Issue 6 ■ July — September 1996

COHRED

Research into Action

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

Sexual and Reproductive Health:

The Challenge for Research

"Sexual and reproductive health is important because it is at the centre of human dignity and well-being. It is founded on the recognition that all people are sexual and that reproduction is necessary for the survival of humanity. Sexual behaviour has profound consequences not only for individuals but for families, societies and the globe. For individuals, sexual acts can mean life-affirming connections or spirit-destroying violation. For families and societies, more children can mean needed labour or talent or extra persons to care for in constrained circumstances. Global sustainability depends on how we, in our numbers, treat or mistreat our common material heritage."

*Thus starts the report Sexual and Reproductive Health: The Challenge for Research, (June 1996), an extract of which is reproduced below. The authors, **S. Chowdhury, B. Egerö, C. Myntti and H. Rees**, let themselves be guided by (1) their quite explicit concern about **sexual** and reproductive health; (2) by the consideration that their recommendations should be based on certain values, that is, research should aim to support moves towards **greater global equity**, since this creates conditions for good health, and towards **equality between the genders**, since this affects intimate relationships and better sexual and reproductive health; and (3) by the consideration that research should take its point of reference in the lives and needs of women and men, and be multidisciplinary in concept and conduct.*

EXTRACT

Nearly two years have passed since nations of the world gathered in Cairo at the International Conference on Population and Development (ICPD) to discuss and reach consensus about what has been called the new reproductive health agenda. At this juncture we would like to ask: What does this agenda imply for research questions and methods? And, what role should research play in moving the new agenda forward? How will research have to be different now in the post-ICPD world? By asking these questions, we would like to provoke a discussion about next steps among the research community, funding agencies, and policy-makers.

We are convinced that the challenges posed by the sexual and reproductive health agenda offer a perfect opportunity to rethink policies and programmes, which in any case need to be re-examined now at a time of reduced resources, emerging or newly recognised health problems, and new actors in health care, such as women's health organisations and private medicine.

... Continued on page 3

In This Issue of Research into Action

COHRED /ENHR Evaluation 2
Country Update KENYA 5
Introducing Fertility Regulation Methods 7
Asian Planning Meeting Manila 9
Upcoming Events 10
Publications 11

COHRED/ENHR evaluation in progress

Evaluation is one of the (seven) core elements in the Essential National Health Research Strategy.
At its Sixth Session (November 1995), the Board decided to make evaluation of ENHR and COHRED one of the top priorities of the Council's 1996 activities. Accordingly, it set the following objectives:

- To assess the implementation effectiveness, value and use of the ENHR strategy by countries and to make corresponding recommendations for improvement.
- To assess COHRED's effectiveness in promoting ENHR at country, regional and global levels, indicating specific changes facilitated and the appropriateness of the balance of activities at all three levels. This is to involve an evaluation of all of COHRED's activities and the functioning of the board, secretariat and working groups/special projects, with corresponding recommendations for improvement.
- In addressing the first two objectives, to elicit the views, experiences and expectations of ENHR stakeholders at the country level (policymakers, researchers and community members), of the donor community, and of international health (research) programmes concerning the role of COHRED at the country, regional and global levels.

It was made clear that the evaluation report should not simply reiterate much of what has been printed in the many reports already available; rather, the aim should be to create a concise, user-friendly, analytical document that would help to guide and position COHRED over the next few years.
The external Evaluation Team is composed of: Prof. Vic Neufeld (team leader), Director, Centre for International Health, McMaster University, Faculty of Health Sciences, Canada; Dr Tessa Tan-Torres, Clinical Epidemiology Unit, College of Medicine, University of the Philippines, The Philippines; Dr Qhing Qhing D. Dlamini, Special Advisor, Head of Health Department, Human Resource Development Division, Commonwealth Secretariat, United Kingdom; Mr Mark Pruzanski, Medical Student, McMaster University, Faculty of Health Sciences, Canada.
The Evaluation Team will present its report at the Seventh COHRED Board Session, scheduled for October 28–30, 1996, in Geneva, Switzerland.❑

COHRED Consultant Visits Eastern and Southern African Countries

In the first half of 1996, M. Mugambi, MD, was commissioned by COHRED to inquire into the state of development of ENHR in Kenya, Uganda and Zimbabwe. The following is an abstract of his observations and conclusions.
The ENHR strategy can be said to find increasing acceptance. New health research plans reflect the importance attached to ENHR. However, ENHR, in some cases, tends to be seen as yet another vertical programme. This misunderstanding is expected to clear as local networks work together and identify with a common national interest. There is consensus on the research priorities, reached through consultations that involved all stakeholders. These priorities now await translation into practice, which requires, among other things, training and funds to support the actual research. Hence, serious thought must now be given to working out strategies that will secure funding for ENHR. Such donor support as exists today is in many cases found not to be targeted to solving national priorities—due, in part, to lack of proper national planning for research (the latter being one of the aspects ENHR is expected to remedy). Future planning should ensure that donor grants address expressed needs in research and research capacity building. However, the donor response to such needs has so far been poor. And while projects have been formulated, funding remains scarce, threatening the very existence of ENHR. Concerning regional ENHR efforts, it is hoped that the 'networking of networks' will help to improve things when it comes to exchange of information and expertise and the conduct of joint activities (meetings, training, research). Finally, COHRED could help along the ENHR development in Kenya by making itself "felt more at country level," either through direct contact (COHRED Secretariat) or indirectly, through regional focal points. Such a feeling of closeness could be created by modest financial flows, technical exchanges, or through mutually agreed projects.❑

