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COHRED

Research into Action

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

THE COMMUNITY: the partner which matters most

By JOHN H. BLAND

ALL TOO RARELY ARE THE THREE KEY STAKEHOLDERS — decision-makers, researchers and community representatives — involved at every stage of the ENHR process. This was one of the more adverse findings of the four-member External Evaluation team who drew up the Interim Assessment of ENHR and COHRED (see *Research into Action*, Issue 7). The team offered four general recommendations which they believed represented a 'next step' for the Council on Health Research for Development and its many partners. They included specific training in ENHR technology, strengthening the capacity for comprehensive research, and a beefing up of COHRED itself and its Secretariat.

But the team also recommended the building of purpose-specific coalitions, which it describes in the following terms. Each of the three stakeholders shares the goal of having health research used to improve the health and quality of life of the people. Ideally, they form a partnership of equals, where each respects the others' points of view. Creating these purpose-specific coalitions and sustaining them so that they function in a dynamic and effective fashion pose complex challenges. Nevertheless, relevant expertise is becoming available in several countries, but the team underlined that, in the various country analyses they made, there

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The Community ... *continued from page 1*

was considerable variation in the extent to which all three partners were involved. All too often the weakest of the partners is that of the community, and this is rarely the fault of the community concerned.

A pertinent example

A particularly pertinent example of community involvement in a major health programme is illustrated in a booklet produced by Canada's International Immunization Program — Phase 2, known for short as CIIP2. *Helping Children Beat the Odds: Lessons Learned* includes a chapter on 'learning about partnership and community participation' in which it defines partnership as a sharing of power, resources and information in a context of cooperation based on common goals and values. Quoting a Masai proverb that 'One head cannot contain all wisdom,' it observes that partnership ... characterises the entire philosophy of the programme and the way it is implemented. Partners share in the decision-making and trouble-shooting, and are collectively responsible and accountable for the ultimate outcome. CIIP2 partnership is also a process of mutual learning and information sharing.

Significantly, the chapter goes on to say that the most important partnership in primary health care projects is the relationship with the community. Clearly, without the active involvement and support of the community to improve the health of its members, other partnerships are existing in a vacuum. While community participation was not explicitly identified as a CIIP2 development theme, it was highlighted by the partners at the subsequent lessons-learned workshops as one of the most vital and challenging elements in increasing immunisation coverage.

Held as Phase 2 neared completion, these workshops were arranged in May 1996 in Ouagadougou, Burkina Faso, and in Mukono, Uganda.

At Ouagadougou, community participation was precisely defined as: 'the contribution, involvement and voluntary, active commitment of a group of people who interact within a given territory to collectively identify problems, establish priorities and search for solutions in order to enhance the quality of life of all members of the community.'

The CIIP2 projects show that primary health care can be strengthened by encouraging communities to participate in the achievement of their own health. Achieving high levels of community participation is a long-term evolutionary process that involves changing attitudes as well as building confidence and ownership.

> "Any process designed to set priorities ... should not lose sight of the fundamental questions:
>
> **whose voices** are heard,
> **whose views** prevail and, thus,
> **whose health interests** are advanced?"

At the Uganda workshop on 'lessons learned,' the CIIP2 partners adapted 'a spectrum of participation' to demonstrate the stages through which communities evolve, in terms of their participation in the process of sustaining immunisation coverage through the strengthening of primary health care systems. The levels of participation run across this spectrum (see Box), with each type defined by the degree of community involvement in the process. The degree of ownership is a function of the level of participation in the project cycle.

CIIP2 partners agreed that 'entry' into a given community should be at that community's current level on the spectrum and should be sensitive to the prevailing culture. Different communities are at different levels on the spectrum, and this must be determined before any mobilisation activities are initiated. Efforts should also be made to identify positive and negative cultural factors which may foster or hinder community participation, and to develop realistic strategies to address these. To maximise both the commitment to and the benefits from a project, there is a need to understand community dynamics, which includes understanding traditional customs and the social hierarchy, and the ways in which these affect primary health care systems.

