

R Research into Action

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Welcome to the first issue of *Research into Action* for 2001. It is five months since the International Conference on Health Research for Development took place in Bangkok, and the challenge of implementing the Conference outcomes and recommendations has begun. This issue of *Research into Action* provides news on recent follow-up activities, and some examples of how countries are taking these activities forward. The editorial team plans to bring you updates when these occur - and you may be surprised as to how far-reaching the outcomes have been.

In our feature article this quarter, we present an interview with Dr Julio Frenk, ex-chairman of the International Organising Committee for the International Conference on Health Research for Development and currently Minister of Health in Mexico. Dr Frenk speaks candidly about the outcomes of the Conference, and the possible implications for the future of health research.

Since COHRED was established in 1993, the organisation has regularly reviewed its operational functions. In 2001, in response to discussions on institutional arrangements which occurred both prior to and following the International Conference on Health Research for Development in October 2000, COHRED has again reviewed its role in the international health arena. The result of this is an operational plan which we invite readers to review, and to engage in the discussions about COHRED's core functions. The operational plan presented herein groups the organisation's functions into three major areas of work: supporting countries, analytical work, and communications. The article in this issue of *Research into Action* focuses on the first of these: supporting countries. Although this function has many facets, the overall aim is to support countries in organising a health research system that responds to their particular needs and which focuses on equity. To illustrate just some of the ways in which COHRED is carrying out this function, three country examples are provided.

In a follow-up meeting to the Bangkok Conference which took place in early March in Cha'am (Thailand), workshop participants focused on those Conference recommendations which specifically related to developing effective national health research systems. A number of valuable country case studies were presented. While it was agreed that no one model could be singled out as the most effective for all countries, there was a common understanding of the underlying values and principles of a health research system, and of its main aim of reducing inequities in health.

Updates on further progress related to the outcomes and recommendations of the International Conference on Health Research for Development will continue to be featured in future issues of *Research into Action*.

The *Research into Action* Team

Landmark Conference loses a Chairman, but gains a stakeholder

An interview with Dr Julio Frenk, Minister of Health, Mexico

On December 1st 2000, Dr Julio Frenk surrendered his title as Chair of the International Organising Committee (IOC) for the International Conference on Health Research for Development held in Bangkok in October 2000. Dr Frenk did this not because the Conference was over and the IOC was consequently folding, but because the new government in Mexico had appointed him Minister of Health.

Born in Mexico, Dr Frenk completed his medical degree and then attained an MA in Sociology and Public Health followed by a PhD in Medical Care organisation and Sociology from a University in the US. Between 1984 and 1998, he headed-up a number of Institutes and Centres in Mexico before becoming Executive Director in charge of the cluster for Evidence and Information for Policy, at the World Health Organization in Geneva, Switzerland.



potentially very powerful global coalition.

Prior to the Conference, there were a large number of actors who were very conspicuous in their absence. For example, many large national funding bodies (particularly those based in the United States) had previously not been involved in the movement around defining and strengthening global health research cooperation; also, many of the women's movements around the world had not previously been involved in the process. This

Now approaching his first 100 days in office as Minister of Health, **Lucinda Franklin** spoke to Dr Frenk about his role in what is now widely referred to as the "landmark" Bangkok Conference.

The first Gazette of the International Conference on Health Research for Development featured interviews with representatives of the four major partners about the outcomes they expected from the Conference. As the representative for WHO, you articulated an expectation that the Conference would "identify a set of strategic proposals for further strengthening national capacities and international cooperation". Do you think the Conference achieved what you expected?

Yes, I do. In fact, I would go even further and say that I believe the Conference even exceeded my - and other's - expectations. I think we all agree that the International Conference was very innovative in the sense that it was not only a defining moment in time, it also initiated an invaluable process prior to the Conference itself (the consultations on regional health research), and an ongoing movement to define a health research agenda that would be agreeable to all stakeholders in health research for development. Not only this, but the Conference served to create a new, and

Conference brought these groups into the fold, and their inclusion greatly enriched the discussions and deliberations which took place. For instance, the notion of gender barely registered in many of the documents which were released prior to the Conference. By the end of the 4 days, gender had become an overarching theme - as important as equity - which ran like an undercurrent through all the discussions, conference papers, and outcomes. So, the creation of a greater, more powerful coalition of stakeholders was another, perhaps somewhat unpredicted result of the Conference.

Secondly, attendance at the Conference itself was far better than anyone had even dared to expect. As I mentioned, the Conference attracted the full gamut of stakeholders. Admittedly, some groups - such as Ministers of Health and other policy/decision-makers - were under-represented, however those who were able to attend came away from it with very positive attitudes about what the Conference had achieved, and would achieve in the future.

As a direct result of the greater than predicted attendance, and people's enthusiastic participation in the deliberative aspects of the Conference, the richness of the discussion was very exciting and rewarding.

What were some of the more specific outcomes you would highlight?

The Conference had two major objectives: the first was to forward the specific substantive agenda (and the parallel sessions were the major driving force in this sense) - to strengthen existing ties, and to create new ones. The second side of the Conference dealt with rethinking arrangements for health research cooperation: at national, regional and global levels. From the outset, the Conference organisers were given a very clear mandate to provide a number of realistic options for the future architecture for health research cooperation. The debate around these options was vigorous, and although participants did not decide on one particular option, some headway was made into achieving this.