COHRED BOARD

Prof. Charas Suwanwela, Chair
Chulalongkorn University
THAILAND
Dr Raphael Owor, Vice-Chair
Makerere University
UGANDA
Dr S.K. Chandiwana
Ministry of Health and Child Welfare
ZIMBABWE
Dr Sadia A. Chowdhury
Health and Population Division, BRAC
BANGLADESH
Dr F. Binta T. Diallo
MALI
Dr J. Peter Figueroa
Ministry of Health
JAMAICA, W.I.
Dr Joseph Foundohou
Ministère de la Santé Publique
REPUBLIQUE DU BENIN
Dr Lennart Freij
Swedish International Development Cooperation Agency (Sida)
SWEDEN
Dr Matthias Kerker
Federal Ministry of Foreign Affairs
SWITZERLAND
Dr W.L. Kilama
National Institute for Medical Research
TANZANIA
Dr Mary Ann D. Lansang
Research Institute for Tropical Medicine
THE PHILIPPINES
Dr Enis Baris
IDRC
CANADA
Dr Carlos M. Morel
Ministry of Health of Brazil
BRAZIL
Prof. Olikoye Ransome-Kuti
The World Bank
U.S.A.
Dr Patricia L. Rosenfield
Carnegie Corporation of New York
U.S.A.
Mr Timothy S. Rothermel
United Nations Development Programme
U.S.A.
Dr Fabio Salamanca
National Commission ENHR–Nicaragua
NICARAGUA
Dr Jaime Sepúlveda
Instituto Nacional de Salud Pública
MEXICO

National level needs assessment — Process and example

One practical way to begin is to engage in a systematic priority-setting and planning process that may be called a "sexual and reproductive health needs assessment" or "problem identification process". A number of approaches to needs assessment and priority-setting exist. Based on a review of experiences to date, we favour one based on the following principles:

- The process is participatory and open, so that the decision-making process is understood by all concerned. This will increase confidence in the results.
- The process builds on diverse perspectives. Sexual and reproductive health is not the domain of one discipline or one set of experiences. The process should be an inclusive one, with balanced representation of all stakeholders, including women's health advocates.
- The process should define clear priorities. Extensive lists of unresolved problems provide no guidance for action, and hence invalidate the entire process of assessing needs. Participants in the process will need to specify the criteria they use for determining whether a problem is a priority, and negotiation between competing views will be required.
- Follow-up is an explicit part of the process. This commitment should come from the relevant government authorities and international agencies.

Where does research fit into the needs assessment process? Of course, the best available national information must be brought to bear in any discussion of what is known about the magnitude, distribution and determinants of a problem. But the assessment process may also highlight issues about which more information is needed, programmes that need better monitoring and evaluation, or interventions that need to be defined through basic laboratory and clinical research.

Creating a forum for discussion

Many needs assessment and priority-setting processes begin by reviewing a number of indicators of reproductive health. This approach, however, imposes a narrowness on the process because many potentially important issues may not be reflected in existing indicators. The subject of violence against women is a good example. A priority-setting exercise may ignore it totally because it is not easily measured and therefore not on the standard lists of indicators. This presents a major problem for assessing needs in sexual and reproductive health.

So rather than beginning with a review of existing indicators, the WHO guidelines recommend an extended discussion among diverse constituencies. Relevant constituencies include: policy-makers in health, family planning and AIDS programmes; service providers; researchers including social and biomedical scientists; non-governmental organisations including women's organisations; youth and men's health organisations; consumer groups; and those working on community-based development. A number of well-developed exercises are used to encourage each group to identify what it believes are the problems in sexual and reproductive health. The problems identified by biomedical scientists are likely to look quite different from those identified by youth health advocates or women's groups. But initially each viewpoint is noted, and none is dismissed even if not much evidence exists to support a claim.

> " We are concerned quite explicitly about *sexual* and reproductive health.
> Our recommendations are based on certain values: research should aim to support moves towards *greater global equity*, since this creates conditions for good health, and towards *equality between the genders*, since this affects intimate relationships and better sexual and reproductive health.
> Research should take its point of reference in the lives and needs of women and men, and be multidisciplinary in concept and conduct. "

