and research**

This will draw on the information obtained from monitoring and direct country consultations. In view of COHRED's activities in this area, close cooperation in capacity-building will be sought with COHRED, as well as with other agencies active in this area. An early task will be a review of past capacity-development experience in this field and similar fields.

**C. Advocate and collaborate in research on health policy and systems in order to address gaps and emerging issues, and translate results for policy- and decision-makers**

The Alliance intends to run a competitive small-grants programme, to help to mobilise funds for research on neglected areas, and to forecast research areas of future importance, in order to help to develop specific research initiatives.

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organisations have to think of ways and means of working together to improve the research capacity of a country. WHO is also of the opinion that country-level activities must be supplemented by capacity-building activities for policy-makers, donor representatives, health programme managers and decision-makers. This should be done in the context of understanding the importance of research in health development, the utilisation of research findings in decision-making, the process of policy formulation and other collaborative issues. As far as WHO is concerned, the responsibility for initiating these kinds of capacity-building activities in the South-East Asian Region rests with the Directors of the Medical Research Councils, with the support and collaboration of the Ministry of Health and related ministries.

Another mechanism to improve the research scenario is by creating task forces or working groups. WHO and COHRED are both working along such lines. WHO/SEARO is in the process of forming scientific working groups to develop guidelines for formulating national health research policies and strategies, managing of research information, drawing up criteria for priority setting and devising mechanisms for coordinating research activities.

COHRED's up-and-running Task Force on ENHR Competencies has assigned working groups to develop frameworks and materials on four ENHR competencies: priority setting; promotion, advocacy and mechanism; community participation; and research to policy.

Given these similarities — and for these processes to be mutually beneficial — it is important that WHO and COHRED share their experiences in carrying out these processes.

Other issues that cannot be tackled by one organisation alone, but which are important if the dynamism of the research process is to be maintained, are:

- ① sharing research experience between countries, especially those with different levels of development;
- ② creating and establishing linkage mechanisms with all partners involved in research promotion and development activities;
- ③ strengthening the nodal points in the research cycle (identification of priority research issues; utilisation of research findings; evaluation of the research process itself).

These are areas where WHO and COHRED can readily collaborate to improve the research scenarios in the countries. In order to do so, and to overcome the constraints and obstacles standing in the way of such a collective effort, the spirit of partnership, mutual understanding and respect must hold sway.

## From national to regional to global

The health research perspectives and experiences from countries can contribute to the development of regional strategies and, eventually, to global strategies. Already WHO's Research Policy Agenda for Science and Technology

to support Global Health Development suggests an overall policy to guide research and a new strategic approach to carry it out.

The Agenda emphasises global cooperation between the scientific community, government, nongovernmental organisations and all partners in public health in an innovative approach that will 'make a difference' to the health status of the peoples of the world in the 21st century. ■

**T**o respond — by multisectoral research — to both existing and new challenges over the next few decades in the South-East Asian Region, as well as to unforeseen health problems, including those arising from environmental changes, economic instability and social breakdown, it is vital to close the gap between researchers and policy-makers. This must be done through collaborative efforts by, and increased networking interaction between, all partners involved in research promotion activities: Ministries of Health, other Ministries and local governments, WHO and WHO collaborating centres, universities, national centres of expertise and such bodies as COHRED.

This article is based on a report by the Regional Advisor on Medical Research in WHO/SEARO, presented at the Asian Regional ENHR Meeting held in Vientiane, Lao PDR, 11–12 December 1998.