It's very important that this discussion is kept alive now that the Conference is over. And fortunately, a working party being established by the IOC as we speak, will act as the mechanism for overseeing this process, and ensuring that something happens with the specific outcomes of the Conference; namely, the Action Plan and associated key challenges.

I suppose my greatest hope is that the whole process will lead to very tangible outcomes in terms of funding for research. We know that some of the recommendations from the 1990 report by the Commission on Health Research for Development with regard to funding have not yet been met (namely, that "all countries should invest at least 2 percent of national health expenditures to support ENHR ... and a long-term strategy of building and sustaining research capacity"; and, that "development assistance agencies should increase their program aid for research and commit at least 5 percent of health project aid for ENHR and research capacity building")¹. I hope that these recommendations will now be addressed as a result of the Conference and the ongoing activities.

What has changed as a result of the Bangkok Conference? Have there been any major successes?

Overwhelmingly, the spirit of Bangkok was one of a strong commitment to empowering the participants - and that was one of *the* most valuable processes which took place.

Already, the Bangkok Conference is being referred to as "a landmark" meeting - so we need to keep this moving, and in particular keep the new members of the coalition whom I referred to earlier, in the fold, and committed to strengthening health research cooperation and capacity, for development.

In the short-term, the Conference generated a great amount of positive energy, and momentum for change. In the mid-term, it's opened up possibilities for broadening the mandate to encompass a number of other issues related to strengthening health research, such as promoting new kinds of partnerships and networks at country, regional and global level.

A number of countries and regions have planned follow-up meetings to discuss the outcomes of the Bangkok Conference. In what way do you think these activities will contribute to a further debate on international research cooperation at the global level?

The issue of international health research cooperation requires serious investment of funds, energy and time, and the commitment that these countries have shown towards addressing these requirements is extremely encouraging. I hope their activities will have a knock-on effect throughout their regions, and that they will encourage other countries to get involved.

I think we're all quite clear that these kinds of cooperative exercises need attention - they don't just happen alone. And, if there's no continued involvement, the commitment to research cooperation will not be sustained.

The regional consultative process was very successful in mobilising countries and regions to work together and to actively assess their research capabilities. How do you ensure that this kind of momentum is sustained? And, how can countries keep contributing to the global debate?

The Conference provided a very clear mandate to keep this moving, but it will need some attention. I think it's up to the global players to ensure that we keep feeding the experiences from the countries into the global debate - they must be receptive, otherwise the countries will stop trying to share their experiences, and that would be counterproductive.

I think the Conference Organising Committee still has quite a bit of work to do in terms of ensuring that countries get what they were promised. It's also important that countries maintain the contacts that they established in both their regional consultations and in the international circles (at the Conference itself). People have been extremely energised now that they've seen and heard what's going on in other countries and regions of the world. The IOC must nurture this energy, and ensure that it's sustained throughout.

I'm very pleased to hear that further activities are taking place, and I very much hope that these are successful and fruitful deliberations.

Some people have expressed concern about issues which were NOT discussed at the Bangkok Conference. Is there, in your opinion, an unfinished agenda? And if so, what is it?

Look, I think the whole purpose of conferences such as this one is to reveal new topics and new frontiers for us to explore. Much like health research itself - it not only generates answers, but new questions as well!

So in that sense, yes, I believe there is an unfinished agenda - there always will be.

The topics we are dealing with - research capacity strengthening, utilisation of results, financing for health research - they are such broad, complex topics that new agendas will always surface after meetings such as this one. It is a process of sharing experiences, exploring solutions, and listening to each other's concerns. That's how we create - and resolve - agendas! The question of financing for health research which arose: there is a clear mismatch between research needs in developed and developing countries, and what's right for one country, is rarely so for another.

Another unfinished discussion was that of the new architecture for international health research cooperation: again, we explored the issues and options, we examined the evidence put before us (from the work of the analytical team who spent at least 12 months prior to the Conference researching and defining the topic), but there was no resolution. It's a huge decision, and there's at least 10 major

stakeholders involved. Getting all of them to agree on an architecture will be a long-term task, which the IOC is willing to oversee, because we believe it is worth it.

In your capacity as Minister of Health in Mexico, what relevance did the Bangkok Conference hold for you, personally?

It was extremely relevant for me and my government. Of course, at the time we were organising the Conference, I had no idea I would be asked to be Minister of Health. However, in hindsight, having been part of the International Organising Committee has been a very rewarding experience in more ways than one. It was one of the first commitments I took on in my position at WHO. I was in that position for two and a half years, and my commitment to making this Conference happen was sustained throughout my time in Geneva. It was very rewarding to see it finally take place, and even better to have seen it become such an important event. In particular, it was very heartening to see so many partners join hands to make it happen.

Now, the shoe is on the other foot! I am now trying to apply everything I learned as the Chair of the International Organising Committee, and as a participant at the International Conference, in my role as Minister for Health in my country. I certainly learned a lot: one of the main lessons though, was the need for a continued broad participatory process, and a broad coalition. You need to involve not just researchers, but also decision-makers and as many of the other stakeholders in health research cooperation as possible.

I hope to see my own country play a greater role in the global movement towards health research cooperation in future, and I am certainly working on achieving that.

References

1. Commission on Health Research for Development (1990) Health Research: Essential Link to Equity in Development. Oxford University Press, New York.