Classifying problems for action

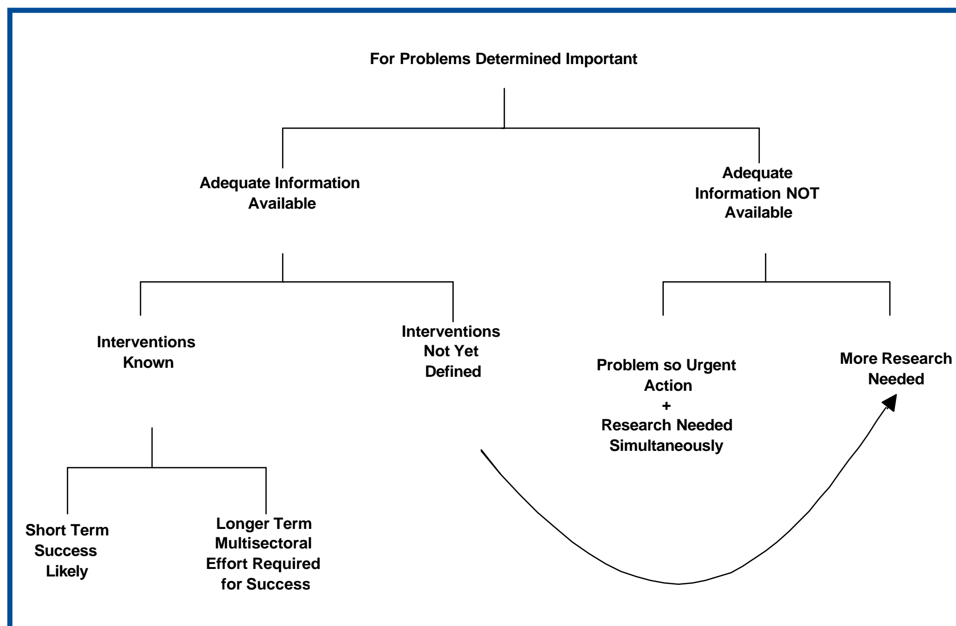
Problems identified by the various constituencies are next subjected to another analysis, where participants are asked to classify them for action. This is slightly different from usual approaches to priority-setting, at the same time more open and more practical. Participants in the process are asked to define the most important problems, specifying the criteria they use to define importance. The criteria may include a problem's prevalence, severity, urgency, public concern, government commitment, impact on family, community and nation, or whether the problem is an underlying cause or a symptom of other problems. Once each constituency lists the problems it considers most important, all participants in the process are asked to negotiate a common list of important problems. For each problem the participants then decide the best actions to be taken. The alternatives are summarised in Figure 1.

Each of the possible actions may have a research component:

Where adequate information is not available. In this situation, different types of research are needed, for example, social and epidemiological research on violence against women.

... Continued on page 4

Figure 1. Classifying Problems for Action



Where adequate information is not available, but the immediate impact of the problem is so great that research and action must be undertaken simultaneously. For example, in certain countries where HIV/AIDS is an urgent priority, intervention projects using experimental designs might be recommended.

Where adequate information is available and interventions are already defined. In this situation, actions can be determined that have a likelihood of short-term success. For example, Safe Motherhood programmes are implemented accompanied by operations research. Where known interventions are blocked, as in the case of reforms to facilitate access to safe abortion, research may explain the nature of political and/or cultural barriers to reform.

Where adequate information is available and the interventions are already defined but successful actions will require long-term effort. For example, improving young people's access to counselling and fertility regulation may require the enactment of legislation or a change in existing policies. In this case, research might document the social costs of the status quo or examine obstacles to change.

Where adequate information about the problem is available but interventions are not yet defined. In this situation basic research is needed to develop the interventions. For example, low-cost technologies to diagnose sexually transmitted diseases need to be developed.

Research and needs assessments

Needs assessments are likely to identify gaps in knowledge and suggest where more research is needed. They may also point to gaps in research capacity itself, and suggest which research skills are needed among national scientists. Competence in fields such as gender studies, medical anthropology and bioethics may well be lacking. Assessing capacity and developing concrete plans to strengthen national research capacity may be one important follow-up activity to the needs assessment.

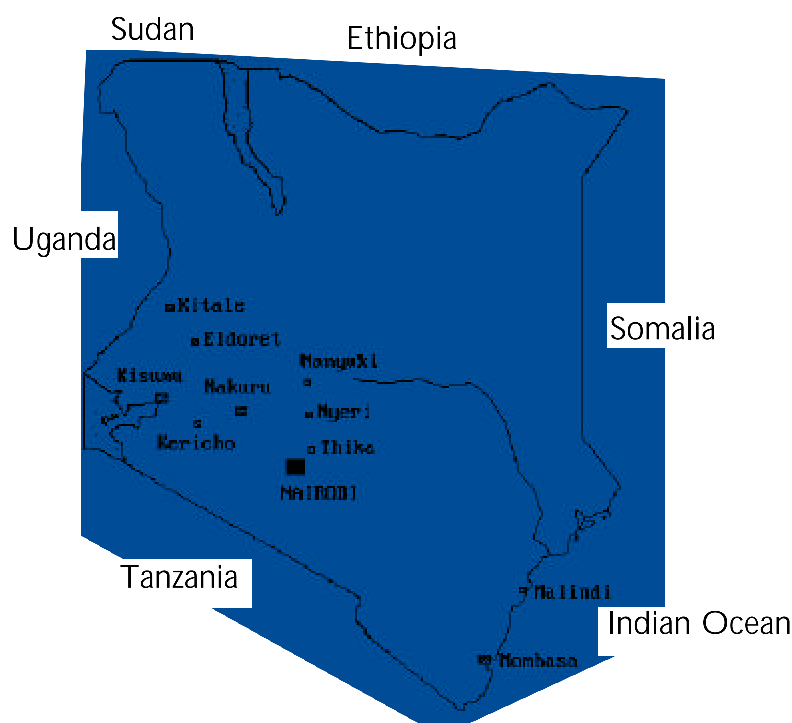
Research in sexual and reproductive health presents a major challenge to the research community. Research to expand the frontiers of knowledge will require sustainable forms of exchange and cooperation between the social and biomedical sciences. No ready-made models exist. Institutional cooperation between South and North may well reinforce disciplinary approaches and have an inhibiting effect on interdisciplinary research cooperation linked to locally identified needs and priorities.❑

The above article is an extract from a discussion paper of the same title by a group of consultants sponsored by The Department for Research Cooperation (SAREC), Swedish International Development Cooperation Agency (Sida) and The Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Family and Reproductive Health (FRH), World Health Organization (WHO). The views expressed in this discussion paper are those of the consultants and do not necessarily reflect the views of the sponsoring agencies.

