Issue 10 n July – September 1997

COHRED

Research into Action

The Newsletter of the Council on Health Research for Development (COHRED)

HEALTH SECTOR REFORM: can research make a difference ?

}The world of ideas and the world of action are not separate, but inseparable parts of each other. Ideas are true forces that change the tangible world. The man and woman of action has no less responsibility to understand the world, than the scholar.~

Donabedian, 1986

By RAINER SAUERBORN

THE critical assumption in proposing health system research for the improvement of health policies—and, ultimately, for the betterment of the health of populations—lies in its ability to influence decision-making. In contrast to the importance of this assumption, it is surprising how little is known about the process of how decisions are actually made in real life. This was illustrated at a recent meeting in Heidelberg, Germany (July 1997), on 'Strategies to enhance the use of research for health sector reform.' Organised by the Institute for Tropical Medicine and Public Health under the auspices of the European Commission, decision-makers and researchers from a series of developing countries, including Bangladesh, Burkina Faso, Ghana, Mali, Tanzania, Thailand and Pakistan, presented and discussed successful as well as unsuccessful cases of the use (or non-use) of research in health sector reform.

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From these case studies and a related literature review, the following critical issues in the use of research for policy-making were identified:

- DATA, including questions of relevance, reliability, validity, level of aggregation, etc.;
- COMMUNICATION OF RESULTS, with the two-culture metaphor 'action people versus data people,' as main explanation;
- OWNERSHIP, covering questions such as who sets the research agenda, who designs, who gets feedback, who draws conclusions?
- INSTITUTIONAL FRAMEWORK, which refers to the type of research institution, the type of policy-making body and the organisational arrangements between them;
- ROLE OF RESEARCHER: detached analyst or involved lobbyist?

Decision-making

What about the decision-making process itself?

The decision-making process is 'messier' than the widely held linear model suggests. It can be sidetracked and reversed and stopped at any time.

Research is but one input in the process, and certainly not the most important one. The social/political dimension of the decision-making process is critical, yet the knowledge-driven model does not acknowledge this. In this light, we can understand how crucial it is that 'researchers' be aware of the political environment in which decisions are made.