The Future COHRED is Mapped Out

New Year's Resolutions are about making a fresh start, and this is exactly what COHRED initiated in an inclusive process which resulted in the development of the organisation's Operational Plan for 2001 and beyond.

The COHRED Operational Plan is being devised according to the principle of COHRED as a 'learning organisation' - open to ideas and input at all stages of the process, COHRED has invited key stakeholders to take ownership of the plan and to provide reactions and suggestions in the process of revising the initial draft.

It is envisaged that the plan would take COHRED's work forward not just into 2001, but into the next 2 to 3 years.

COHRED's Operational Plan is the result of a series of events. In October 2000, seven years after COHRED was established, two major events took place which were of particular significance for the organisation. The first was a meeting of the COHRED Constituents; the second was the International Conference on Health Research for Development, a meeting which was co-sponsored by WHO, the World Bank, the Global Forum for Health Research, and COHRED.

The COHRED Constituents' first ever international meeting was attended by representatives from almost 40 countries. The Constituents concluded that ENHR held a continued relevance, and as such, identified four roles for COHRED in supporting ENHR. These roles are:

1. COHRED as **advocate** of the ENHR strategy
2. COHRED as **broker**, assisting countries to link-up with donors, agencies, private sector groups, global networks, etc.
3. COHRED as a **learning community**
4. COHRED as **collegium**, bringing colleagues together to encourage and support each other in implementing ENHR.

Similarly, discussions at the International Conference on Health Research for Development highlighted the importance of building effective national health research systems. The key functions of such systems were identified as: knowledge production, its management and use; stewardship; financing; and capacity development. All of these functions are integral to the ENHR strategy.

The resultant Draft Operational Plan organises COHRED's work into three aspects:

1. Providing **direct support** to countries either undertaking/ considering the implementation of ENHR, with a focus on developing and strengthening effective health research systems.
2. Playing an **"analytical" role**; acting as a platform for stakeholders and country representatives ("experts") to gather quantitative and qualitative evidence of progress in issues relevant to health research for development and to develop tools and guidelines aimed at ensuring effective management of the health research system.
3. Providing a **communications/documentation clearing-house** which would facilitate the exchange of ideas, experiences and expertise between countries.

Taking its planning one step further, COHRED has refined its operating principles in a bid to make clearer the type of activities that it intends to support. Therefore, activities at country and regional levels will only be supported if they:

- Are in line with COHRED's policies
- Will contribute to a more effective national health research system in support of equity
- Will provide a learning experience through spill-over (eg. to other countries)
- Are endorsed by the appropriate regional platform.

Activities *supported* by COHRED will not necessarily be funded, in full - or even part - by COHRED. Seed funding, technical support, brokerage, etc. offered by COHRED will still be determined according to the circumstances surrounding the individual project.

It is hoped that by making this information accessible and available to all COHRED Constituents, the new Operational Plan will be enhanced by greater ownership and inclusivity of the process.

Providing Direct Country Support: COHRED's role at the national level

The first, and arguably most important feature of the new work plan launched by COHRED is to *provide country support*. The focus of this approach is to assist countries to strengthen their health research systems to become more effective. There are a number of aspects to providing support to countries, but the activities can be widely grouped under the four functions of an effective health research system, which are:

- i) Knowledge production, management, and its use
- ii) Stewardship
- iii) Financing
- iv) Capacity development

For each of these functions, we have provided examples of just some of the activities COHRED has committed itself to supporting.

- i) Knowledge production, management and its use: includes support for country and regional (inter-country) research projects focusing on information gaps in the development of effective national health research systems; support to assist countries to develop strategies and approaches to improve the use (by multiple users) of knowledge; support to countries in formulating and implementing research communication policies and in developing strategies for managing research.
- ii) Stewardship: includes support to assist countries to critically review their present health research situation and to create a supportive environment that fosters dialogue and networking amongst the various stakeholders in research; support to assist countries in developing an inclusive process of national priority setting for health research and development; support to countries in establishing a data collection system which will assist in the construction of critical indicators to monitor the progress of health research for development (at the national level); and support to assist countries in developing effective health research systems at the district level.
- iii) Financing: including support to assist countries organising/strengthening a process or mechanism for tracking resource flows for health research; acting as a broker to mobilise resources to support activities to implement the ENHR strategy both nationally, and from donors.

- iv) Capacity development: includes support to countries in facilitating the production of national plans for health research capacity development; support country training and orientation workshops in previously neglected areas of capacity development (such as research to action/policy, involvement of all stakeholders, leadership, research management, evaluation); working with countries to strengthen the demand side of health research - raising the awareness of public officials, media, industry, community groups, etc., about the opportunities for benefiting from new knowledge.

Following this introduction are a number of articles which illustrate with real-life examples the variety of ways in which COHRED *provides support to countries*. In future issues of *Research into Action*, we will highlight the remaining two features of COHRED's new work plan: the organisation's *analytical role*, and its *communications strategy*.

Francophone African countries meet to discuss networking opportunities

Four months after the International Conference on Health Research for Development in Bangkok, teams from six French-speaking African countries met in Ouagadougou (Burkina Faso, February 26-28) to present their progress with the implementation of ENHR, and explore the possibilities for future networking opportunities both between countries within the sub-region and in the African region in general. Many of the participants at the meeting had attended the Bangkok Conference and had contributed to the African consultative process in preparation for the conference (see



Participants at the francophone African ENHR Network meeting in Ouagadougou.

also Research into Action, Issue 21). These activities clearly contributed to the stimulation of health research in the sub-region. It was now time to build upon this momentum and move forward!