Copies of the discussion paper "Sexual and Reproductive Health: The Challenge for Research" are available from: Department for Research Cooperation, Swedish International Development Cooperation Agency (Sida), S-105 25 Stockholm, Sweden. Tel +46 (0)8 698 50 00 • Fax +46 (0)8 698 56 56.

KENYA

FACT SHEET



Estimated population 1993 (millions):	**26.4**
Annual population growth rate 1993–2000 :	**3.1%**
Per Capita GNP 1993 (US$) :	**370**
Life expectancy at birth 1993 :	**55.5 years**
Adult literacy rate 1993 :	**75.7%**
Population with access to	
Health Services 1985–95 :	**77%**
Safe Water 1990–95 :	**53%**
Sanitation 1990–95 :	**77%**
Infant mortality rate (per 1,000 live births 1993) :	**69 (vs. 124, in 1960)**
Maternal mortality rate (per 100,000 live births 1993) :	**650**
Under-five mortality rate (per 1,000 live births 1994 :	**90**
(Number of reported) AIDS cases in adults and children (per 100,000 people 1994):	**24.8**
(Number of reported) malaria cases treated annually :	**6 million***
One-year-olds fully immunised against	
Tuberculosis 1990–94 :	**92%**
Measles 1990–94 :	**73%**
Population per doctor 1988–91 :	**20,000**
Population per nurse 1988–91 :	**9,091**
Public expenditure on health (as % of GDP 1990) :	**2.7**
Defence expenditure (as % of GDP 1994) :	**2.2**
R & D scientists and technicians (per 1,000 people 1988–92) :	**1.3**
HDI (Human Development Index) rank 1996 (in list of 174 countries) :	**128**

Source: *Human Development Report 1996*, United Nations Development Programme, pp. 135-187. (See also in this issue under *PUBLICATIONS*, p. 11.)
*Source: "Country Programme Report presented by Beth A. Rapuoda to the Malaria Programme Managers Conference, 18–25 September 1994. World Health Organization, Division of Control of Tropical Diseases/Malaria Control, Geneva, HQ.

...Continued on page 6

ENHR KENYA — HOW DID IT FARE ?

This update draws on the report ENHR Networking of Networks, June 1996, compiled for COHRED by M. Mugambi, MD, and on the report on the Symposium organised by the Sub-Saharan Africa Program of the American Association for the Advancement of Science (AAAS) at AMSIE '95, the AAAS Annual Meeting, held in Atlanta, Georgia, in February 1995, and entitled *Science in Africa*, *Essential National Health Research.*

Since the first national convention was organised in 1991 to discuss health priorities and to deliberate on possible mechanisms that would make health research move in response to national needs, Essential National Health Research (ENHR) in Kenya has scored a number of successes in the face of considerable constraints.

In 1991, the national convention recommended

- that a national mechanism be found to coordinate health research in Kenya;
- that ENHR be incorporated within the Government National Development Plan;
- that political commitment be obtained to ensure that ENHR is institutionalised in the Kenyan policy-making process;
- that there should be national acceptance of the ENHR plan and the organisation of its implementation and financing; and
- that there should be a five-year plan that outlines the implementation, monitoring and evaluation of the ENHR process and of its continuation thereafter.

By 1996, ENHR Kenya has

- a well-developed national research infrastructure, including a full Ministry of Research to coordinate research nationally and a budget for research;
- several national and international research institutes and organisations based in the country;
- a growing core of competent staff, trained not only in their disciplines but in research methodology. As a result, both quality and quantity of research output in the country have improved;
- created the National Health Research and Development Centre (NHRDC), which is now operating with a secretariat at the National Council for Science and Technology (NCST) with a Coordinator and Programme Officers;
- identified health research priorities and officially launched an ENHR plan;
- generated research protocols;
- obtained the support of a few private-sector firms.

The obstacles that remain to be overcome are mainly: raising funds to continue generic activities (secretariats, advocacy, production of publications); funding research protocols, and acceptance of ENHR by all the key research groups. In addition, development of ENHR is hindered by: inadequate training in areas of management and in research methods; insufficient funds to run national networking activities; lack of an information bank for better servicing of networks; poor donor response to requests for support of research and related activities; and government bureaucracy, which continues to slow efforts to solicit local and external funds.❑

Contact: Dr Rispah N. Oduwo, Coordinator, National Health Research and Development Centre (NHRDC), P.O. Box 30623, Nairobi, Kenya. Tel 254-2-336 173 • Fax 254-2-747 417 or 330 947.