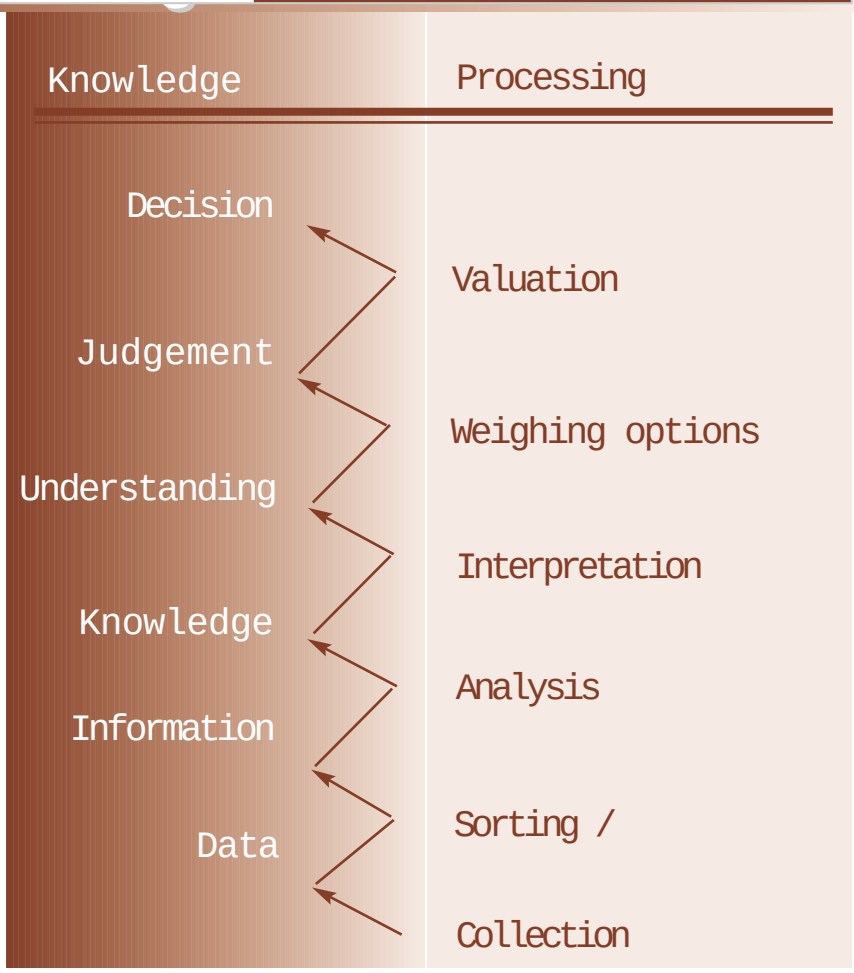
Concept

The concept of the decision-maker is misleading. While there may be one institution or one person responsible to finally sign off on a decision, there most certainly are a great number of stakeholders who have had their crucial influence on the decision-making process. The complexity and extent of the web of stakeholders goes clearly beyond the Ministry of Health, the health practitioners, and the communities often cited as the 'key players.' Media, unions, multilateral institutions, industry, political parties, NGOs, all have their stakes in many health sector policies and thus try to influence the decision-making process. Researchers are well advised to get to know the complex web of stakeholders and their conflicting views and interests, and to use research results to influence the most important ones.

Strategies

Acknowledging that information is but one of many inputs in the decision-making process, and that knowledge of the policy process, the key stakeholders and their roles in the policy issues under scrutiny is a prerequisite for improving the use of research, we identified a set of strategies aimed at enhancing the use that policy-makers make of their research results. These strategies fall into seven cate-

The Knowledge-Driven Model



Adapted from van Lohuizen (1985)

... Continued on page 3

gories:

I Sensitisation of stakeholders to the usefulness of research results to increase the demand for and use of applied research in their work;

II Sensitisation of researchers to their advocacy role: fostering his/her interest and commitment to 'feed' the research results into the decision-making process;

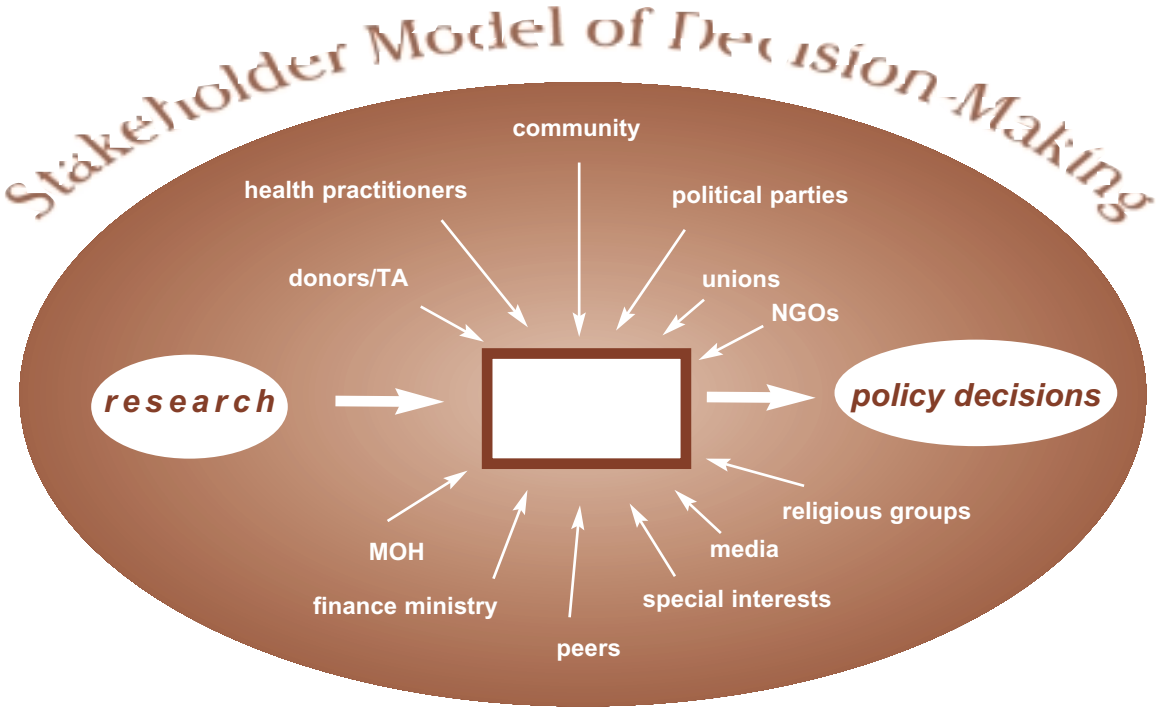
III Ownership of the research agenda and results. This implies that key stakeholders are included not only in the selection of research questions, but in their design and the continuous feedback and discussion of results;

} Researchers should reassess their roles and consider themselves as lobbyists for their research conclusions. ~

IV Creation of appropriate institutional arrangements for a continuous dialogue between researchers and key stakeholders;

V Attention to data quality (relevance, timeliness, validity, reliability, generalisability);

