

R **Research into Action**

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In a previous issue of *Research into Action*, the editorial team predicted that the winds of change were upon COHRED. In this issue, we are able to expound upon these predictions.

Dr Peter Makara was selected as the new COHRED Coordinator in April. He replaces Dr Yvo Nuyens who has held this post for the past seven years with great enthusiasm and expertise. We wish to thank Yvo for his unfailing commitment to COHRED and ENHR and welcome Peter to the COHRED team!

We also update you on COHRED's operational plan for the next two years. In Issue 23, we reported on the direct country support, the most important feature of COHRED's work for the next years. In this Newsletter we elaborate further on the organisation's analytical role in issues relevant to health research for development.

On the **ENHR** front, 2001 has certainly already been a year of action. Activities are occurring in every region, and news from the Middle East and Latin America are included in this issue. A contribution from a colleague in Nigeria focuses on the importance of ENHR in the African region. Although no one model for ENHR would fit all African countries, the author advises that each African country must quickly define its own health research priority agenda and must encourage local resource networks to commit to essential health research for local development.

Also in this issue, our **feature article** explores the notion of the ENHR strategy - is it still essential to the international health research community? Since the Bangkok Conference (October 2000) discussion has focused more and more around the development of effective national health research systems. The feature article argues that the ENHR strategy is at the very heart of such a system, and that the ENHR principles (put countries first; design and implement a research strategy for equity in health; make health research an active part of development) continue to form the basis for the development of the health research system.

The **notices** section highlights new (COHRED) publications and also announces the publication of the Report of the International Conference on Health Research for Development (October 2000). This Report has tried to capture not only the main conclusions of the Conference, but also the motivation of the organisers, the 'flavour' of the meeting, and the positive spirit in which it took place.

The Research into Action Team

Essential National Health Research – still essential

“Since the Bangkok Conference we no longer talk about essential national health research. It’s been replaced by the effective national health research system.”

This statement, overheard recently, reflects a fundamental misunderstanding of what lay behind the idea of the effective health research system, which emerged from the various discussions leading up to and during the International Conference on Health Research for Development in Bangkok in October 2000. This short article will attempt to elucidate the thinking behind the concept, and explain how essential national health research – ENHR – is still as essential and relevant as ever for countries that want to strengthen health research for development.

Those who attended the International Conference may remember that the starting point for many of the discussions was the background paper *Health research for development: the continuing challenge*.¹ This paper, based largely on consultations at national and regional level, reviewed the current state of health research in developing countries and made proposals for its revitalisation. One of these proposals was to adopt a “systems approach” to health research – aimed at ensuring inclusiveness, better cooperation and collaboration, and integration with long-term health development aimed at reducing inequities. This led to the notion of an effective health research system.

However, the idea of a health research system is not new. The Commission on Health Research for Development, in its 1990 report,² envisaged “a pluralistic, world-wide health research system” that would nurture national scientific groups linked together in trans-national networks. This vision was perhaps somewhat ahead of its time in 1990. In the years that followed, COHRED and other organisations focused on the more concrete recommendations of the Commission, such as promoting the essential national health research strategy and developing national capacities for research. Considerable progress has been made through these approaches, and a number of countries are now looking beyond them to see how health research could be made even more cost-effective and more relevant in the general context of development.

The idea of the effective health research system, as promoted in the Conference background document, was based on the notion that, if health research is to have a significant impact on health and development, it needs to be part of a long-term strategic plan closely linked to the development agenda. Thus, institutions, countries, regional networks and international development and funding agencies need to re-orient their strategies, away from short-term projects towards longer-term programme development and infrastructure strengthening. It should also be focused on country needs and priorities and driven by the notion of equity. These ideas were endorsed by the International Conference, and repeated in the recommendations.

So where does this leave ENHR? In fact, it leaves ENHR at the very heart of the system. The ENHR strategy has always been based on three principles:

1. Put countries first.
2. Design and implement a research strategy for equity in health.
3. Make health research an active part of development.

These principles continue to form the basis for the development of a system, through which the ENHR strategy can be applied.

The idea of a “system” of any kind is sometimes difficult to grasp in concrete terms. Essentially, in this case, it refers simply to all those organisations, institutions, groups and individuals that contribute to health research. All countries already have a system of some sort. However, for the system to be *effective* it needs to function in a coordinated and coherent manner, within a broader interactive regional and global framework. Improved coordination and coherence will come from agreement by all concerned on a set of underlying values and operating principles, which will then guide the activities carried out within the system.