COHRED, like ENHR (Essential National Health Research), is all-embracing, inclusive, participatory. The ENHR principles it advocates can be used by all the groups that make up the world of health research and are already being used by many — to whatever extent, in whatever form and under whatever name. Acting as a forum for communication between the various ENHR partners seems to follow logically as one of COHRED's roles. This column is meant to contribute to that role.

Introducing Fertility Regulation Methods into Country Reproductive Health Programmes

Over the past three years, the Unit on Technology Introduction and Transfer of the UNDP/ UNFPA/WHO/ World Bank Special Programme on Research, Development and Research Training in Human Reproduction has been working closely with a group of countries worldwide in the implementation of a new approach to the introduction of contraceptive methods into their reproductive health or family planning programmes.

This new strategy for introduction evolved from an evaluation of the lessons learnt from previous approaches to the introduction of methods such as the implantable contraceptive device, Norplant and the once-a-month contraceptive, Cyclofem, into public sector family planning programmes. These lessons included the realisation that the approaches used were technology-driven and paid little attention to user's needs or the capability of the service delivery system. As such, facilitation of the availability of new contraceptives alone does little to extend utilisation or initial choice if the existing constraints faced by programmes in delivering appropriate services are left unaddressed. The research-based strategy, which involves a broad range of constituencies, can be summarised as follows.

The first step in the introductory process is to undertake a needs assessment of potential user needs and service delivery system capabilities so as to provide an understanding of the specific country context in which a method would be introduced. Using primarily qualitative information, it provides a basis for determining the need for the method, what the service delivery constraints would be in providing it (which might include quality of care in the provision of current methods of contraception, technical knowledge of providers, managerial capabilities, logistics, etc.), and what are the regulatory requirements and constraints. As well as providing information, on which planning of the service provision phase of the introductory process can be based, the needs assessment plays a key role in involving the various constituencies concerned about or involved with the provision of reproductive health services in the process. Hence, it is part of the advocacy component of the process.

Once a decision is made to select and introduce or reintroduce a contraceptive product, it is necessary to review and modify training materials and curricula, adapt and provide relevant IEC materials, and establish logistic mechanisms for the product. After selection of initial study areas, the training of providers is undertaken and the method provided in those areas. These activities are all done in the context of the provision of all the methods of fertility regulation available in those areas.

After a suitable period of method provision, user perspective research is undertaken to look more closely at users' attitudes to, and experiences with, the method and the service delivery

... Continued on page 8

system, as well as service delivery research to look at technical quality of care and managerial issues related to service delivery. These findings are used to improve the managerial process, training curricula, IEC materials for all, contraceptive methods. The scene is then set to make the method more widely available throughout the country. The process should include all appropriate service provision outlets or mechanisms whether they be public or private sector.

Hence the emphasis of the introductory strategy has moved from being technology-driven to one that: focuses on quality of care and reproductive choice; evaluates policy choice and research needs, assessing the interfaces between users, services and technology, within a broad system framework; and assesses users' needs and perspectives and service and programme capabilities.

The first step of the process, the needs assessment, is based upon input from a broad range of stakeholders prior to decisions about introduction, which is a major departure from previous approaches. The principle purpose of the assessment is to answer the following three strategic questions: 1) Is there need for the introduction of new contraceptive methods? 2) Is there need for the improved provision of existing methods? 3) Is there need for removal of methods whose safety or efficacy has not been systematically established or which have been replaced by improved formulations or devices? A description of, and lessons learnt from, the assessments undertaken to date in Bolivia, Brazil, South Africa, Viet Nam and Zambia are in the process of preparation for publication. However, despite the major differences in overall contraceptive prevalence, method mix, channels of service delivery, geographic position and social and political systems of these five countries, some common conclusions can be reached from the assessments. These are summarised in Box 1. Examples of key outcomes from three specific country assessments, Brazil, Viet Nam and Zambia, are given in Boxes 2, 3 and 4.

The three underlying principles of country-ownership, participation of all stakeholders and an open, transparent process were shown to be critical to both conduct of the assessment and the acceptance of the findings for implementation. The process of bringing together policy-makers, programme managers and researchers with community and district-based providers, women's health groups, young people and the other stakeholders providing and receiving reproductive health services is not easy. These are not necessarily natural alliances nor is it normal to work across such constituencies in a collegial manner. However, in countries as different as Viet Nam and Zambia it was feasible to create broad-based teams to participate in and drive these activities. There is also evidence that facilitation of the process by WHO staff or consultants can assist this process significantly.

The role of WHO is also important in terms of acceptance of the findings and recommendations of the report. While the product is a country report from a country-based and country-owned process, the "validation" of the conclusions from the technical perspective of WHO assists the various constituencies in their acceptance and in planning for their follow-up.❑

Box 1

All five country assessments:

- determined the need for broadening contraceptive choice;
- found that improved utilisation of existing methods is of a higher priority than the introduction of new ones;
- concluded that, in general, service delivery management capability is not strong enough to introduce new methods widely with adequate quality of care without significant change and adaptation;
- identified issues in the provision of family planning and other reproductive health services requiring policy or programme action; and
- identified other research, particularly health systems research, required in reproductive health, and catalysed closer donor coordination.