Community dynamics

Again, in countries which have been the recipients of years of large-scale development aid, an attitude of dependency has resulted. Partners found that, in those countries, communities often expected monetary compensation for taking part in projects. This made it more difficult to mobilise the community to take charge of its own health problems. A project which addresses community needs and works in partnership is more likely to move away from a dependency mentality and produce positive results.

Developing effective partnerships requires all concerned to invest time, resources and commitment. Not least is the need to get to know your partners, says the booklet, and this means establishing a mechanism for mutual learning. Getting to know your partners also involves determining the extent to which partners are well rooted, trusted and respected

... Continued on page 3

within their communities. Field partners are the closest link to the community, and their reputation is crucial in gaining the respect and confidence of the community. Conducting informal interviews with government officials, other NGOs and community leaders for example, may be useful in determining the extent to which a particular NGO is an appropriate partner in that community.

Finally, the CIIP2 booklet concludes that neither individual projects nor the health sector in general are sustainable if they depend solely on donors for long-term support. There must be an appropriate mix of government, donor and community revenues to ensure the supply of vaccines and other basic health services. Even very poor countries and communities should be required to contribute some of their resources for the provision of PHC services, as an indication of their commitment to improving their health status. Without that commitment, development efforts are likely to cease once external assistance has ended.

The challenge to ENHR

The experiences of this particular Canadian programme can be matched by most of the countries whose processes, mechanisms and outcomes of priority setting for ENHR were reviewed during the Manila Workshop in February this year. As that Workshop clearly spelled out: 'Any process designed to set priorities ... should not lose sight of the fundamental questions: whose voices are heard, whose views prevail and, thus, whose health interests are advanced?'

The concluding observations stated clearly that 'not all stakeholders are involved in all stages of the prioritisation process — communities are the first ones to be dropped.' Moreover, while decision-makers from the national level participated, representatives from the sub-national levels were under-represented. Where communities were properly involved, they tended to be represented by women's associations, teachers and local non-governmental organisations as well as community leaders.

The small ENHR committees responsible for planning research priorities are mostly a mix of Ministry of Health officials and members of the research community, with often only marginal involvement of the other stakeholders.

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SPECTRUM OF PARTICIPATION

DEPENDENCE
- Low degree of involvement
- Low degree of ownership

SELF-RELIANCE
- High degree of involvement
- High degree of ownership

LEVELS OF PARTICIPATION

1 **Informing**: Community is a passive recipient of assistance, materials or services; is not involved in their provision; and has no control over how they are used.

2 **Consulting**: Beneficiaries are consulted on activities that have usually already been determined. They are consulted on problems and needs, although not necessarily on the context, analysis and options for solutions.

3 **Labour**: Beneficiaries take action prescribed by others, such as contributing labour or attending a clinic or other in-kind contributions.

4 **Money**: Community members clearly recognise the benefits of a service, enough to contribute funds for its maintenance.

5 **Design**: Community members are involved in the actual design of the project. They jointly define problems, plan solutions to problems, and take responsibility for development actions. Projects are co-designed, co-implemented and co-owned.

6 **Empowerment**: Community members are empowered to organise themselves to address their needs, and plan and implement solutions on their own.

7 **Community Transformation and Self-actualisation**: Community is transformed and in a position to be of service to others.*

* Adapted from *Helping Children Beat the Odds: Lessons Learned from Canada's International Immunization Program – Phase 2 (CIIP2)*, Canadian Public Health Association; 1997, p. 42.