Those values and principles are what will ensure that we do not lose sight of the ultimate objectives of health research.

And ENHR is exactly the embodiment and strategic expression of those values and principles.

Thus, the statement at the beginning of this article contradicts itself: in focusing all efforts on the development of the health research “system”, one runs the risk of losing sight of what the system is supposed to be doing. In the same way that a hospital runs most “efficiently” when there are no patients, so a health research system can be designed that will operate efficiently while being of no benefit to the health of the population. In both cases, the notion of effectiveness needs to have equal weight with efficiency: the hospital’s *raison d’être* is to treat patients; the health research system’s *raison d’être* is to contribute to national development and improved equity. By keeping this in mind,

and by continuing to promote the application of the ENHR strategy within an effective health research system, countries will maximise their chances of fulfilling the vision of the Commission on Health Research for Development – that of harnessing the power of research to accelerate health improvements and overcome health disparities.

References

1. *Health Research for Development: The Continuing Challenge*. A discussion paper prepared for the International Conference on Health Research for Development. Bangkok, 10-13 October 2000.
2. Commission on Health Research for Development (1990), *Health Research: Essential Link to Equity in Development*. Oxford University Press: New York

Essential National Health Research (ENHR) is imperative for African nations

Wake-up call

As the anniversary of the Bangkok 2000 International Conference on Health Research for Development approaches, it is important to call on African health policy and decision-makers, along with African delegates who attended the conference, to rise up to the challenges of implementing the conference outcomes and recommendations.

Central to the recommendations, was a need to commit to building and strengthening in-country research capacity for equity and people-centred health improvements. This is not such a difficult process for Africa.

Unlike atomic science and neutron bomb development, the goals of ENHR are simple and readily achievable: put people first; work for equity; translate research into action (1).

Health research must be relevant to development

In most countries in Africa, health research is carried out in “ivory towers” and with little or no relevance to immediate or future development needs of host communities. This is a luxury that Africa can ill afford. On the other hand, the little research conducted in the private sector is usually driven

by commercial interests and rarely for the benefit of the public health system. This need not be so.

Evidence presented herein illustrates an uncommon model of a private health research institution that fruitfully engages in research essential to national purpose. This model recommends itself for support in African environments which are being depleted of intellectual manpower due to the phenomena of “brain drain” both to foreign lands, and the private sector.

Example

Pursuant to its long term objective of bringing health research into the public policy arena and producing evidence to drive decision making, a private, non-profit research centre in Lagos, Nigeria – the Centre for Health Policy and Strategic Studies, initiated during 1998/1999, two self-funded state-wide surveys involving a total of approximately 40,000 respondents (2,3).

The objectives of the surveys were to elucidate:

- a) Health consumers’ level of satisfaction with health care received from the State health care system; and
- b) The health seeking preferences of the citizens of the State.

Lagos State, Nigeria, is a cosmopolitan city with a population of about 7 million people. The State prides itself

as offering “free health services” to all residents.

Notwithstanding the claim, the majority of residents surveyed - (91% of respondents) expressed dissatisfaction in the health services received. High cost and perceived low quality were the two highest-ranking causes of dissatisfaction.

Ironically, more residents of the State (38% of respondents) preferred to seek care from private clinics and hospitals where costs are known to be high but service quality was perceived to be better. Twenty-six percent (26%) of respondents obtained care in public hospitals because of low cost in spite of perceived poor quality and frequent “stock-out” on drugs and other medical consumables. Eighteen percent (18%) of respondents made practitioners of traditional medicine their usual source of health care and 14% sought care directly from chemists. In both of these latter cases, low cost was the motivating factor.

When taken together, both studies indicate that residents of Lagos State, Nigeria overwhelmingly are dissatisfied with their health care. They want quality health care but at a cost that is affordable and acceptable. Both of these conditions were not met at the time of the study and remain unmet to date.

If health care is provided “free” to citizens, they still want it to be of good quality. If it is not of good quality, a substantial majority is willing to pay to obtain quality care from expensive private sector sources.

These findings have implications for public health policy and the following recommendations were offered for correcting the situation.

a) Review the across-the-board “free health” scheme of the state and direct it purposefully at vulnerable groups (children under 5 years) and the poor (those living below means-tested poverty line) as a State sponsored Medical Aid Program. Many of the other consumers (private sector workers, traders, professionals and urban/peri-urban centred artisans, etc.) who in any case are willing to pay, should be made to pay “subsidised user fees”. These arrangements would still provide political mileage while increasing funding for health in the State.