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By DAVID HARRISON



*THERE'S A WONDERFUL 'Far Side' cartoon of a parrot perched on a branch above a pool of quicksand. Bobbing gently on the surface of the mire are the pith helmets of two intrepid explorers. And*

*the parrot is screeching over and over again: 'Let go Morty, you're pulling me in! Let go Morty, you're pulling me in!'*

In many ways, I think that researchers face a similar dilemma. ENHR and its advocates seem to have a Don Quixotic desire to drag academics into a quagmire of idealism, bent on righting incorrigible wrongs. Why, argue established researchers, should we abandon a rock-solid tradition of autonomy and independent thought for the shifting sands of politics, transient priorities and community concerns? When we let go of the primacy of unfettered creativity to respond to country needs, don't we find ourselves on a slippery slope that ends in a wallow of second-rate research? Worse still, we seem to want to impose an additional burden of public spiritedness on researchers in the developing world that those in developed countries would scoff at. Even researchers who see benefit in Essential National Health Research seek to temper idealism with realism. Equity is a fashionable topic for international meetings, they say, but try operating in the constrained political environments of many countries in the South.

Well, does ENHR tilt at windmills while the real giant slayers forge ahead, oblivious to the distractions of the decade? Have ENHR proponents become bogged down in the 'social' part of 'social science'? Time will tell, and ENHR makes no excuse for its up-front commitment to social justice and in particular, the health of the poor. But this commitment is driven not only by a moral sense of fairness, but by equally compelling attention to scientific reason. In economic jargon, the world's long-run 'profitability' depends on the most efficient use of **all** its resources, including human capital. Put another way, efforts at global advancement, including health research, that systematically neglect sectors of the world's people cannot attain their full potential. 'Equity of outcome,' then, is not a throwback to some neo-liberal era but an instrument through which global advancement can be maximised.

Neither should calls for greater interaction between researchers, policy processes and communities be viewed

simply as efforts to become more 'relevant,' or even to better align health research with country priorities. Clearly, that's part of it. But, the fact that much scientific and technological advancement has **not** brought about expected gains in the global condition suggests that part of the answer lies in social and political processes. Let's be blunt: children still die of measles when an effective vaccine was discovered long ago. While many health researchers place a tentative toe in its murky waters, at least some of the frontiers of knowledge are submerged deep in the politics and practice of implementation. ENHR's call to action is double-edged activism: it is an advocate of the health of the poor; but it also urges health research to realise its own potential by dispensing with self-imposed blinkers and harnesses.

Is all of this a rambling justification for poor quality research? On the contrary, it places even greater demands on researchers to ensure as much 'external validity' in research methods as they do 'internal validity.' What I mean is that essential national health research designs require even more sophisticated projections and plans for potential application.

It's probably clear by now that, like Morty, ENHR seeks to pull researchers into environments characterised by fluidity and unpredictable outcomes. In some situations, advocating for equity in health is not a comfortable — or even safe — activity. In others, researchers accustomed to meeting with 'policy-makers' in ministries of health now find many other players involved in policy formulation. Justifiably, many researchers may feel that they're being asked to go the way of Morty and fellow explorer!

## DOES ENHR TILT

ENHR's enhanced leadership  
way of working for

Advocate for equity, or acquiesce to expedience?

If Essential National Health Research seriously expects researchers to: (i) focus their efforts on the needs of the poor and other vulnerable groups; (ii) act to bring about change; (iii) produce high-quality outputs, and (iv) be

responsive to change, then each country needs souped-up mechanisms of support — mechanisms that:

- promote equity in health
- act as an agent for change
- provide superb research management and support
- develop and evolve with changing circumstances.

COHRED has just published a brief guide\* for countries that want to boost the impact of their own mechanisms to support ENHR. Based on the experiences of countries around the world, it provides practical insight into how ENHR advocates have met the challenges described above. A disconcerting note of caution is that, if the interests of the poor are not kept central, the implementation of ENHR can actually worsen inequity by entrenching academic empires or slotting neatly into the agendas of politicians and investor groups. Health ministries are often enthusiastic about the process of setting priorities, but that enthusiasm may wane when research demonstrates persistent poverty and health-related inequities. In such situations, how can equity in health be actively promoted?

Countries have responded to the challenge in different ways: In Nepal, a community-led health research and development programme provides a permanent open 'window' onto local realities. In South Africa, a specific portfolio of research aimed at assessing trends in the equity of health service provision was designed together with the Parliamentary Committees on Health and Finance. Involvement of legislators creates both an authority and a secure space in which this equity monitor may operate.