Priority Setting in Health Research

— Recent Examples —

BURKINA FASO

The First Symposium on ENHR, held in Ouagadougou, Burkina Faso, in February 1997, identified the following as priority problems

Vertical Problems (disease / health)	Horizontal Problems (organisation, resources)
1 Malaria	1 Attitude of health workers
2 Diarrhoeal diseases	2 Insufficient coverage
3 STDs, incl. HIV / AIDS	3 Quality of care
4 Meningitis	4 Lack of health personnel
5 Malnutrition	5 Self-medication

JAMAICA

At the ENHR Workshop, held in Kingston, Jamaica, in September 1996, the following data (source: MEDCARIB database) **reflecting health research priorities were presented**

Period 1980 – 1995

Subject Area	No. of Peer Review Papers	Total No. of Papers
Nutrition	105	175
Sickle Cell	161	166
Hypertension	72	99
Diabetes	56	81
MCH	16	75
HIV / AIDS / STD	47	58
HTLV-I	47	48
Environment	14	37
Cancer	34	37
Heart Disease	36	37

Contact persons:

Burkina Faso
Dr Arlette Sanou, Dep. de la Santé, Ouagadougou. Fax 226-310 865 314

South Africa
Dr Ayanda Ntsaluba, DDG Policy & Planning, Ministry of Health, Pretoria. Fax 27-12-323 0004

Jamaica
Dr Peter Figueroa, Ministry of Health, Kingston. Fax 1-809-926 5674

SOUTH AFRICA

The First ENHR Congress on Priority Setting, held in Pretoria, South Africa, in November 1996, identified the following as priority health problems

Disease / Health Problem

Injury/Trauma/Violence
TB
Nutrition
HIV / AIDS
Sexually Transmitted Diseases (STDs)
Cancer (all)
Diarrhoea
Respiratory infection
Mental health (excl. substance abuse)
Malaria

Broad Research Questions for HIV / AIDS (as an example)

Basic Research
1 Rapid test
2 Congenital STD detection
3 Syndromic treatment
4 Asymptomatic detection

Clinical Research
1 Congenital STD detection
2 Syndromic treatment
3 HIV treatment
4 Vaccine development
5 Vertical transmission drug development

Social Sciences
1 Condom usage
2 Asymptomatic detection
3 Patient behaviour
4 Health worker issues
5 Vertical transmission
6 Socio-economic impact assessment

Health Systems, Public Health & Policy Research
1 Policy development & evaluation
2 Socio-economic impact assessment
3 Models of care
4 Asymptomatic detection
5 Health worker issues
6 Post exposure prophylaxis
7 Ethical legal issues

FACT SHEET — Viet Nam

Total population (millions) (1997)	76.5
Projected population (millions) (2025)	110.1
Ave. pop. growth rate (%) (1995–2000)	1.8
GDP per capita (1995)	280
Life expectancy M / F	64.9 / 69.6
Under-five mortality M / F	61 / 67
% illiterate (>15 years) M / F	4 / 9
% access basic care	90
% access to safe water	36
Public expenditure on health (as % of GDP) (1990)+	1.1
Population per doctor (1988–91)+	247

SOURCE:
United Nations Population Fund. 1997. *The State of World Population 1997*. New York: UNFPA.
+United Nations Development Programme. 1996. *Human Development Report 1996*. New York: UNDP.

IN EARLY 1997, AT THE INVITATION OF THE Vietnamese Ministry of Health (MoH), a joint delegation from the Council on Health Research for Development (COHRED), Geneva, and the Swedish Development Cooperation Agency, Department for Research Cooperation (Sida/SAREC), visited Viet Nam for consultations on Essential National Health Research.

Discussions were held with individual departments and institutions as well as during a seminar with broader participation.

The three parties agreed that —

• A national working group should be formed to facilitate and coordinate the national consultations needed to develop an operational plan for ENHR over the next few years. This working group should have representation from the major stakeholders in health research, namely the decision-making bodies (such as relevant departments in the MoH and in other Ministries), the research community (such as universities and other research institutions) and the community (such as NGOs and mass organisations). In addition to the above, the group should have appropriate gender and geographical representation. The working group should cooperate with ongoing activities in the MoH in the area of policy and strategy development.

• This working group should form a small executive committee, whose composition should reflect the concerns of all the parties involved.