Box 2

BRAZIL — Key outcomes of the assessment

- resulted in the development of an ongoing demonstration project of how family planning services can be provided at municipality level, which includes user perspective and service delivery research; and
- determined mechanisms for dissemination of information to different constituencies and to other municipalities.

Box 3

VIET NAM — Key outcomes of the assessment

Resulted in the development of a strategy for, and change in policy on, contraceptive introduction on the part of government and donors, and included method mix and quality of care perspectives. This resulted in:

- the decision not to embark upon the immediate widespread introduction of DMPA/Norplant; and
- the initiation of a research approach to DMPA introduction and quality of care of all methods.

Box 4

ZAMBIA — Key outcomes of the assessment

- resulted in adoption of a research approach to the introduction of DMPA and barrier methods as well as improving quality of care of all methods;
- the planned introduction of emergency contraception in 4-pill packs;
- led to action for rationalisation of oral contraceptives
- made recommendations which were adopted as an operations research agenda in family planning and other aspects of reproductive health;
- contributed towards the consideration of reproductive health needs within district health plans; and
- ensured final development of appropriate and user-friendly service delivery guidelines.

Contact: Dr Peter E. Hall, Chief, Research on Technology Introduction and Transfer (HRP/HRC), World Health Organization, 20, Avenue Appia, CH-1211 Geneva 27, Switzerland. Tel (41-22) 791 3376/4134 • Fax (41-22) 791 14171.

Asian ENHR Network Meeting in Manila

FROM JULY 31 – AUGUST 2, 1996, the Task Force for the Asian ENHR Network held a planning meeting in Manila, Philippines with the primary objective of mapping out a plan of action for the region. The gathering also served as an occasion for reviewing country workplans and identifying areas for support. In attendance were representatives from ENHR country focal points in Bangladesh, the Philippines, and Thailand. Also present were Professor Charas Suwanwela, Chair of the Council on Health Research for Development (COHRED) Board; Dr Yvo Nuyens, COHRED Coordinator; and guests from the African ENHR Network and the Evaluation team. The meeting was presided over by Dr Sadia Chowdhury, Asian ENHR Coordinator.

Regional Task Force Meeting

First on the agenda was the evaluation of the Regional Workshop on Health Research Management held in Kanchanaburi, Thailand last December 17–20, 1995. The group analysed the outputs of the workshop and matched them with the expectations. It was reported that, of the nine countries who went to Kanchanaburi, eight came back with plans approved by their respective governments. One of the key lessons derived from this workshop is the value of teamwork.

During the meeting, the participants also reviewed the country workplans and status of ENHR in the Asian network. For those with established ENHR networks like Bangladesh, the Philippines and Thailand, attention was focused on supporting ongoing and future activities. Meanwhile, for countries where ENHR remains to be established, the discussion revolved around groundbreaking works to either open or continue the process.

An important outcome of the meeting was the adoption of a regional plan which involves among other items the continued promotion of ENHR among interested countries, documentation of country profiles, holding of a training workshop linking research to decision-making, and joint research work. Structurally, it was agreed that the Task Force will remain as an open and consultative working group which will deliberate on and respond to issues relevant to the concerns of the network.

The highlight of the meeting was the turnover of regional focal point responsibility from Bangladesh to the Philippines. The first Asian regional focal point was managed by the Bangladesh ENHR Secretariat headed by Dr Sadia Chowdhury, and served from 1994 to 1996. The Philippine ENHR Foundation, headed by its President, Dr Corazon Raymundo, will take on the task from hereon. It was agreed that there will be a transition period from August till end of September during which the Bangladesh team will provide backstopping to the Philippine team.❑

Contact: Dr C. M. Raymundo, President, ENHR Foundation, c/o Essential National Health Research Program, Dept of Health, Manila, Philippines. Fax 632-920 5402/641 3918 • E-mail: craymund@lagundi.cph.upm.edu.ph

Africa

Held from September 29 to October 4, 1996, in Kampala, Uganda, the Third African ENHR Network Conference differed from its successful predecessors (Mombasa, May 1994, and Harare, August 1995) in that it was organised in conjunction with the first African Meeting of INCLEN (AFRICLEN). This illustrated that ENHR is the responsibility of many actors, operating under different names, but with like concerns and goals. The Conference combined two components: (1) reviewing and planning ENHR activities by countries and networks, and (2) capacity strengthening, with training sessions built around topics such as health research priority-setting, resource mobilisation, linking research with decision-making, and evaluation. The meeting was attended by country teams from Egypt, Ethiopia, Ghana, Kenya, Malawi, Mauritius, Mozambique, Nigeria, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe, together with representatives from other African Health Research Networks.❑

Contact: Dr R. Owor, Faculty of Medicine, Makerere University, P.O. Box 7072, Kampala, Uganda. Tel 256-41-531 730 • Fax 256-41-234 579

Caribbean

At the Priority-Setting for Health Research Workshop in the Caribbean, organised jointly by the Commonwealth Caribbean Medical Research Council and COHRED (see also, *Research into Action*, Issue 4, p. 8), the participating country teams from Barbados, Curaçao, Jamaica, and Trinidad and Tobago agreed to make every effort to speed up implementing ENHR in their countries and thus to underpin the regional ENHR Plan of Action. Over the last ten months, Curaçao (February 1996) and Trinidad and Tobago (April 1996) each held a successful national convention which brought together the different stakeholders and resulted in consolidated plans of action. The Jamaican Task Force on ENHR, in the meantime, launched and concluded an ambitious project of preparing a comprehensive inventory of current health research in Jamaica. This was later reviewed by its National Workshop in September 1996 , when its agenda included such topics as research priorities, research needs and better coordination of research, and the country teams from Barbados, Curaçao, Guyana and Trinidad and Tobago shared their experience in a true ENHR spirit.❑