Specifically, the meeting was convened in order to achieve the following:

- Discuss national developments and future plans for the implementation of the ENHR strategy and the development of health research in general
- Clarify the role of the sub-regional network and its relationship with other African health research networks.

Progress reported by the country teams from Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea and Mali demonstrated accelerated progress in the implementation of the ENHR strategy, and in health research for development in general (see box). A recurring issue in several of the country plans was the intention to develop a research profile. Firstly, this would allow the identification of gaps in research studies and currently available health information and would

facilitate countries' priority setting activities. Secondly, the research capacity (human resources) needed to address priority issues and to develop health research as a tool for development would also be assessed.

Most importantly, COHRED's core role of providing direct support to countries in the areas of knowledge production and its management and use, stewardship, financing, and capacity development corresponds well with the countries needs, as articulated by the participants.

Further discussion took place on the role of the sub-regional network for francophone African countries. Due to the linguistic barrier which still exists between this part of Africa and the Anglophone African countries, there is a continued need for sub-regional activities such as this one. The meeting therefore adopted the statutes of the sub-regional network. The statutes will be used to inform other francophone African countries who are not yet actively involved in the network about the support they can expect from the sub-regional network when embarking on

Benin

At the beginning of the 1990's, **Benin** defined its health research priorities for the first time by applying the ENHR strategy. The country redefined its health research priorities in 1999 (at the district level), supplemented (in 2000) by a priority setting activity at the national level. In the next two years Benin intends to focus on capacity development (including capacity development for communication of research results) and on the development of priority research projects.

Burkina Faso

The team from **Burkina Faso** lamented their country's lack of activity with regard to the utilisation, dissemination and communication of research results. Besides actively promoting the defined health research agenda, it was suggested that the country focus on aspects of communication in research for the next two years.

Cameroon

The ENHR Task Force in **Cameroon** has actively promoted the ENHR strategy in the last two years. The sensitisation of policy makers for research is an ongoing process. Discussions are now taking place to establish a national forum for health research which will involve all stakeholders in the country. Cameroon has not yet defined its health research priorities, but plans to do so in 2001-2002.

Côte d'Ivoire

An ENHR Task Force was established in **Côte d'Ivoire** in 1999. The Task Force focused primarily on promotion and advocacy of ENHR, followed by a health research priority setting process. Due to the difficult political situation in the country, this process has taken much longer than expected. The data should be available shortly, after which the Task Force will develop a national plan for the development of health research in the country.

Guinea

Guinea defined its health research priorities in the early 1990's. In 2000, the country's health research priorities were reassessed, and the new priority research agenda was adopted during a national meeting, together with an ethical code for research. Guinea's activities in the next two years will focus on capacity development, at a national and district level.

Mali

The team from **Mali** played an active role in facilitating the networking between the francophone African countries over the last two years, and facilitated the input of these countries to the consultative process in preparation for the Bangkok Conference. Participants reported on several completed research projects. Priority will be given in the next two years to developing a research agenda and the strengthening of capacities to address this.

promotion and advocacy efforts for health research. It was also reported that eight additional countries in the francophone African region have indicated an interest in working with the sub-regional network and COHRED to initiate the implementation of the ENHR strategy.

Participants also recognised the value of contributing to the main ENHR network for Africa. Participants were particularly interested in the idea which was developed during the African consultative process of establishing an African Forum for Health Research, which would include all relevant health research networks operating in Africa.

The meeting closed with a sense that, especially in a region where electronic communication is still unreliable and not accessible to all, participants had gained some positive feedback and were dedicated to continuing their efforts to have health research recognised as a tool for sound decision making and development.

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NIMR celebrates 20th anniversary

Tanzania's Minister of Health lauds organisation's achievements

Over the last 6 years, *Research into Action* has closely followed the progress of the National Institute of Medical Research (NIMR). Since the introduction of ENHR to Tanzania in 1991, NIMR has contributed to the success of health research in the country on a number of levels. From its partnership with other organisations which culminated in the establishment of the National Health Research Users Trust Fund in 1997, to the priority setting process coordinated by the National Health Research Forum (the focal point for ENHR) in 1999, NIMR has become one of the most enduring success stories that health research in Tanzania has known.

Formed following the breakup of the East African Community and its institutions in 1977, today, despite being the youngest parastatal organ of the Ministry of Health in Tanzania, NIMR is one of the country's leading producers of health-related research.

The Government of Tanzania recognises the importance of research for development and has provided NIMR with a broad mandate in order to ensure that health development in Tanzania is guided by research. The Institute not only ensures that research targets national and regional problems, but is an active participant in research at the international level also. NIMR's vision is to be an institution of excellence in the implementation of health research and a key force in promoting health research as a tool for development by providing evidence-based information to the Ministry of Health and other stakeholders.

NIMR's achievements include the establishment of the National Health Research Forum - a voluntary alliance of stakeholders in health research including the health ministry, NIMR (the coordinating body and secretariat of the Forum), medical training and research centers, other research institutions, private institutions and NGOs, donors and community representatives responsible for establishing and reviewing research priorities, and advising policy and decision-makers on the allocation of funds (NIMR 1998).