• The working group should consider the following priority issues and tasks:

— a nation-wide inventory of ongoing health research, including present health research infrastructure and financing, as a basis for future directions of health research;

— documentation and analysis of the present situation and future needs as regards human and institutional resources in order to support a process for comprehensive national health research capacity-building;

— a review of available documentation on the health status of the Vietnamese people as a basis for a discussion on future priorities for health action and health research, and

— an exploration and discussion of issues of research management at various levels to support a sustainable health research process;

— the working group and its executive committee should consider organising task forces, seminars and studies to address the above issues and to produce a series of working papers accordingly;

— the outcome of the above process should be a national meeting on ENHR, with broad participation from all stakeholders to discuss and agree on an operational plan for putting into effect an ENHR strategy in the country.

COHRED and Sida/SAREC reconfirmed their commitment to extend their ongoing partnership with Viet Nam to facilitate this endeavour.

This partnership should be extended to include a wider range of agencies and donors.❑

Contact **:** Professor Pham Huy Dung, Center for Social Sciences for Health, Hanoi, Viet Nam. Fax 844-823 2448.

Directory

Health Research Organisations

African Region

The Council of Health Research for Development and the ENHR African Network collaborated with seven networking organisations that are active in the Region in compiling this Directory.

It is hoped that the Directory will help to improve communication by print and electronic media among these organisations —

JHSR, SOMA-Net, AMVTN, IHPP, CRHC, INCLEN, HSR and the ENHR African Network.

For further information or copies of the Directory, contact Professor Raphael Owor, ENHR Coordinator, Uganda, Faculty of Medicine, Makerere University, P.O. Box 7072, Kampala, Uganda. Phone +256-41-531 730
Fax 256-41-234 579 or 256-41-530 022
E-mail <uncst@uga.healthnet.org>

COHRED brings out orientation materials designed to strengthen ENHR competencies

HOW should a country determine its priorities for health research? Who should be involved in priority setting? How can a country harness local capacities and internal and external resources for carrying out its national health research plan? These are just a few of the pressing questions that countries have been asking in the process of developing and implementing a strategic plan for health research.

In its interim assessment of ENHR/COHRED, carried out in October 1996, an external evaluation team strongly recommended that COHRED should capture the available expertise on ENHR competencies and develop these further as tools that countries can use in promoting the ENHR strategies and in putting them into effect.

The COHRED Board took up the team's recommendations and established a Task Force to draw up and carry out an action plan for ENHR competencies.

According to Dr Mary Ann Lansang, Chair of this Task Force, the primary objective of this new group is to produce a series of handbooks on specific competencies which are useful to the ENHR process. The group's members will work in tandem with the COHRED Board as well as with COHRED's Task Forces on Capacity Strengthening, Critical Indicators, and Partnership Development.

In preparing orientation and training materials on various ENHR competencies the group will draw on the experience and expertise of a wide circle of individuals from both developing and developed countries. At the same time, COHRED will reinforce its links with international health research programmes and agencies so as to better meet countries' capacity strengthening needs in areas such as health policy research and health financing, or in discipline-specific knowledge and skills.

The initial efforts have been focused on priority setting for health research. A group of 14 individuals with different perspectives and experiences met at a workshop in Manila, the Philippines, in February 1997, to discuss the essential elements and steps in priority setting. The outcome of their deliberations is now available in print as a COHRED publication, entitled *Essential National Health Research and Priority Setting: Lessons Learned* (COHRED Document 97.3, Paperback A5 Format, approx. 70 pages).

Designed to help countries to develop their national (or subnational) health research agenda in a systematic and scientific manner, and based on a critical analysis of the past experiences of different countries in agenda setting, this booklet offers improved methods and steps for research priority setting. It covers such important topics as information needed for priority setting; who should be involved and how to involve them; selecting and using criteria for priority setting; and bridging national and global research interests.

The next project of the Task Force will deal with issues relating to the ENHR mechanism. In the past, various models have been tried, using focal points such as the Ministry of Health, national research councils, academic bodies, or NGOs. Methods and steps for enhancing such mechanisms will be reviewed. In addition, it will examine approaches to involving the communities in ENHR programmes. The subjects of future projects will include promotion and advocacy techniques; specific areas of research capacity strengthening; intra- and inter-country networking; and resource mobilisation.