No, an ENHR mechanism will not achieve social transformation on its own, but it has a powerful role to play in demonstrating inequities in health and health care provision — and helping to design national and local responses that improve the health and well-being of the poor.

## Dull as dishwater, or vibrant as Viagra?

This enhanced leadership role means that the ENHR mechanisms need a new way of working: Conventional boundaries of research, traditional 'target audiences,' and standard institutional arrangements are no longer enough. New alliances need to be forged with non-government organisations, investor groups, and business. Researchers will encounter growing demand from advocacy groups, legislators, and the media for information, and will need to 'package' it in new ways. In this new environment, users of research will not tolerate low-quality work — and innovation and creativity will be stimulated. Critically important, then, that the ENHR mechanism is not operated out of some dingy back office by a nondescript cluster of little grey men. No, I'm not calling for flashy offices and hype. But the mechanism needs to be driven by an enthusiastic and dynamic team with credibility and presence.

If all of the above suggests that ENHR is hopelessly mired in activism at the expense of accomplishment, perhaps it's worth noting that research is one of the most powerful forms of advocacy — if its ultimate goal is improvement of the global condition.

# AT WINDMILLS ?

## hip role means a new country mechanisms

The last word goes to Oscar Wilde: *'Agitators are a set of interfering, meddling people, who come down to some perfectly contented class of the community and sow the seeds of discontent amongst them. That is the reason why agitators are so absolutely necessary. Without them, in our incomplete state, there would be no advance toward civilisation.'* ■

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Other countries have incorporated the implementation of ENHR into their national development plans. None of the above strategies are miracle cures for inequity, and many readers will have personal stories to tell of the struggle to represent the interests of the poor both in repressive political climates and in more open, but equally disinterested societies.

\*How to Boost the Impact of Country Mechanisms to Support ENHR: A peek into the melting pot of country experiences.' A publication produced by the COHRED Working Group on PAM. February 1999. Available on-line at <<http://www.cohred.ch/>>



**T**HE LAO PEOPLE'S Democratic Republic is to undertake a groundbreaking examination in depth of the nation's health. The survey is one of three research proposals which emerged from two workshops organised in June and July last year with technical and financial support from COHRED.

It was in January 1998 that the Council of Medical Sciences (CMS) of the Laos Ministry of Health (MoH) drew up a Plan of Work for that year which made provision for two priority-setting workshops aimed at identifying crucial issues and relevant research questions. The workshops, in which researchers from various institutions under the MoH participated, put forward three research proposals. One focused on Malaria Control, one was 'an Evaluation of the Effectiveness of short-term Training in the Birth-spacing Programme,' and the third was a first-ever National Survey of the Health and Morbidity Status of the Lao Population.

The draft research proposal for the Survey was prepared at a four-day follow-up workshop in early August and was finalised at yet another workshop at the end of the month. This was followed by a round-table donors' meeting, aimed at raising the necessary research funding, which was organised with the financial support of UNICEF and presided over by the Minister of Health.

The Survey will be conducted in 17 provinces and one special zone. Village health volunteers will ensure that all households are made aware of the scope and purpose of the study. The sample population will include about 3265 individuals in each province. Data collection will be at household level by structured questionnaire. The estimated cost of the 24-month survey,

which is to take off in mid-1999, is US\$68,342.

The need for such a national survey was underlined in November 1998, when the CMS submitted a technical report to COHRED on how it was putting Essential National Health Research (ENHR) into practice in ways that would be of greatest advantage to the country. As the ENHR focal point, the CMS noted that, in the past, no national health research project existed to generate specific information for solving health problems or for national decision-making and planning. It further stated that 'ENHR helps to generate information which can be used as common ground for solving problems, especially if the information from research can guide the allocation of resources in such [a] way [as] to improve health through various services and action.'