This year, NIMR is celebrating its 20th anniversary, and to commemorate this important event, the Minister for Health



Present at the NIMR 20th anniversary celebrations are (from left) Prof JK Shija, the chairman of the Tanzania National Health Research Forum, Dr VM Eyakuze, the chairman of the NIMR Council, and Dr Hussein Ali Hassan Mwinyi (MP), the Deputy Minister of Health, Tanzania and guest of honour for the occasion.

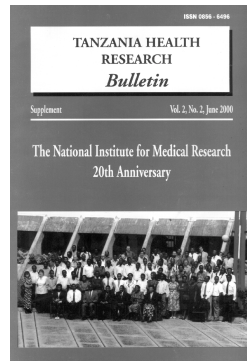
in Tanzania (represented by the Deputy Minister for Health) opened the celebrations by highlighting the “notable achievements” of NIMR in the “short time in the life of ... a health research institution” (Ministry of Health, 2001).

“I am impressed by your vigorous recruitment and training programme”, he said, referring to NIMR’s appointment (and capacity development) of more than sixty scientists in various fields since 1980. One of the more impressive points highlighted by the Minister was the development of “a national research agenda that concentrates on major health problems of Tanzania and encompasses health in its wider spectrum”. He went on to commend the priority setting exercise which was behind the development of the National Health Research Priorities, and to congratulate NIMR on its “vigorous campaign to disseminate [research] results”, ensuring their proper utilisation. Finally, the Minister pledged its support to utilising the research produced by NIMR. “The government recognises the importance of research and will ensure that the information you generate is used effectively for health development. The government will also continue to strengthen its support to you and urges you to work more closely with the districts and especially the district health management teams which are the focal points for health development in our communities.”

The deputy Minister for Health also launched a book entitled “Fifty years of Health Research in Tanzania” written by NIMR scientist, Dr Leonard Mboera. In launching the book the deputy Minister stressed the need for the



NIMR Director General, Dr Andrew Y Kitua (centre) with Dr W Mwambazi (second from right), WHO representative to Tanzania, and Dr M N Malecela Lazaro (far right), Director of Research and Training, NIMR.



dissemination of research results to a broad audience. “For research to be useful”, he said, “it must be made accessible”.

Further activities at the celebrations included poster sessions reflecting the main research activities going on at each of the centers and stations, followed by presentations about each of the centers which provided a historical perspective of each center as well as information about their current activities and plans for the future. A number of awards were presented, in recognition of the contribution made by five NIMR scientists to their centers and stations.

A lighter part of the celebration included a number of Tanzanian traditional dances and a play on the importance of research in solving health problems. But perhaps the momentous occasion was best captured in the words of the NIMR council chairperson and host of the celebrations, Dr Valentine Eyakuze who stated, “NIMR rose out of the ashes of the defunct East African Community like a phoenix and continues to rise higher”.

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References

1. NIMR (1998) Final report: Essential National Health Research. Seminar on the formation of a National Forum for Health Research in Tanzania. Held at the Tanzania Commission for Science and Technology Building, Kijitonyama, Dar Es Salaam; 1-2 December 1998.
2. The Ministry of Health (2001) Minister’s Speech to Commemorate Twenty Years of the National Institute for Medical Research. NIMR Headquarters, 23 February 2001. Delivered by Dr Hussein Ali Hassan Mwinyi (MP), Deputy Minister for Health. Dar Es Salaam, Tanzania.

Health Research Priority Setting:

Sowing the seeds for ENHR in Pakistan

In 1998 the Pakistan Medical Research Council (PMRC) organised a National Consultation to focus attention on the role of health research in development and to define the role of the PMRC in the promotion of health research for development in the country. One of the major recommendations of the National Consultation was for the PMRC to prepare a health research agenda. In 1999, at a meeting held to formalise the establishment of the Pakistan Public Health Network, two special task Forces were formed. The first Task Force, chaired by the PMRC, was mandated to undertake further exploration into the ENHR strategy and its implementation in Pakistan. In order to fulfill both this mandate, and the recommendations arising from the two consultative meetings, the Council organised a priority setting seminar on February 26-27 2001. The participants included policy and decision-makers of the Ministries of Health and Science and Technology and the Planning Division, researchers and academicians, and representatives from non governmental organisations and the private sector. COHRED was represented at the seminar by Dr Sifthi-amorn, focal point for the Asian ENHR network.

A special supplement was published by a local newspaper during the seminar, which informed the public about the need for health research, the ENHR concept, and the reasons for the seminar. The special article on ENHR stated that, "This week's seminar on health research priorities in Pakistan is an important step in the organisation of health research in the country", arguing that "investments in health research, which would benefit the poorest sectors of society are rarely undertaken when left to the mercy of market forces and scientific curiosity". The article went on to further advocate the need for prioritising the type of research which is undertaken. "The setting of national priorities, based on hard evidence of need, can go a long way towards ensuring that investments produce concrete returns for all, and move society forward on the development path. It also puts the country in a stronger position in its negotiations with development partners in the North, since these partners are less likely to be able to impose their agendas in a country with a clear agenda of its own".

Discussions at the seminar explored the research which would be needed to address the following eight major health issues in Pakistan. These issues were determined in a prior consultation with a group of technical advisors from the PMRC:

- Communicable Conditions
- Non-Communicable Conditions
- Mental Health
- Maternal and Reproductive Health
- Capacity Building needs of the Health Sector
- Health Systems/Policy
- Perinatal & Child Health
- Health Care Financing

Some groups produced very general lists, whilst others made very specific recommendations for prioritisation. The need for capacity development was a recurring theme throughout all eight groups, as was the importance of improving the research environment. Overall, there was a major emphasis on the quality of information available in the country. It was agreed that a priority setting process needs to be backed-up by evidence and national data, but that currently both the quality and quantity of information of this kind in the country are deficient.