VI Appropriate communication of research results, to as many stakeholders as possi-



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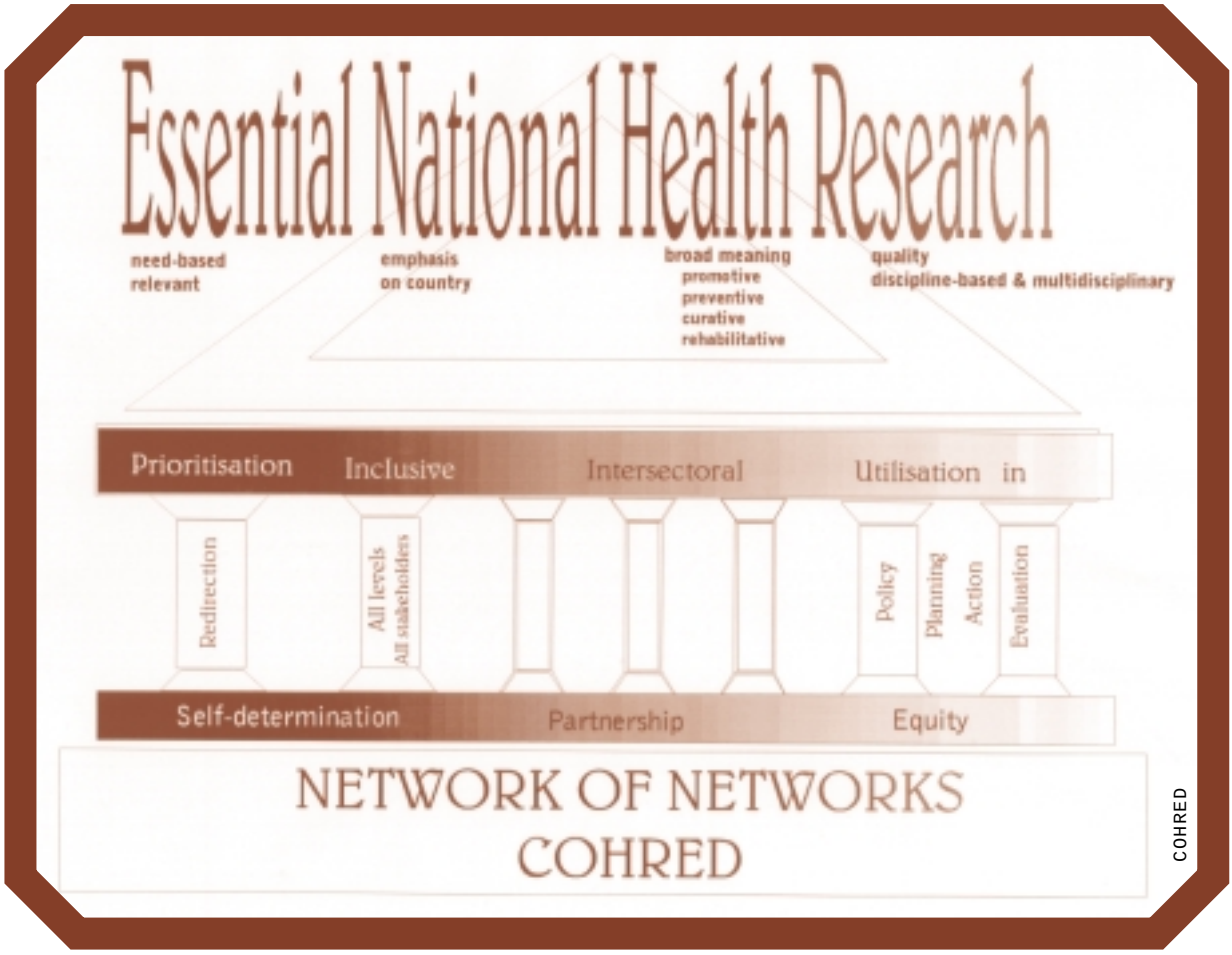
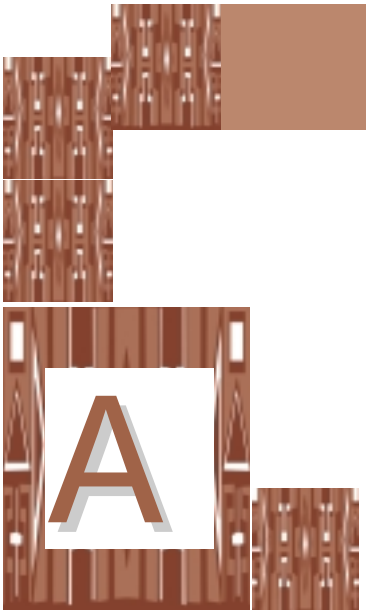
Contact address: *Prof. R. Sauerborn, Department of Tropical Hygiene and Public Health, Ruprecht-Karls-University Heidelberg, Im Neuenheimer Feld 324, 69120 Heidelberg, Germany. Tel 49-6221-565 033 ¥ Fax 49-6221-565 948 ¥ E-mail: rainer.sauerborn@urz.uni-heidelberg.de*