A draft working plan for this two-year Project on 'ENHR Competencies' will be discussed by a working group which will meet in conjunction with the First Global Forum on Health Research in Geneva, Switzerland, in June 1997. ❑

Contact : Professor Mary Ann D. Lansang, Clinical Epidemiology Unit, College of Medicine, University of the Philippines Manila, P. Gil St, Ermita, Manila 1000, The Philippines. Tel 632-842 2828 • Fax 632 522 3235 • E-mail: hamis7@mozcom.com

There are lessons here for us all. If essential national health research is to be truly focused on felt needs, is to meet the criteria for ranking health problems (as opposed to health care problems), and is to make the right ethical choices where there are conflicts of opinion, the community — even at the grassroots level — must be consulted, involved, stimulated, motivated. Health research must never be conceived as a self-serving tool for bureaucrats working according to their own private agenda in a ministry, still less for scientists operating from and for their 'ivory tower.' The true partnership of the stakeholders must have at its heart the health interests of the people whom it will serve.❑

John H. Bland, a former Editor-in-Chief of WHO's 'World Health' magazine, and now a consultant with the Leprosy Elimination programme, wrote this article for 'Research into Action' in consultation with Yvo Nuyens, Coordinator, COHRED. The article is based on the publication 'Helping Children Beat the Odds: Lessons Learned from Canada's International Immunization Program – Phase 2 (CIIP2),' Canadian Public Health Association; 1997.

UPCOMING EVENTS

MEETINGS & CONFERENCES

OCTOBER 19 – 24, 1997

20th Network Anniversary Conference

'Involvement of Communities in Health Professions Education: Challenges, Opportunities and Pitfalls'

Organisers: Network of Community-Oriented Educational Institutions for Health Sciences in collaboration with Universidad Autónoma Metropolitana Xochimilco, Mexico

Location: Mexico City

Contact: 1997 Network Conference Mexico, Pauline Vluggen/Jolande Koetsier, Maastricht University, Faculty of Medicine, P.O. Box 616, 6200 MD Maastricht, The Netherlands. Tel 31-43-388 1522/1524 • Fax 31-43-367 0708 • E-mail: secretariat@network.unimaas.nl

Description: The central theme of the Conference is the role of communities in the education of health professionals. Prospective participants are: teaching staff, administrators and students of educational institutions for health professionals, health-care providers and representatives of communities.

The main Conference language is English.

Registration deadline: July 1, 1997.

NOVEMBER 20 — 22, 1997

Annual Meeting of the European Public Health Association (EUPHA)

'The Health of the Regions in Europe'
(including the 9th Health Services Research Conference)

Organisers: EUPHA, Public University of Navarra, Faculty of Economics, Spain, The Netherlands Institute of Primary Health Care (NIVEL), Utrecht.

Location: Conference Centre, Universidad Pública de Navarra, Pamplona, Spain

Contact: EUPHA Meeting, Faculty of Economics, Public University of Navarra, Campus de Arrosadía, 31006 Pamplona, Spain. Tel 34-48-169 420 • Fax 34-48-169 404 • E-mail: EUPHA-SESPAS@upna.es • Web page: http://animal.upna.es/economia/eupha

Description: The Meeting will focus on health and health care of the regions, with special emphasis on geographical equity, medical practice variations, decentralisation and health care reforms and public health system reforms.

The language of the Meeting is English. No translation will be provided.

COURSES

INTERNET TRAINING WORKSHOP

Dates: 13 – 18 September, 1997

Location: National Information Centre, Amman, Jordan

General enquiries may be directed electronically to:
< amman-workshop-info@isoc.org >

For a blank *application*, send mail to:
< get-amman-workshop-application@isoc.org >

Description: The Internet Society (ISOC) will be conducting a Middle East - North Africa Internet Training Workshop focused on assisting countries within this region in developing and extending their national publicly accessible Internet and in accelerating the integration of these national networks into the global Internet.

PUBLICATIONS

Directory: Training Programs in Health Services Research. Edition 1997. Prepared by the Association for Health Services Research (AHSR) in conjunction with the World Health Organization. 376 pages.