The seminar concluded that the meeting was an important first step in a larger process of health research development in Pakistan and that the success of the meeting will depend on the action plan to be prepared and the next steps taken to implement the suggestions and recommendations made in the meeting.

In all priority setting exercises, COHRED pledges to provide its support whenever appropriate and to make available the expertise of its collaborators from around the world in this difficult, but very worthwhile task.

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Health funding for developing nations needs higher priority

A COHRED colleague, Dr Vic Neufeld, recently received some well-deserved recognition in his country of birth when he was presented with a lifetime achievement award by the Canadian Society for International Health (CSIH). Following is an article which was published in the Canadian journal, *The Medical Post* shortly after the award was presented. On behalf of all your COHRED colleagues, congratulations Vic!

Reproduced from The Medical Post, VOLUME 37, NO. 03, January 23, 2001



Canadian physician honoured at CSIH

Health funding for developing nations needs higher priority - By Anna Christofides

TORONTO – Dr. Victor Neufeld emeritus professor at McMaster University in Hamilton, Ont., was awarded a lifetime achievement award by the Canadian Society for International Health (CSIH) at its annual international health conference.

The award is given to those who have devoted a significant portion of their lives to health and development in developing countries.

Dr. Neufeld, formerly the director of the Program for Educational Development and the Centre for International Health at McMaster, now acts as a consultant and technical adviser on international health issues faced by developing countries.

He was recently involved in a conference in Bangkok that addressed the state of health research in developing countries.

Dr. David Zakus, a colleague of Dr. Neufeld's based at the University of Toronto, is heavily involved in international health issues too and was actively involved in the conference.

Findings from the conference were reported and discussed recently during a meeting at the University of Toronto, where Drs. Neufeld and Zakus led a discussion on the state of Canadian interest in international health research.

In his presentation, Dr. Neufeld stated that "developing countries have approximately 93% of the global disease burden; however, only 5% of global health research spending is devoted to research addressing issues faced by developing countries."

The issue of health research funding for developing countries is one that should be taken more seriously by Canadians, according to Dr. Neufeld.

Canada has a special responsibility, considering we are number one in the world for the human development index," he said in a recent interview. He said health research funding in Canada has almost doubled in the past few years. In addition, the newly created Canadian Institutes for Health Research (CIHR) has a budget of \$500,000, which is expected to grow significantly over the next few years.

However, only a very small percentage of Canadian health research money is devoted to health issues faced by developing countries.

Both Drs. Zakus and Neufeld argued that a greater proportion of the medical curriculum should be devoted to international issues.

Although both recognised the difficulty in cutting other items from the medical curriculum, they both argued that electives, exchanges and opportunities to study abroad should be an option for medical students.

Dr. Zakus, involved in the creation of a Centre for International Health at the University of Toronto, also argued that universities need to become more involved in international health research.

He said the University of Toronto is now becoming more involved in such issues, but "there needs to be more concern from Canadians in general." Dr. Neufeld argued that such research will not only help developing countries, but would also benefit Canadians.

He gave the example of the increasing presentation of unrecognised tropical diseases in doctors' offices, suggesting that Canadian doctors are unfamiliar with the diseases of developing countries.

In response to the question of why Canadians should be interested in international health research, Dr. Neufeld said that "aside from being a generous act, more investment of our time and interest in this area is a question of enlightened self-interest."

Thailand Hosts International Workshop on National Health Research Systems

The discussion paper, *Health Research for Development: The continuing challenge*, prepared for the International Conference on Health Research for Development (Bangkok, October 2000), articulates a vision for health research in the future, driven by equity as a fundamental concern, and focused on country needs and priorities within an interactive regional and global framework. For health research to contribute effectively to development, it needs to be conducted within a system that has clearly defined goals and is based on shared values. The International Conference defined four primary functions of an effective health research system: stewardship, financing, knowledge generation, management and use, and capacity development. Each of these functions implies a need for a range of activities at the country, regional and global level; the country level being primary.

Following on from the International Conference, a number of country and regional activities are attempting to translate the recommendations into concrete actions. A sub-regional meeting for francophone African countries took place in Ouagadougou (Burkina Faso) in February (see pp 6-7). Participants focused on the various aspects of national health research systems, how to strengthen health research in their countries, and what the role of a sub-regional network could be in facilitating this process. A regional workshop for the Middle East will take place in Iran (May) where participants will mainly focus on specific competencies to strengthen the national health research systems (e.g. priority setting for health research, capacity development for health research management). During a workshop in Pakistan (see p 10) participants tried to define the national priority agenda for health research, including the various stakeholders in the field of health research.

Health research in Georgia

Before the collapse of the Soviet Union the directions for research in Georgia were planned in discussion with Moscow. Funding for research was primarily aimed at sustaining research institutions. In 1999, Georgia developed a National Health Policy, which outlines the major priority areas for the country. The development of health research is one of the priority areas within the health reform.

The current reality of health research in the country shows that there are not yet clearly defined research priorities, nor is there a process allowing different stakeholders to contribute to the development of such a research agenda. The primary source of health research funding still remains with the government, though the volumes of funding are decreasing from year to year. Significant financing is provided by international donors, but without adequate coordination.