COUNTRY

THE CONCEPT



One of the challenges facing Ghana was how to organise the community financing of health care in such a way that it would not deter the poor and vulnerable from seeking that care. As early as 1988 a key policy-maker, the then Director of Medical Services (DMS), was sufficiently concerned about this to support a research project on 'the demand and willingness to pay for rural health insurance.' Subsequently the health insurance association for one district in line with the consensus reached during a two-day seminar on health insurance.

Although the project was successful in influencing broad policy decisions, as a result of many changes in staffing at the ministry and in the local offices of donors it has been unsuccessful in terms of bringing about rapid introduction of the new scheme. However, it is worth examining the steps by which this research project was carried into effect and its results were disseminated.

DATA CHARACTERISTICS

The data characteristics of this project may be summed up as follows:

Research

- Community/rural health insurance in Africa and its specific feasibility in Ghana
- Fieldwork in Burundi, Guinea-Bissau and Ghana
- Sponsors: Overseas Development Administration (ODA), International Development Research Centre (IDRC), United Nations Children's Fund (UNICEF)

Policy Background

- User fees and the problem of poor access by impoverished groups to health care

Policy Decision

- To include rural/district health insurance in the health financing strategy
- To launch pilot scheme(s) in specific districts

Summary of Events

1988 Conception
1989-90 MSc training for the Principal Investigator (PI)
1991 Literature review, methodology development, writing of proposal
1992 Preparatory studies in two other African countries
1993-94 Fieldwork in Ghana
1995 Dissemination workshop in Accra, international presentations and publications.

Institutional Framework

The conceptual framework and policy background of the project from the outset in 1988 was the issue of user fees and the problem of poor access to health care for people with low or only seasonal incomes, especially those living in rural areas. The Director of Medical Services, who had earlier been the Director of the Planning Unit, proposed that the Unit should explore the feasibility of introducing health insurance for the informal sector and for identifiable groups such as farmers' associations. Recognising that the health economics knowledge and skills for studying this issue were lacking, he encouraged a member of the Unit's staff, who was already interested in health financing, to concen-

+ + +

Ghana ... continued from page 5

trate on health insurance and supported her application for an MSc in health economics. The Principal Investigator was seconded to a health economics research programme in an academic institution, and it was agreed that her main research would be into the feasibility of informal/rural health insurance in Africa, with particular emphasis on Ghana. Effective collaboration existed between the PI and the academic institution, the Ministry of Health (MOH) and donors supporting the work (IDRC and UNICEF) because of the role of the DMS in the research. As one of the advisers of the research, he was able to explain its importance to the Ministry and to request donor assistance. This situation fostered an effective collaboration between policy-makers, researcher and donors. The link between the research findings and policy was further helped by the presentation and discussion of the findings at a workshop attended by senior officials from relevant ministries.

In translating the concept into development, the role of the policy-maker – in this case the DMS – entailed:

- recognising the need to explore solutions to the health insurance problem
- ensuring that there were the requisite health economics knowledge and skills in the Planning Unit
- making sure that any potential for policy-making was built into the research development.

The role of the researcher was, in response to the policy-maker's concerns:

- to acquire health economics skills
- to summon up academic support for the research – in other words, to act as a lobbyist
- to develop the research in collaboration with other interested parties. In practice, this collaboration involved three actors: the Ministry of Health, the PI/ academic institution and the donors.

Communication of Results

The results of the research were disseminated through a workshop held in Accra and attended by senior staff of the MOH and of relevant ministries. Besides the research report for the donors, a briefing paper for policy-makers was produced, and a summary was published in a newsletter which was given wide circulation.

Follow-up activities involved putting rural health insurance firmly on the policy agenda. However, a change in the main policy-makers resulted in a shift away from a scheme based on rural solidarity and towards a scheme based on formal or semi-formal commercial links.

THE RESULTS

This case study of a research project to examine rural health insurance as a health financing option in Ghana illustrated both positive and negative experiences in the interaction between decision-makers and researchers. Today it can be said neither to have failed nor to have succeeded.

The project has been successful in keeping community-based health insurance as a financing option firmly on the MOH research agenda. Decision-makers have actually decided to pilot the feasibility of this approach in selected districts across the country.