Again, according to the CMS, the rationale behind the initiative can be summarised as follows: To date, the MoH's Bureau of Statistics data are exclusively hospital-based; no community-based information exists that would make it possible to calculate the incidence and prevalence of acute and chronic illnesses; no studies have been carried out so far on health-related problems such as health-seeking behaviour, health-care expenditure and risk factors for acute and chronic diseases; there are continuing very high mortality rates for malaria, pneumonia, diarrhoea and dengue fever.

The organisational set-up for conducting this survey foresees: a Steering Committee (for direction and national support); an Advisory Group including WHO and COHRED consultants (objective and scope); a Research Group (methodology, analysis and reporting), and a Survey Secretariat and Working Groups (preparation and coordination

of activities as well as field-data collection).

The findings are expected to be published in international and local journals, and an executive summary will be submitted to policy-makers. They will be used:

- to improve intervention strategies in order to lower the prevalence and the incidence of acute and chronic diseases;
- to eliminate — nationwide — the risk factors that may cause such illnesses;
- to ameliorate preventive- and curative-care programmes in the country's urban, rural and mountainous areas;
- as a basis for establishing health insurance criteria.

**This article is based on the Research Proposal prepared by the Council of Medical Sciences, Ministry of Health, Lao PDR, entitled 'National Health and Morbidity Survey in Lao P.D.R.'**

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- The implementation of the Essential National Health Research Plan of Work in Lao P.D.R. Technical Report. Council of Medical Sciences, Ministry of Health, Lao P.D.R. November 1998.
- Meetings and Workshops to support ENHR in Lao PDR supported by COHRED. Technical Report. (undated)



**D.** Identify key methodologies and tools for comparative analysis of country experiences and promote production and dissemination of methodologies and tools

Where research is required and tools and methodologies are unavailable or not standardised, the Alliance will help to develop, and disseminate widely, appropriate tools and methodologies.

**E.** Facilitate systematisation, analysis and sharing of information

The Alliance will develop a range of instruments to improve information exchange, including a newsletter, encourage networks and liaison with existing networks.



## The structure of the Alliance

The Alliance's structure comprises a membership, board and secretariat. The Board has been created — its current members are named in the adjacent box. The first meeting of the Board has been held, and the emphasis now is on getting the other two elements of the structure in place.

The purpose of the membership is to encourage wide-spread participation of interested and relevant institutions in the Alliance's activities, and to provide a bottom-up source of direction and advice. Those eligible for membership of the Alliance will include institutions active in HPSR as producers and users. A Meeting of Members will be held every two years, to which all members will be invited, in order to enable members to give broad direction to the work of the Alliance, review and comment on the work plans, provide an opportunity for new initiatives in the field of HPSR to be presented and discussed and for networking between all those involved in HPSR.

The secretariat will be located in WHO, in the cluster for evidence and information for policy. At the Meeting of Interested Parties, the creation of the Alliance was warmly welcomed by the executive director of that cluster, Julio Frenk, who saw it as a means of providing input to the activities of the cluster concerned with health systems, of linking WHO to a widespread collaborative network, and of providing the means for the ground-up expression of demands and views related to HPSR.



## Immediate plans

The priority now is to get the Alliance up and running. Initial funding has been promised by IDRC, the Norwegian and Swedish governments, and the World Bank. The process of appointing a head of the secretariat is under way. We hope to produce quickly some initial products, including short versions of the regional papers.