A possible way of improving the national health research system could be the establishment of a National Research Council that will assume the following tasks:

- Define health research priorities
- Advocate for health research to ensure sufficient financing by the government
- Disburse research funds
- Facilitate dissemination of research results
- Coordinate research initiatives of external donors.

Note – Based on information distributed during the Cha'am workshop

The health research system in South Africa

Health research in South Africa used to be mainly bio-medically oriented, taking place in an 'ivory tower'. Equity in health was not perceived as the core value of health research. The end of the Apartheid government (1994) led to a new democracy and a new constitution in which respect for human rights was entrenched. The adoption of a social and economic development plan aimed at redressing inequity. The restructuring of the development and health sectors was one of the key concerns.

The health policy that was formulated aims at a transformation of the health sector to reduce inequities. Health research is an integral part of this policy and is integrated in planning, policies and programs. The Essential National Health Research (ENHR) strategy was officially adopted and guided the refocusing of health research as a tool for decision making, focused on reducing inequity.

South Africa has a long tradition in health research and numerous academic institutions and NGOs are involved in health research. At the government level, three departments are involved in research: the Department of Health, the Department of Arts, Culture, Science and Technology, and the Department of Education.

To improve the coordination of health research in the country, an ENHR committee was appointed by the Department of Health in 2000. The Committee comprises 25 members drawn from the various sectors and disciplines of the research community and other relevant stakeholders (e.g. science

The international workshop on National Health Research Systems, hosted by the National Health Foundation, Chaam, 12-15 March, 2001, brought together 40 participants from approximately 15 different countries and several international organisations. The workshop, co-sponsored by WHO, The Rockefeller Foundation, the Global Forum for Health Research, and COHRED, provided a platform to further discuss the concept of national health research systems, by featuring in the experiences of several countries.

The case studies presented (see box) clearly illustrated that there is no single model for an effective national health research system that can be applied everywhere, and that each country needs to define the system that best suits its particular circumstances. There was agreement, nevertheless, that it is important for all stakeholders to subscribe to a set of underlying values and principles if the system is to function in a coherent and effective manner. Participants at the workshop were encouraged to build on what already exists and to link with other countries in

mutually supportive partnerships aimed at strengthening their systems. International and regional organisations, and donor agencies, were called upon to focus on country needs and priorities, and not to impose their own agendas.

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References

1. *Health Research for Development: The Continuing Challenge*. A Discussion paper presented for the International Conference on Health Research for Development, Bangkok, October 10-13, 2000 (www.conference2000.ch).

councils, universities, NGOs, nursing colleges, government departments, community groups). Its priority tasks are:

- Finalisation of the National Health Research Policy in consultation with the Department of Health
- Follow up on priorities set in 1996, and redefining these priorities if necessary
- Communication and dissemination of health research
- Assessment of capacity building needs

Note – based on a presentation by Dr M. Makgoba, MRC, South Africa

The Thai health research system

The health research system in Thailand is funded through government sources, external funding sources and through universities' own revenue. The National Research Council was the main research funding institution until 1992. In that year the Thai government decided to establish three additional national research funding agencies: the Thailand Research Fund, the National Sciences and Technology Development Agency, and the Health Systems Research Institute.

Although this system was established to ensure better linkage between national health priorities and research investment,

the present health research system faces major problems:

- There is a lack of common goals and directions for health research. The four major funding agencies have their own process and methods of identifying priority areas for funding.
- Management for health research is ineffective – there has been little effort so far to stimulate the utilisation of research results
- There is inadequate support for health research and research in general.

The experiences with research funding and also the recent move towards health system reform, have led to the conclusion that the health research system may need to be reformed in order to be an effective part of the future health system. There might be a need to create a national focus body to improve coordination between the various funding sources, and a significant proportion of the health research budget needs to be allocated to improve the various aspects of research management. Besides the structural reforms of the health research system, the future health research system will also require a different orientation towards its stakeholders: e.g. the public should be able to demand research relevant to them; decision makers need to better understand the potential of health research for decision making.

Note - Based on a presentation by Dr Somsak Chunharas, Thailand

NOTICES

New Publications

Forging Links for Health Research: Perspectives from the Council on Health Research for Development

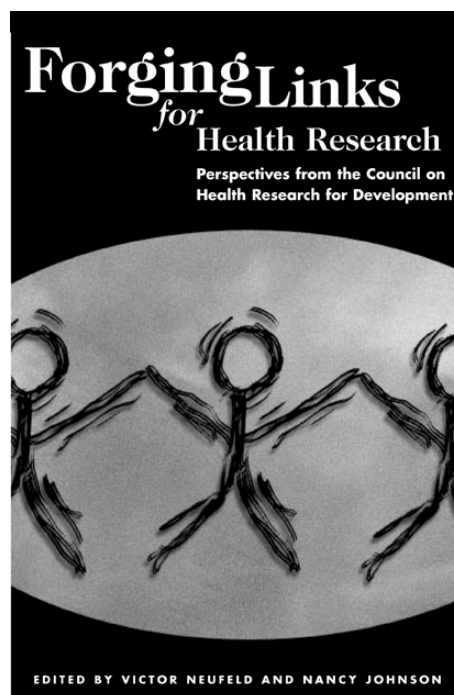
Edited by Victor Neufeld and Nancy Johnson

Published by the International Development Research Centre (IDRC), 2000, ISBN 0 88936 935 6
Price: \$30 (Canadian)

Released in December 2000, **Forging Links** explores the contributions of health research to the development field and, in particular, to the equity dimension of development. The various contributions to this book focus on pinpointing the key achievements - as well as the setbacks - in the implementation of essential national health research over the past decade, and on outlining the prospects for the coming years. The book is a collaborative effort of many individuals - in particular from low- and middle-income countries.