It has been unsuccessful in that it has not managed to keep key decision-makers interested in the community-based approach, even though it has the potential to resolve the problems of some three-quarters of Ghana's population who live in rural areas. Attention has turned instead to commercial approaches to health insurance. One of the major reasons for this is that certain key changes of staff at the MOH have been accompanied by changes in philosophy.

	Ghana
	16.9 million
	56.6 years
	740
	79
	130
	44
	93
	60
	65
	55
	63.4
	25,000
	410
	1.7
	3.1

Source: Human Development Report 1997, United Nations Development

LESSONS LEARNED

Researchers have to keep pace with possible changes in decision-makers, and foresee the

... Continued on page 9

News From ENHR Partners

Sister Dora S. from a rural District Hospital in a Southern Africa country had a problem. During a 'Reproductive Health Workshop' conducted in a remote village, 'poverty' had been identified as one of the major causes of ill-health in the community. Now Sister Dora was looking for information from non-governmental organisations (NGOs) involved in income-generating projects, specifically projects targeting adolescents.

Eventually she remembered that her Hospital was connected to 'HealthNet' – an electronic information system – designed to serve health workers labouring in isolation from one another. HealthNet is running an electronic conference, called 'AFRO-NETS' – African Networks for Health Research & Development – which was set up to encourage and facilitate collaboration among various NGOs, research centres and governmental organisations active in health research for development in the Eastern and Southern Africa Region.

sister dora sent out a short message on AFRO-NETS, asking for information about income-generating activities targeting adolescents. within a few days she received several responses from all over the world, giving her useful contacts or concrete examples and experiences, with lessons learned, so she did not need to 're-invent the wheel'.

Avoiding the need 'to re-invent the wheel' was one of the reasons for establishing AFRO-NETS. In 1996, scientists, health workers and representatives from NGOs realised that several 'networks' active in health research and development were operating independently from each other on the African continent. To avoid duplications and save scarce resources, the group decided to set up a 'Network of Networks' which it hoped would lead to better collaboration between the networks in capacity building, planning and conducting research, transforming research recommendations into action, and many other areas.

To date, 14 networks and institutions are participating in the 'Network of Networks'. The 'electronic conference' has about 400 direct subscribers, of whom half are located in Africa, and the other half in the United States, Europe, Asia and South America. (In Africa, messages are also being fed into local 'HealthNet' nodes from where they are distributed to country-wide mailing systems (e.g., in Zimbabwe to the more than 200 subscribers of 'HealthNet Zimbabwe')).

The conference also serves as a forum for announcing meetings, training courses, new teaching materials and other items of interest to the networks.

Traffic on the electronic conference is moderate to low, depending on the topic being discussed. Whereas the discussion about the introduction of a new 'Health Card' generated up to 10 messages a day (and a total of 60 messages), the average number of contributions is two or three a day. The discussion topics deal with every aspect of health research in Africa, from AIDS to capacity building, from the Internet and traditional healers to Zambian women's groups.

The conference is moderated. In other words, each message is checked and approved before being sent

...Continued on page 8

AFRO-NETS … continued from page 7

out to the subscribers. This is not censorship, but a sorting out of administrative requests (e.g., for subscription), automatically generated messages (I am on leave until...), and personal messages (aren't you the one I recently met in Cape Town...?), which account for up to 20% of all messages. It is meant to avoid unnecessary traffic, which is important for those who have to pay for every single message received.

Since two or three messages a day might still be an inconvenience for some subscribers, an AFRO-NETS digest was created, which collects 8 to 10 messages and sends them out to the subscribers of the digest as one message once or twice a week. In addition, research proposals, research results and other documents are being stored at the central computer, from where they can be retrieved via e-mail by anybody interested in them.

AFRO-NETS maintains a 'Home Page' at the World Wide Web server of HealthNet/SatelLife in Boston, USA. All contributions made to the electronic conference can be searched by keywords and retrieved via the integrated 'WebGlimpse' search engine. Participating Networks/Institutions are listed on the home page with their 'hyperlinks' (clicking their name with the mouse brings the 'Web-Surfer' to their own home page). HealthNet/SatelLife has recently developed a free 'GetWeb' service which allows everybody with an e-mail account to download documents from the World Wide Web. This is important for health workers with no direct Internet connection (the majority in Africa), who can now even do a (free-of-charge) MEDLINE search via e-mail.

Launched in November 1996, AFRO-NETS now provides a forum for information exchange and connectivity for the participating individuals and organisations, either based in Africa or working in Africa, including WHO, the World Bank, the US Agency for International Development, the European Commission, the US Centers for Disease Control and Prevention, and UNICEF.