### Current Members of the Board

Dr Celia Almeida	Fundação Oswaldo Cruz, Brazil
Dr Enis Baris	IDRC, Canada
Dr Lennart Freij	Sida/SAREC, Sweden
Dr Julio Frenk	WHO
Dr Maureen Law	World Bank
Dr Lindi Makubalo	Dept of Health, South Africa
Dr Malaquias Lopez	National Institute of Health, Mexico
Professor Gaspar Munishi	University of Dar-es-Salaam, Tanzania
Dr Tom Nchinda	Global Forum for Health Research
Dr Mamadou Traoré	Institut National de Recherche en Santé, Mali
Dr Mary A. Lansang	University of the Philippines, Philippines
Professor Anne Mills	London School of Hygiene and Tropical Medicine, UK (Chair)
Dr Sanguan Nitayarumphong	Ministry of Public Health, Thailand (Vice-Chair)
Dr Yvo Nuyens	COHRED
Dr Karl-Olav Wathne	Ullevol University Hospital, Oslo, Norway
Professor Liu Zingzhu	Shandong Medical University, China

Once a secretariat is in place, we will be seeking to constitute the membership. Those interested are welcome to register their interest with me in the interim. ■

**Ann Mills is the Chairperson of the Alliance for Health Policy and Systems Research. She contributed this article to *Research into Action*.**

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# CONFERENCES & MEETINGS

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June 8–10, 1999 — Forum 3 — Attacking the 10/90 Disequilibrium in Health Research

Geneva/Switzerland

Organised by the Global Forum for Health Research, this meeting is expected to address in plenary meetings, parallel, and special-interest sessions, a wide array of topical issues of health care and health research. It is also planned to include a Market Place Exhibition where partners from the Forum's eight constituencies will present posters, documents, video materials and small displays on priority issues in health research. For additional information and registration forms, go to <<http://www.globalforumhealth.org>>, or contact the Secretariat at: phone 41-22-791 4260 • Fax 41-22-791 4394 • E-mail <[info@globalforumhealth.org](mailto:info@globalforumhealth.org)>

June 20–22, 1999 — 1999 Annual Conference of the Global Health Council/NCIH

Arlington, Virginia/USA

Intended for health-care service providers and community organisers, programme administrators and managers, policy-makers and advocates, and researchers and consultants, the Conference will feature presentations from leading figures from the fields of health care, development and humanitarian assistance — from industrialised and developing countries — describing critical interactions between health, poverty and development.

The format for the Conference theme 'Global Health, Poverty & Development' and its three sub-themes (health programmes and policies as tools for development and poverty reduction; poverty and hunger in relation to global health; interaction of globalisation and international development efforts with health, poverty and development) will be: panel sessions, round-table sessions; X-fire sessions, and poster presentations. For details, please contact: Global Health Council/National Council for International Health (NCIH), 1701 K Street, NW; Suite 600, Washington, DC 20006-1503. E-mail <[conference@globalhealthcouncil.org](mailto:conference@globalhealthcouncil.org)>

June 27–29, 1999 — 1999 Annual Meeting of the Association for Health Services Research

Chicago/USA

The focus of this year's annual meeting will be on access to care; health coverage; lessons from abroad; long-term care; managed care and markets; Medicare; organisation/management; quality/outcomes; social determinants, and workforce/training. For up-to-the-minute meeting information, visit <[www.ahsr.org](http://www.ahsr.org)>

Nov 29–Dec 1, 1999 — 3rd International Conference on Health Informatics in Africa (HELINA '99) — First Announcement

Harare/Zimbabwe

The Conference is expected to review the continent's state of affairs in health informatics. The Organisers hope that the meeting will raise and address questions such as who uses the technology, who benefits, is the right type of information being collected and processed, are the information systems appropriate, how to validate the health information, and has the technology made a positive improvement to the majority of people's lives. For more information, please contact Dr Godfrey Woelk at <[gwoelk@healthnet.zw](mailto:gwoelk@healthnet.zw)>

October 1–3, 1999 — 3rd International Conference on the Scientific Basis of Health Services

Toronto/Canada

The meeting will concentrate on the creation, application and critique of evidence as it applies to organisation, policy and practice in health care. To register, contact: The Paragon Conference & Event Group Inc., 205 Richmond Street West, Suite 704, Toronto, ON Canada M5V 1V3. Fax 416-979 1819 • E-mail <[paragon.will@sympatico.ca](mailto:paragon.will@sympatico.ca)> • Web <[www.paragon-conferences.on.ca/health99](http://www.paragon-conferences.on.ca/health99)>