Intended for students, training programmes, career placement offices at universities and colleges, employers, public and private funding organisations, and health care and policy decision-makers, the 1997 edition of the *Directory* profiles some 205 US and 45 international programmes in health services research (HSR). Section 1 provides introduction and overview of the *Directory*; Section 2 provides profiles of US-based programmes; Section 3 provides profiles of programmes outside the US that offer training in HSR, and Section 4 provides indexes to the substantive information furnished in the profile sections.

To order copies, contact: Association for Health Services Research, 1130 Connecticut Avenue, NW, Suite 700, Washington, DC 20036, USA. Tel 202-223 2477 • Fax 202-835 8972 • Web order form: http://www.ahsr.org

Within US/AHSR Members = US$24 (Non-members = US$34); Outside US/AHSR Members = US$27(surface), US$37 (1st class) (Non-members = US$37 & 47 resp.)

An Introduction to Advocacy. Training Guide. By Ritu R. Sharma. 1997. 128 pages.

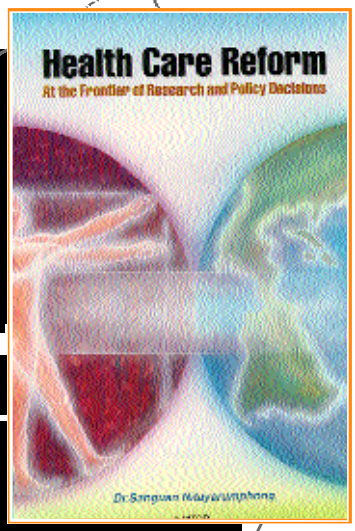
Written primarily for use in training sessions, this exceedingly well designed *Guide* will be useful to people in all sectors who wish to improve policies and programmes through advocacy: professional institutions, associations and networks; researchers; programme managers; NGOs or community organisations; ad hoc groups, training institutions or groups.

For copies of the *Guide*, contact: Support for Analysis and Research in Africa (SARA) Project, Academy for Educational Development 1255 23rd Street NW, Washington DC 20037, USA. Tel 202-884 8700 • Fax 202-884 8701 • E-mail: sara@aed.org

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

Health Care Reform: At the Frontier of Research and Policy Decisions. Edited by Sanguan Nitayarumphong. Office of Health Care Reform, Ministry of Public Health, Thailand. 1997. 188 pages. ISBN 974-7767-76-7

An international workshop held in January 1996 in Nakornrajsima, Thailand — sponsored by the Commission of the European Union and the World Health Organization — reviewed experiences with health-care reform initiatives in several countries (including Belgium, Japan, Korea, the Lebanon, Mali, Malaysia, Philippines, Portugal, Sweden, Thailand, UK) and assessed how far research has contributed to the design of the reforms in these countries and how this can be improved. This book contains the final versions of papers presented at the Workshop.



— Newsletters —

Newsletter of the Network of Community-Oriented Educational Institutions for Health Sciences. A twice yearly publication, this newsletter provides news on member institutions, regional activities and upcoming events. For details, contact: Pauline Vluggen, Editor, Network Publications, P.O. Box 616, 6200 MD Maastricht, The Netherlands. Tel 31-43-388 1522/1524 • Fax 31-43-367 0708 • E-mail: secretariat@network.uni.maas.nl • Internet: http://www.unimaas.nl/ ~ network/welcome.htm

Informing & Reforming. Published by the International Clearinghouse of Health System Reform Initiatives (ICHSRI) under the eminent directorship of Julio Frenk, this new, quarterly newsletter aims to serve as an interface between innovators, decision-makers, health policy analysts and researchers. For more information, contact: Miguel A. González-Block, Editor, Fundación Mexicana para la Salud, Periférico Sur 4809, colonia El Arenal, Tepepan, 14610, Mexico, D.F., Mexico. Tel 52-5-655 9011 • Fax 52-5-655 8211 • E-mail: block@funsalud.org.mx

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 health gains for the population at large.

In addition, COHRED brokers national financial and other support for countries if requested to do so.