Or,

b) Introduce a “State-wide social health insurance scheme” with means tested premium pricing in such a manner

that the groups with the means to pay cross-subsidise the cost of care of the poor and the vulnerable.

Convincing consumers who were willing to pay for health services to redirect the income they have available for their health needs from the private health sector to embrace “user charges” in public health facilities, would involve adequately addressing the concerns about “stock-outs”, “excessive waiting time”, “inconsiderate and uncaring staff attitudes” in public facilities. This would require effective communication and unambiguous actions of public health managers to show that the problems are being addressed.

These recommendations may come with unpalatable political implications for the politicians, but are likely to improve public health, equity and patient satisfaction in the State if implemented.

Communicating research findings

How does the result of an independent study such as this get used for public health improvements? Good design and effective communication are the key.

First, the research must be relevant in its design and objectives to issues of practical significance to public health managers and consumers. The study reported was designed with these very people in mind. Secondly, the research findings must be expressed in such simple, non-technical terms that lay people can readily relate to them. Thirdly, the research findings must be brought to the attention of the general public and decision-makers in a language that simply demonstrates the benefits without being politically judgmental.

A newsletter reporting the research in simple language was used by the Centre to disseminate the findings and recommendations to media houses and public health managers in the State. The media coverage was quite robust and judging by public comments and responses, the findings and recommendations were well appreciated.

In addition, the Centre also organised a fully sponsored workshop for health correspondents in “Health Communication for Social Change” during 2000. The research described was used in the workshop to illustrate the benefits and process of engaging political leaders, policy makers, health managers and the community at large in communication for change in health.

Lastly, the Centre keeps nurturing the contact with health correspondents by facilitating a once-a-month get-together with the objective of building capacity in health reporting of these correspondents. The Centre is always vigilant about not making political judgements in its communication efforts.

Lessons to be learned

What major lessons may other African health researchers learn from this experience?

- i) African health researchers can and should engage in studies that address the pressing problems of their respective communities including the issue of equity.
- ii) African health researchers need to learn effective communication skills in order to reach and influence community audiences with the benefits of their research findings.
- iii) African health researchers should develop two-way relationships with medical writers and health correspondents of the major electronic and print media in their respective communities. This would assist researchers to disseminate their research findings to their communities at large, as well as help health correspondents to build confidence and capacity in medical reporting.

The way forward

Many African countries are yet to embrace ENHR. Those that have are still relatively unclear about its core goals and values in relation to the national health agenda. Although no one model of ENHR would fit all countries, each African country must quickly define its own health research priorities and agenda and encourage local resource networks to commit to essential health research for local development.

Regrettably, many African countries do not commit sufficient local funds to research local health problems for local solutions, but instead rely on external funding. Predictably, external fund-providers with diverse mandates and agenda consequently drive most of the health research that is being done in Africa in the name of "unequal" partnering. This need not be so.

Without doubt, trans-national collaboration and partnering in health research can be good for Africa if it would help to build and strengthen research capacity and generate benefits that match local needs and agendas. But there is a better way forward!

A better way forward is for African health leaders and visionaries to work with, and motivate their politicians to appropriate more resources to support health research in their respective countries. For this to happen, African health researchers must vividly show that their research is relevant to the immediate needs and problems of their communities.

COHRED recommends 2% of national health expenditure per year be devoted to essential health research, this is a good start where it can be obtained. Notwithstanding the adequacy or otherwise of funds available for ENHR in African countries, health researchers in Africa must use whatever resources that are available to address the needs of their people, work for equity and advocate for translation of their research efforts into action. This would endear them to political leaders, justify their confidence, and secure their further support.

These are all achievable goals.

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1. COHRED (2000) *The ENHR Handbook: A guide to Essential National Health Research*. The Council on Health Research for Development: Geneva.
2. Odotola A (1999) *Citizens views of health care in Lagos State*, Nigeria. CHPSS Newsletter, No. 3, p. 1-2.
3. Mbakwe J, Omotoye O, and Odotola A (1999) *Healthcare seeking preferences of rural, urban and semi-urban dwellers in Lagos State*, Nigeria. Health Research Report (CHPSS) No. 1, 1 – 3.