The book combines a look into the mirror of the past with an attempt to gaze into the crystal ball at what lies ahead. Organised into three sections, the first includes an account of the main events related to health research for development of the past decade; an essay on the evolving understanding of inequities in health; and an analysis of the contribution of health research to human development. Section two looks at country experiences with some aspects of the research process: promoting community participation; translating research into action and policy; and strengthening the capacity of national health research systems. A further chapter provides "snapshots" of the health research situation in several of the global regions, accompanied by an analysis of the contribution of regional arrangements to national health research efforts.

The final section of **Forging Links** looks to the future: firstly by telling the story of COHRED, including efforts to assess its own contributions to meeting future challenges; secondly, by summarising the important "realities" confronting the global health research community at the beginning of the new century, and presenting some key challenges to those responsible for national health research systems along the way.



It is hoped that **Forging Links** will contribute to the continuing dialogue between all stakeholders involved in the journey into the uncharted territory of the future, and help steer them towards achieving more equitable health development.

Please send all requests for copies of *Forging Links for Health Research: Perspectives from the Council on Health Research for Development* to:

Renouf Publishing Co Ltd.
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Ottawa Ontario Canada K1J 9J3
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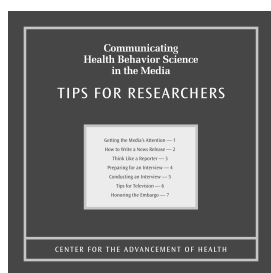
Send all contributions to:

The Editor, Research into Action, c/o COHRED Secretariat.

Communicating Health Behaviour Science in the Media: Tips for Researchers

Center for the Advancement of Health, 2001

"A compilation of the best tips from communications professionals aiming to help researchers feel at ease when their scholarly papers pique the interest of the media... This brochure offers you practical advice on dealing with the media monster... Speaking with the news media about science has many benefits and few drawbacks: most importantly, you get to promote your work and your institution."



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Development

Journal of the Society for International Development

Edited by Wendy Harcourt,
Society for International Development, Italy

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Courses

Ethical Issues in International Health Research

June 11 - 15, 2001

Harvard School of Public Health, Boston, USA

As more research is conducted in developing countries, ethical issues that reflect differences in cultures, politics, wealth, standards of care, individual and group rights, and priorities are surfacing with increasing frequency. The present ethical codes are not always sufficient for the broad new set of problems faced by funders of international health research, members of Ethical Review Boards, government agencies, and researchers themselves.

Recognising that current guidelines are both subject to interpretation and likely to create conflict, the program encourages candid comments, questions, and open critique of available materials in the five days of lectures, case studies, and panel discussions.

This course is intended for individuals involved in all areas of international health research, including medicine, anthropology, epidemiology, education, journalism, political science and law; government, foundations, and industry officials with funding responsibilities; and members of institutional and governmental review boards. It aims to provide participants with:

- Current standard guidelines for international health research
- Approaches to controversial issues, such as individual versus group rights, and standards of care
- Ethical issues concerning conflicts of interest and confidentiality
- Responsibilities of the investigator, including plagiarism and who owns ideas and specimens
- The role of medical journals, the press, and others in maintaining ethical standards

In a few cases, tuition assistance may be available. Please complete the program registration form and include a letter stating the need for assistance.

Note: *Unless otherwise indicated, all publications must be ordered from the relevant organisations.*

The course fee is US\$ 1,650, and includes the cost of tuition, notes and all meals, but does not include travel to the USA or accommodation. There is no closing date for applications.

For more information, please contact:

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Fax: +1 617 432 1969
Email: contedu@hsph.harvard.edu
Internet: <http://www.hsph.harvard.edu/ccpe/programs/ETHICS.shtml>

Conferences

'Challenges of Primary Care Oriented Health Systems: Innovations by Educational Institutions, Health Professions and Health Services'

*The 2001 Conference of The Network
October 20-25 in Londrina, Brazil*

Organised by The Network in co-operation with the Centro de Ciências de Saúde, Universidade Estadual de Londrina and co-sponsored by the World Health Organization, the Conference will be preceded by a number of pre-conference workshops (to be held on Saturday October 20). Please note that the deadline for submitting abstracts is 1 July, 2001.

The Conference topics are as follows:

- Alliances between Academic Institutions, Health Services and Communities
- Health Professionals in Primary-Care Oriented Services
- Health Systems Research
- Health Professions Education

Those of you who attended previous Network Conferences may note that at this Conference, next to educational issues, more balanced attention will be given to issues related to health services and health research. This shift in emphasis is in line with the recent change of the full name of The Network to: Community Partnerships for Health through Innovative Education, Service, and Research and the WHO programme 'Towards Unity for Health'.

For further information please visit:

<http://www.the-network.org/brazil>
<http://www.the-network.org/brazil/registration/index.htm>

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

RESEARCH INTO ACTION is issued complimentary upon request.

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