'AFRO-NETS is especially significant for SatelLife because it is a conference developed

The AFRO-NETS conference has been set-up to facilitate the exchange of information between different networks active in Health Research for Development in the Eastern and Southern African Region. It is a forum for discussion which can support collaboration between the networks in such fields as capacity building, planning and conducting research, transforming research recommendations into action, and so forth.

We want to hear from you, so please share your comments, ideas and questions!

To subscribe to the Afro-nets conference, send e-mail to <majordomo@usa.healthnet.org>
Include the following command in the text of your message:

```
subscribe afro-nets
end
```

For a full "help" text, include the following in the text of your message:

```
help
end
```

To retrieve the daily archives, include the following command in the text of your message:

```
get afro-nets topics
end
```

This retrieves a table of contents of all postings for the current calendar year, showing the subject lines and file names.
Next, send another message to majordomo@usa.healthnet.org
and include the following command in the text of your message:

```
get afro-nets YYMMDDHHMMSS
end
```

(YYMMDDHHMMSS represent numbers for the year, month, day, hour, minute and second)

A digest version of Afro-nets is also available. Send e-mail to <majordomo@usa.healthnet.org>
Include the following command in the text of your message:

```
subscribe afro-nets-digest
end
```

You may also read the conference via SatelLife's World Wide Web at

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

For additional assistance in subscribing, contact:

```
owner-afro-nets@usa.healthnet.org
```

To send a message to the conference, prepare an e-mail message to

```
afro-nets@usa.healthnet.org
```

and then type your comments in the body of the

This Report was written for* Research into Action *by Dr Dieter Neuvians, based in Harare, Zimbabwe, and currently working as consultant for a GTZ-supported Health Systems Research Programme in the Eastern and Southern African Region.

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RELEVANCE OF THE STUDY

Significant user charges for health services at the point of use were introduced in Ghana in 1985. The legislative instrument which brought the hospital fees act into being stipulated that the full cost of pharmaceutical drugs was to be recovered by the user, although this opened the door to increases in drug prices in line with increasing inflation. But the other fees were supposed to remain unchanged until another legislative instrument could be produced. Over the years there have been increases in charges for non-drug items as well as for drugs, usually at the discretion of service providers.

As a consequence of these user charges, the poor and those who happen to be without money at the time of need are denied equitable access to the health service. There are increasing public complaints about the high cost of health services relative to the incomes of the average Ghanaian.

At the same time, the government cannot afford to provide completely free health services, and some contribution by users is needed. Health insurance is one of the possible financing alternatives that the MOH has seriously considered instead of fees at the point of use. One problem with this option is that it is not easy to work out a viable system in rural areas where many people are not in formal employment, cash flow is low and incomes are seasonal.

To make the results of this particular study more useful to policy-makers, the research methodology should be closely examined for its viability. Specifically, although many people to whom the unfamiliar concept of health insurance was introduced said they would pay in theory, it is not sure that this would happen in actual practice. Levels of poverty are high in Ghana and, as the study itself demonstrated, many citizens are in negative cash balance at the end of the year.

In order to more effectively inform national policy-making, similar studies should be made in parts of the country which differ from the study area, to determine whether the results are similar. Since the research did not deal with the organisation and administration of the scheme, there is a gap in the information provided.

This article is based on a presentation by Dr I. Adjepong and Dr D. Arhin, Health Research Unit, Ministry of Health, Accra, Ghana, at the International Conference on Strategies to Enhance the Use of Research for Health Sector Reform, held in Heidelberg, Germany, 24 to 26 July 1997.

It was written for* Research into Action *by John H. Bland, a former Editor-in-Chief of WHO s World Health magazine.

Contact: *Dr S. Adjei, Director, Health Research Unit, Ministry of Health, PO Box 184, Accra, Ghana. Tel 233-21-230 220 ¥ Fax 233-21-226 739*

In the light of the above, the current decision of the poli-

DONOR ORGANISATIONS OF COHRED

Carnegie Corporation of New York – USA

International Development Research Centre, IDRC – Canada

Department for Research Cooperation, SAREC, Swedish International Development Cooperation Agency, Sida – Sweden

Directorate-General for International Cooperation, DGIS, Ministry of Foreign Affairs – The Netherlands