Contact: Dr J.P. Figueroa, Ministry of Health, 30-34 Half Way Tree Road, Kingston 5, Jamaica, W.I.; Tel 1-809-926 18 20 • Fax 1-809-926 56 74

Upcoming Events

MEETINGS & CONFERENCES

OCTOBER 13–16, 1996

1st International Conference on Priorities in Health Care
Location: Stockholm
Contact: Stockholm Convention Bureau, Priorities in Health Care 1996, P.O. Box 6911, S-102 39 Stockholm, Sweden. Tel 46-8-736 15 00 • Fax 46-8-348 441.

DECEMBER 12–14, 1996

European Public Health Association (EUPHA) Annual Meeting on Evidence-based Public Health Policy and Practice (including the 8th Health Services Research Conference)
Organisers: The European Public Health Association, The London School of Hygiene & Tropical Medicine, The Netherlands Institute of Primary Health Care, Utrecht (NIVEL)
Location: The Congress Centre, London WC1
Contact: Ms Alice Dickens, Conference Organiser, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, UK; Tel +44-171-927 2314 • Fax +44-171-580 7593 • E-mail: forum@lshtm.ac.uk
Description: The 1996 Annual Meeting of EUPHA will focus on fostering the links between research, policy making and practice in the field of public health, and on evidence-based public health policy. The meeting will also provide an opportunity to strengthen the links between the European associations working for the improvement of public health in Europe (ASPHER, APHA, EPHA and EHMA). The meeting will be an excellent opportunity for making new contacts and continuing collaborations, and a chance to hear keynote speakers of international renown. The language of the EUPHA Annual Meeting is English. No translation will be provided.

FEBRUARY 18–24, 1997

Global Meeting INCLEN XIV
Sponsored by: INCLEN, Inc. (International Clinical Epidemiology Network) with the support of The Rockefeller Foundation and the United States Agency for International Development (USAID)
Location: Hotel Equatorial Penang, Penang, Malaysia; Tel 604-643 8111 • Fax 604-644 8998.
Contact: INCLEN, Inc., 3600 Market Street, Suite 380, Philadelphia, PA 19104-2644, USA. Tel 215-222 7700 • Fax 215-222 7741 • E-mail: INCLEN@mcimail.com or 536-3036@mcimail.com
Description: INCLEN XIV continuing education and scientific sessions will focus on the theme of Global Collaborative Research to Meet Critical Health Challenges.

All non-INCLEN funded delegates will pay a registration fee of $150. In addition, all non-INCLEN funded attendees must make their own travel arrangements and room reservations directly with the Hotel Equatorial Penang.

APRIL 14–18, 1997

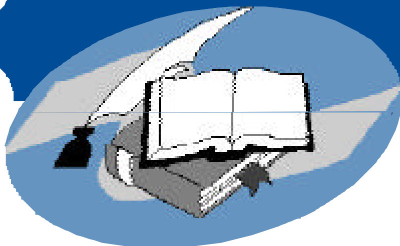
Announcement and Call for Papers
18th Annual AFRICAN HEALTH SCIENCES CONGRESS in collaboration with the 14th Epidemiological Society of Southern Africa Conference.
Organised by: the South African Medical Research Council, in consultation with the Kenya Medical Research Institute.
Location: Cape Town, South Africa
Topics: Infectious Diseases; Health & Development, Nutrition, Burden of Disease; Chronic Diseases and Ageing; Mental Health; Health Systems Research.
For more information, contact: Conference Secretariat, MRC, P.O. Box 19070, Tygerberg, 7505, South Africa. Tel +27.21.938 0433 • Fax +27.21.938 0395 • E-mail: confsec@eagle.mrc.ac.za

OCTOBER 12–16, 1997

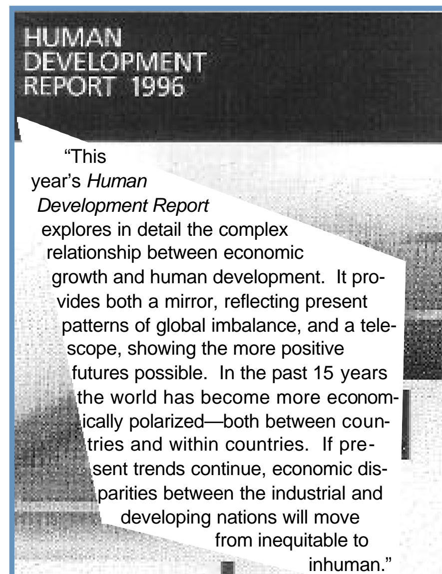
8th International Congress of the World Federation of Public Health Associations (WFPHA)
Hosted by: The Tanzania Public Health Association
Location: Arusha, Tanzania
Contact: Professor W.L. Kilama, Director General, National Institute for Medical Research (NIMR), ENHR Task Force Secretariat, P.O. Box 9653, Dar-es-Salaam, Tanzania; Tel +255-51-307 70 • Fax +255-51-306 60.
Description: The theme of this first WFPHA Congress to be held in Africa is Health in Transition: Opportunities and Challenges. It is expected to attract some 1000 participants from all parts of the globe.