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ENHR in Latin America: Countries meet to discuss future collaboration

The consultative process which was held in preparation for the International Conference on Health Research for Development (Bangkok, October 2000) was a catalyst for countries in the Latin American region. Participants in the process recognised that health research, if it is to contribute to equitable development, must be based upon a series of underlying values: ethics, solidarity, social and gender justice, and human rights. Recommendations from the Latin American consultative process focused on strengthening and retaining capacity, exploring opportunities for networking, increasing financial resources for research, and strengthening the utilisation and dissemination of research.¹

One of the direct results of this consultative process, and of the Bangkok Conference itself, is the increased focus within the region on the development of effective national health research systems, which encompass the stated underlying values, explicitly focusing on the areas that need strengthening. A number of recent activities in the region demonstrate this commitment:

- On May 24 and 25, the Ministry of Health in Chile organised a national seminar on health science and technology which looked at how health research can meet the needs of the general population, and contribute to increased equity in health.
- On June 18 and 19, the Bolivian Academy of Medicine organised a national workshop on health research for development, focusing on ENHR, priorities in health research, and coordination of health research in the country.
- On June 25-27, the Ministry of Health in Cuba organised a national workshop on ENHR and the national health research system. The workshop focused on capacity building, governance, knowledge generation, management and use, and financing (the primary functions of a health research system as discussed during the Bangkok conference).
- A pilot project in the Risaralda district of Colombia will adopt a holistic approach to the research process: research which is based on equity and social and gender justice, involving all stakeholders, should facilitate the implementation of prioritised research and the utilisation of research results.

Future issues of *Research into Action* will report on these activities in more detail.

The day before the national meeting in Chile, COHRED, in close collaboration with the Ministry of Health in Chile, organised an informal consultation in which participants from Chile, Cuba, Bolivia, Colombia and Brazil gathered to discuss COHRED's role in the Latin American region. It was agreed that COHRED would continue to create opportunities for networking which would assist in the exchange of ideas around ENHR and effective health research systems.



Participants at the Latin American informal consultation, Chile.

Besides a continued effort to contribute to national developments, participants proposed an exercise be conducted which would map the health research and science and technology systems of the countries in the region. Again, the focus would not just be on health research, but on the contribution of health research to development and to equity in health. A proposal will be developed over the coming months.

References

1. *Report on the Latin American regional consultative process*, International Conference on Health Research for Development, Bangkok 10-13 October 2000

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Teaching and Research in Health in Mexico: Challenges raised by the academic community

The public forum on Health Education and Research, organised by the Secretary of Health of Mexico, was held in Mexico City on March 27, 2001. This forum was one of many that the Mexican government organised this year in order to elaborate the working agenda for the next six years. The forum included 11 lectures given by academic leaders in the country, and five discussion sessions. Lecture topics included health economics, public health research, health research priorities, health research in teaching institutions, the relationship between academy and industry, biomedical publishing, basic and applied research, biotechnology, human genome research, benchmarking, and health systems. Dr Julio Frenk, Minister of Health, pointed out the relevance of health research, and Dr Jaime Parada, General Director of the National Council for Science and Technology (CONACyT), outlined the guidelines to support medical research. Discussion sessions covered the fields of biomedicine, public health, health technology, teaching, and infrastructure. In each session, six proposals were presented and discussed, selected from a total of 165 submitted by different health and teaching institutions prior to the forum.

Among the proposals were:

- Reinforcement of population health education programs. Health education was stressed in the context of sexuality, early detection and treatment of chronic diseases, and prevention of disease complications.
- Training oriented to health personnel needs. At present, there are not enough nutritionists, geneticists, molecular biologists, and other medical specialists to face the needs in health care and research.
- Dissemination of results obtained through research to the general population. People need to know the advances in knowledge, in order to better understand their health problems and be ready to face them.
- Periodic review and update of health research legislation. Regulations need to match progress in knowledge to maintain research quality, ethics and safety.
- Promotion of collaborative, inter-institutional and multidisciplinary research to improve research feasibility and efficiency. In this schema, involvement of public as well as private institutions is necessary.

- Decentralisation of research activities. Currently, most research is being conducted in the three largest cities of the country, namely Mexico City, Guadalajara and Monterrey. Reinforcement of research infrastructure with specific policies, as well as other measures aimed at promoting the research production in the other states of the country need to be undertaken.
- Generation of a readily available database on national and international health research funding sources. Many funding opportunities are being lost because of inadequate dissemination of research funding opportunities amongst researchers.
- Generation of a readily available database on national scientific production. Dissemination of research data published in local or regional journals is limited, leading to inadequate decision making and inefficient resource use in health care and research.
- Search for better diagnostic methods, and inception of specialised reference centers. Diagnosis of common diseases such as tuberculosis, genetic and rheumatic disorders is currently too slow, and should be improved.
- Clarification of the term "interchangeable generic medications", and establishment of certified laboratories to test bioequivalence. People need to be informed and assured of the safety, and economic benefits of, generic medications.