Norwegian Agency for Development Cooperation, NORAD – Norway

Swiss Agency for Development and Cooperation, SDC – Switzerland

DONOR ORGANISATIONS OF COHRED

Upcoming Events

Meetings & Conferences

November 9 – 12,

Fourth Canadian Conference on International Health
Organisers: Canadian Society for International Health and Canadian University Consortium for Health in Development in collaboration with the Canadian Public Health Association
Location: Palais des Congrès, Ottawa/Hull, Canada
Contact: Conference Coordinator, Canadian Society for International Health, One Nicholas St, Suite 1105, Ottawa, Canada K1N 7B7. Tel 613-241 5785, ext 313 • Fax 613-241 3845 • E-mail: csih@fox.nstn.ca
Description: Organised around the them 'Women, Health, and Development,' this year's conference will discuss and assess field-based activities of Canadian organisations and results of research carried out by Canadians and Canada-supported developing country researchers. Sub-themes will include: gender as a determinant of health; reproductive health; safe motherhood; human rights; addressing violence

September 14 – 18,

2nd European Congress on Tropical Medicine
4th Residential Meeting of the Royal Society of Tropical Medicine
Organiser: The Royal Society of Tropical Medicine and Hygiene and the Federation of European Societies for Tropical Medicine and International Health
Location: University of Liverpool, main campus
Contact: European Congress Office, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA. Tel 44-151-708 9393 • Fax 44-151-708 8733 or 708 9007 • E-mail: eurocong@liv.ac.uk
Description: Hosted in Liverpool on the occasion of the celebration of the Centenary of the Liverpool School of Tropical Medicine, the Congress, which will include 12 Plenary sessions, several

April 21 – 24,

Eighth Public Health Forum 'Reforming Health Sectors'
Organiser: London School of Hygiene and Tropical Medicine (LSHTM)
Location: London School of Hygiene and Tropical Medicine
Contact: Alice Dickens, Conference Organiser, LSHTM, Keppel Street, London WC1E 7HT, UK. Tel 44-171-927 2314 • Fax 44-171-580 7593 • E-mail: a.dickens@lshtm.ac.uk
Description: Academics and practitioners from all parts of the world will discuss the following questions: Should the state do less? Can we learn from the UK reforms? Can technical analysis improve reform design and implementation? The needs of the poorest: are they being ignored? Where can the money be found? Public or private: an irrelevant question? Does understanding politics help in implementation? The future health system: what will it look like? The Conference will be of interest to any one who is involved in designing, implementing

Courses

4th International Course on the Anthropology of Health and Health Care
Dates: 7 February to 19 March 1998
Location: Bangladesh Rural Advancement Committee (BRAC) Centre, Dhaka, Bangladesh
Contact: The Director Research, BRAC, 75 Mohakhali C.A., Dhaka-1212, Bangladesh. Tel 880-2-884 180-7 • Fax 880-2-883 542/883 614/886 448 • E-mail: red@amr-brac.bdmail.net
Description: The course is designed to provide junior social scientists and public health professionals with: understanding of anthropological concepts used in the analysis of health problems knowledge of and experience with methodological tools for applied anthropological research in the health field ability to

Courses offered by Swiss Tropical Institute (STI), PO Box, CH-4002 Basel/Switzerland, Tel 41-61-284 82 80 • Fax 41-61-284 81 06
E-mail: sticourses@ubaclu.unibas.ch
http://www.wb.unibas.ch/STI

Health Care and Management in Tropical Countries
Date: March 16 – June 4, 1998
Location: Swiss Tropical Institute, Basel, Switzerland
Description: A three-month full-time diploma course for experienced professionals involved in health and development activities or planning to work overseas. Interactive teaching-learning methods (case studies, group work and presentations (English/Course fee CHF6000). Number of places limited. Application deadline is 30 September 1997.
District Health Management
Date: June 8 – 26, 1998
Location: as above.
Description: Certificate course. Topics: Project planning; adapted, modern management of human, material and financial resources. (English/Course fee CHF2100).

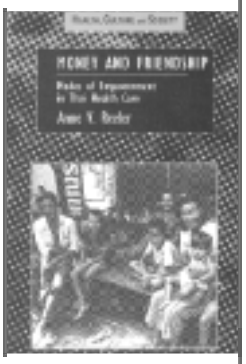
Application deadline is 31 March 1998.
Medical Practice in Developing Countries with Limited Resources
Date: approx. July/August 1998
Location: Rural Africa
Description: Certificate course.
Topics: Design, application and evaluation of diagnostic and curative procedures of clinical tropical medicine in district hospitals in tropical countries.
(English/Course fee CHF2100)
Application deadline is 31 March 1998.
Travellers' health
Date: September 21 – 25, 1998
Location: Swiss Tropical Institute, Basel, Switzerland
Description: International short (certificate) course. Topics: Prevention and cure of travel-related problems with special focus on tropical diseases.
(English/Course fee CHF800)
Application deadline is 15 August 1998.
Accidents due to Venomous and Poisonous Animals
Date: September 28 – October 1, 1998