## COURSES

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May 3–23, 1999 — Short Course in Competencies in International Health Functions

Chulalongkorn University College of Public Health, Bangkok/Thailand

This three-week course for 25 participants is designed for policy-makers, mid-level and programme managers, and senior strategists. Topics will include: negotiations for global health cooperation; globalisation and the impact on health; international public health law. The course language is English. Tuition (only) fee US\$500. The deadline for applications is 20 April 1999. For further information, please contact Professor Chitr Sitthi-amorn, MD PhD, Dean, The College of Public Health, Chulalongkorn University, 10th Fl., Institute Bldg 3, Phayathai Rd, Bangkok 10330, Thailand. Fax 66-2-255 6046 E-mail <[schitr@chula.ac.th](mailto:schitr@chula.ac.th)> and cc: <[tbordin@chula.ac.th](mailto:tbordin@chula.ac.th)>

June 14–18, 1999 — Ethical Issues in International Health Research

Harvard School of Public Health Center for Continuing Professional Education, Boston/USA

Designed to create an interactive format, this course will give participants from the fields of medicine, anthropology, epidemiology, education, political science, and law a comprehensive overview of contemporary ethical issues in international health research. Topics will include: ethical frameworks and present-day guidelines; responsibilities of the researchers to the community; standards of care; conflicts of interest; genetic research; research on refugee populations; scientific misconduct. Fee US\$1650. For more information, call 617-432 1171; or email <[contedu@sph.harvard.edu](mailto:contedu@sph.harvard.edu)>, or visit <[www.hsph.harvard.edu/ccpe](http://www.hsph.harvard.edu/ccpe)>

## Guidelines for Research in Partnership with Developing Countries.

Published by KFPE (Swiss Commission for Research Partnership with Developing Countries), Bern, Switzerland. Format A5, 1998, 56 pages.

The 'Guidelines' are designed first and foremost for cooperative projects and comprise eleven principles for research in partnership between an industrialised country and developing countries. For a detailed description, see also *Research into Action*, Issue 14, July–September 1998, pp. 6–8.

The final versions of the 'Guidelines' are available on-line in English, French, German and Spanish; a Portuguese version is in preparation. Hard copies can be obtained free of charge from: KFPE Secretariat, Bärenplatz 2, CH-3011 Bern, Switzerland; phone (41-31) 311 0601 • Fax (41-31) 312 1678 • E-mail <kfpe@sanw.unibe.ch>. To order on-line, or to download the 'Guidelines,' go to <<http://www.kfpe.unibe.ch>>.

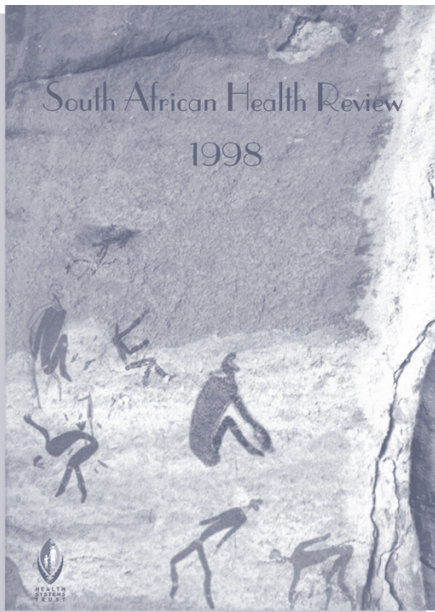


## South African Health Review 1998.

Published by the Health Systems Trust (HST). ISSN 1025-1715; ISBN 1-919743-38-3. 1998. 218 pages. This publication is also available on the Web, at <<http://www.hst.org.za/sahr>>

Intended as an independent and comprehensive source of information about health and health care in South Africa, this year's Review represents a departure from earlier ones in that primary and secondary research projects were commissioned by the HST specifically for providing the hard data that will allow to measure the progress made in transforming the country's health system. Hence, and because many of the policies essential to achieving a more equitable system are already in place, the 1998 Review's focus is on the implementation side of the transformation. Highlights from the findings of this research make up the bulk of the chapters, many of which are backed up by technical reports. These reports are to be read in conjunction with the Review and designed for those with a particular interest in the respective subject matter. Finally, the 1998 Review gives particular prominence to assessing the extent to which transformation is promoting equity, as well as to identifying where inequities exist, in both the inputs to and outputs of the health service.