COURSES

ICOEE (Intensive Course in Occupational and Environmental Epidemiology)
Co-hosted by: Mahidol University Bangkok, Applied Epidemiology, Inc., and Akademie für öffentliche Gesundheit, Ruhr University Bochum.
Dates: November 3–7, 1996
Location: Hua-Hin, Thailand
Contact: Walter Dieckmann, ICOEE Manager, Ruhr University Bochum, D-44780 Bochum, Germany. Tel 49-234 700 5162 • Fax 49-234 7094 325 • E-mail: walter.dieckmann@rz.ruhr-uni-bochum.de
Description: A five-day instructional course on practical epidemiological approaches to environmental and workplace health research, the ICOEE is designed for physicians and other health professionals and managers with research interests in, and responsibilities relevant to, the workplace and general environments. No previous epidemiological training is required. The course presents modern epidemiological concepts and methods for study design, data analysis and critical interpretation of published findings.

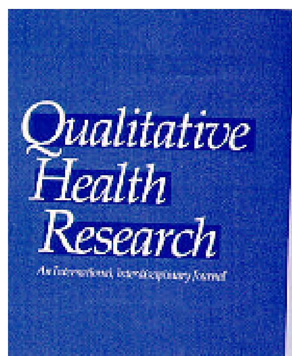


PUBLICATIONS



Human Development Report 1996.
United Nations Development Programme, New York, New York, USA. Published by Oxford University Press, Inc., New York, 1996. 229 pages. ISBN 0-19-511158-3 (paper), ISBN 0-19-511159-1 (cloth).
The Report includes three special contributions—from President Fernando Henrique Cardoso of Brazil, President Nelson Mandela of South Africa and Professor M. Solow, the 1989 Nobel Laureate in Economics.
Copies can be ordered from United Nations Office at Geneva, Palais des Nations, Bookshop, P. 40, CH-1211 Geneva 10, Switzerland.
The indicator tables in the Report are also available in electronic form. For information, contact the Human Development Report Office, 336 East 45th Street, Uganda House, New York, New York, 10017, USA. Tel (212) 867 4551 • Fax (212) 867 3692.

Qualitative Health Research. An International, Interdisciplinary Journal.



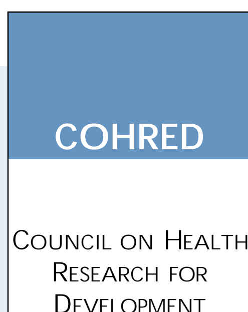
Published by SAGE Publications Ltd, 6 Bonhill Street, London EC2A 4PU, UK. Tel +44 (0)171 374 0645 • Fax +44 (0)171 374 8741. The journal addresses, among others, the following disciplines and perspectives: • Cross-cultural health • Family medicine • Health psychology • Health social work • Medical sociology • Public health • Rehabilitation.

NOTE TO OUR READERS —
Publication of Special Volume on Technology Assessment in Health Care for Developing Countries, announced in our April issue.
This announcement has generated a large number of requests so that another printing had to be ordered. To cover these costs, the Medical Technology and Practice Patterns Institute, Inc. (MTPPI), this time, unfortunately will have to charge US$25 per volume plus mailing costs. The publication is available from: Seymour Perry, MD, MTPPI, 2121 Wisconsin Ave., NW, Suite 220, Washington, DC 20007, USA. Tel 202-333

— Newsletters —

Sida Evaluations *Newsletter*
Published by the Department for Evaluation and Internal Audit of the Swedish International Development Cooperation Agency (Sida), the first issue of this new newsletter presents a summary of the content and main findings of the four main studies of a report entitled *The International Response to Conflict and Genocide — an Evaluation of the Rwanda Experience*. For more information, contact Mr Claes Bennedich, Department for Evaluation and Internal Audit. Tel +46-8-698 5447 • Fax +46-8-698 5610 • E-mail: claes.bennedich@sida.se

The Medical Research Council of Zimbabwe
This Newsletter is published three times a year by the Medical Research Council of Zimbabwe, a specialised council of the Research Council of Zimbabwe established in 1974 to promote and coordinate all health research in the country.
Single copies are available to health institutions, researchers and interested individuals and organisations.
Editorial and secretariat address: Medical Research Council of Zimbabwe, c/o Blair Research Institute, P.O. Box CY573, Causeway, Harare, Zimbabwe. Tel 263-4-791 193 • Fax 263-4-792 480.



This newsletter of the Council on Health Research for Development is published four times a year.
Printed on recycled paper, **RESEARCH INTO ACTION** is issued complimentary upon request.

Editor in Chief: Yvo Nuyens, Ph.D.

Editing, desk-top composition and layout: Hannelore Polanka, M. A.

COHRED, c/o UNDP, Palais des Nations, CH–1211 Geneva 10, Switzerland;
Tel (41 22) 979 95 58 • Fax +(41 22) 979 90 15 • E-mail: cohred@ping.ch

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.