PUBLICATIONS

A SIMPLE SOLUTION. Teaching Millions to Treat Diarrhoea at Home. By A. Mushtaque R. Chowdhury and Richard A. Cash. With a Foreword by Jon E. Rohde. University Press Limited, Dhaka, Bangladesh, 1996. ISBN 984 05 1341 9. 149 pages.
The book relates how a medical technology was adapted, revised and successfully introduced on a large scale to an illiterate population in Bangladesh through house-to-house health education by a small group of dedicated health workers. The authors have painstakingly documented one of this century's major public health achievements

MONEY AND FRIENDSHIP. Modes of Empowerment in Thai Health Care. By Anne V. Reeler. Het Spinhuis Publishers, Amsterdam, 1996. ISBN 90-5589-076-6. 182 pages. US$17.50. The book is published in the series Health, Culture and Society: Studies in Medical Anthropology & Sociology.
The author, who is an anthropologist currently working for UNAIDS in Geneva, describes how people actually try to empower themselves in rural and urban situations in northeast Thailand. The book goes beyond simple relativism by showing how structural conditions frame people's health-seeking practices. It also contributes to the discussion about the extent to which health workers and planners should 'compromise' on biomedical standards and ideals in order to allow people to participate in their own health care in ways they find meaningful. The book can be ordered via Martinus Nijhoff International, PO Box 269, 2501 AX The Hague, The Netherlands, or directly via Het Spinhuis Publishers, Oudezijds

HUMAN DEVELOPMENT REPORT 1997. United Nations Development Programme, New York. Oxford University Press, 1997. ISBN 0-19-511996-7 (cloth), ISBN 0-19-511997-5 (paper).
The theme of this year's report is poverty from a human development perspective, that is poverty as a denial of choices and opportunities for living a tolerable life. It introduces a new measure – the "Human Poverty Index" (HPI). This measure is based on three variables: the percentage of people expected to die before age 40, the percentage of adults who are illiterate, and the percentage of people without access to health services and safe water and the percentage of underweight children under five. This is a departure from the conventional measures which are based on income only.
Like its seven predecessors, the 1997 report is the outcome of a collaborative effort of a panel of eminent scholars and the UNDP Human Development Report team. To order the English version, contact Oxford University Press, Walton Street, Oxford OX2 6DP, United



PRIVATE HEALTH PROVIDERS IN DEVELOPING COUNTRIES: Serving the public interest?
Edited by Sara Bennett, Barbara McPake, and Anne Mills. Zed Books, London and New Jersey, 1997. ISBN 1 85649 496 9 Pb.
This book presents the results from a coordinated programme of research on the private health care sector including studies carried out by Asian, African and Latin American researchers. It is structured around three main themes – the behaviour and performance of private sector providers; the market situation in which they find themselves; and the experience of incorporating private sector providers into public sector activities through contracting. The book will be useful to students and academics involved in international public health courses, and to health policy mak-

ENHR IN KENYA. Executive Summary. Concept Papers Meeting for Essential National Health Research (ENHR) in Kenya, Nairobi Safari Club, 23-24 April 1997. Compiled by M.S. Abdullah, R.N. Oduwo, Y. Kombe and F.A. Opondo. ISBN 9966-9927-1-5. For copies, write to: Secretariat, National Health Research & Development

Please note, COHRED cannot supply the publications reviewed on this page. Please write to the appropriate address.

Newsletters FFF

COHRED

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT

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COHRED, the Council on Health Research for Development, is a non-governmental 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

Newsletter

Information Bulletin

This three-language (English, French, German) bulletin is published twice a year by the Standing Committee of the Hospitals of the European Union (HOPE). It updates readers on recent developments in the health-care and hospital-care sectors in HOPE's member countries and the European Union. It also provides other European and worldwide news, for instance, on activities of the Council of Europe and of health-related European and international organisations. A special column spotlights individual European countries and affords informative overviews of how health care is organised at the national level. For more information, contact Standing Committee of the Hospitals of the European Union, Kapucijnenvoer 35, B-3000 Leuven. Tel 016/33.69.02 • Fax 016/33.69.06 • E-mail: hope@geo2.poptel.org.uk

DHS Newsletter

This 12-page newsletter is published twice a year by Macro International Inc. to provide information about the Demographic and Health Surveys (DHS) programme which it is implementing, and about the current status of DHS surveys. The Programme assists developing countries to conduct national surveys on population and maternal and child health. To receive the DHS Newsletter, write to: Tonya Gary, DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA. Tel 301-572 0958 • Fax 301-572 0993 • E-mail: reports@macroint.com

Speaking About Rights

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