To order copies, contact: Health Systems Trust, 401 Maritime House, Salmon Grove, Victoria Embankment, Durban 4001; Fax 27-31-304 0775 • E-mail <[hst@healthlink.org.za](mailto:hst@healthlink.org.za)>



## How to Boost the Impact of Country Mechanisms to Support ENHR: A peek into the melting pot of country experiences.

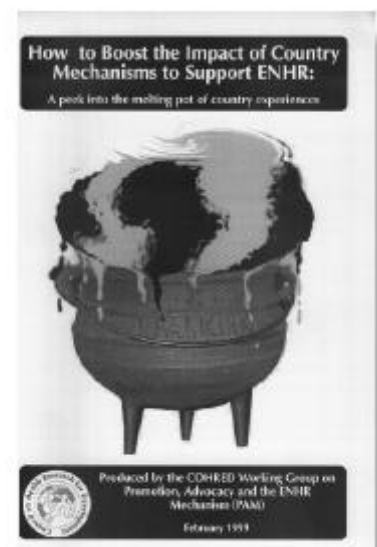
COHRED, February 1999. 24 pages.

An output of one of the four Working Groups assigned to COHRED's Task Force on ENHR Competencies, this publication is organised around the four main objectives of an ENHR mechanism, which are to:

1. Promote equity in health
2. Act as an agent for change
3. Provide research systems management support, and
4. Develop and evolve with changing circumstances.

The publication attempts to assist countries by pinpointing the 'make or break' factors that influence the effectiveness of an ENHR mechanism, providing documented country experiences and some clear guidelines on implementation.

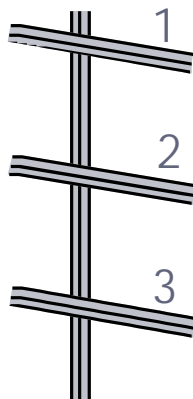
For copies of this publication, please contact the COHRED Secretariat.





A unique opportunity for all stakeholders and interested parties to come together to:

1. Assess the impact of major initiatives in health research introduced in the past decade:



The establishment of the Commission on Health Research for Development in 1990 and its launching of the concept of Essential National Health Research (ENHR), followed by the establishment of COHRED, the Council on Health Research for Development, in 1993.

The 1990 resolution of the World Health Assembly on Health Research and the related publication of the document 'Research for Health. Principles, Perspectives and Strategies.'

The establishment in 1997 of the Global Forum for Health Research, following the report of the WHO-convened Ad hoc Committee 'Investing in Health Research and Development.'

2. Help to forge the research agenda for the new millennium:

The Conference will be organised by a consortium of agencies and organisations initiated by the WHO, the World Bank, the Global Forum for Health Research, and COHRED, and involving many other partners.

The Conference will comprise discussions on :

- general situation analysis of the status and development of health research worldwide
- the role of ENHR in a changing environment
- thematic debates on substantive areas of health research (eg, malaria, tobacco, violence, etc.)
- thematic discussions on managerial issues such as priority setting, advocacy, and capacity development

The discussions will have the format of :

- keynote papers
- plenary sessions
- panel discussions
- workshops

There will also be opportunities for :

- constituency meetings of organising agencies
- satellite meetings for interest groups
- scientific exhibitions

The Conference is in its organisational stages.  
 All interested parties may contact for FURTHER INFORMATION:  
 Organising Secretariat  
 COHRED, c/o UNDP  
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 CH-1211 Geneva 10  
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