Each of the proposals are currently being analysed by leading Mexican academics, and will be published before the year ends in a booklet entitled "Teaching and Research in Health in Mexico – Some Challenges Raised for the Years 2001-2006".

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Towards an effective health research system

One of the direct and practical outcomes of the International Conference on Health Research for Development has been a renewal – or in some cases a beginning - of activity at regional level. In the Eastern Mediterranean region, for example, a meeting held in Cairo in July 2000 as part of the consultative process helped to start a movement aimed at promoting collaboration among the countries of the region to improve their health research systems. This movement took another step forward in April this year, when an informal consultation in Tehran, Islamic Republic of Iran, brought together research managers from five countries of the region (Iran, Morocco, Oman, Pakistan, and Sudan) to discuss:

- The development of effective national health research systems and how the ENHR strategy can form a basis for their operation;
- Experiences in promoting and building on the ENHR competencies;
- A regional networking process that could support national development.

The meeting focused specifically on the ENHR competencies of priority-setting, research to action, and capacity development, with participants exchanging experiences and generating ideas that could be applied in their own countries. There was considerable discussion on

the concept and characteristics of the national health research system, and how such a system could be made effective.

The WHO Regional Office for the Eastern Mediterranean (EMRO), which co-sponsored the consultation with COHRED, pledged its support for research in the region and outlined plans for strengthening the regional office's ability to respond to country needs.

As one concrete outcome of the consultation, the group agreed to establish a formal network of the countries present, plus Egypt and Lebanon - which had been invited but were unable to attend - to:

- Share information on various aspects of national health research systems;
- Organise training;
- Plan and carry out joint projects;
- Issue a newsletter;
- Convene periodic meetings of focal points; and
- Promote the establishment of national networks.

Both EMRO and COHRED will provide support to this network, which is seen as an important link both between countries of the region, and between the countries and the global level.

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Participants at the Eastern Mediterranean regional meeting, held in Tehran.

A new phase in COHRED's analytical work begins

At its November 2000 meeting, the COHRED board considered a draft Operations Plan for the year 2001-2002. In Issue 23 of *Research into Action* we reported on the three basic approaches of this plan: providing direct country support, analytical work and the provision of a communications/documentations clearing house. In addition we emphasised the most important feature of COHRED's work - direct country support. In this issue, we update readers on COHRED's intention to play an analytical role in a number of specific areas of health research for development.

During an extensive and inclusive consultative process with COHRED's stakeholders throughout 2000, it was emphasised that the organisation's role was essentially to work with, and support countries; to act as a catalyst, and to speak for countries in the global arena, particularly with regard to promoting health research to reduce inequities.

In order to fulfil this role, a number of specific functions for the analytical work have been identified. These include:

- Organise regular consultations with the different stakeholders in countries and regions to obtain information on experiences in developing effective health research systems, in order to distil and synthesise lessons learnt for broader dissemination and application.
- Translate the lessons learnt into training materials for multiple stakeholders.
- Organise consultations to obtain information from different stakeholders on what they need in order to be effective partners in the development of an effective national health research system.
- Develop approaches and methodologies to address these unmet needs.
- Develop and promote tools and methodologies to be used by countries for monitoring the overall functioning of their health research systems.
- Develop and produce state-of-the-art reports on key issues of relevance for health research for development, based on review and analysis of available information.

In order to further elaborate on the needs and opportunities regarding COHRED's analytic role, a consultation meeting was held in Bangkok in March 2001. The meeting included members of the Board, regional focal points and several other colleagues. Four issues were identified for particular attention, leading to the designation of four working groups, each with an interim moderator, as indicated below:

- Rethinking ENHR in the context of a national health research system (Somsak Chunharas and Chitr Sitthiamorn)
- Monitoring and assessment of health research systems (Delia Sanchez)
- Communication strategies at country level (Mutuma Mugambi)
- Capacity development (Vic Neufeld)

After this meeting, the interim moderators prepared working papers on these four issues, including terms of reference for each working group, and also suggesting how the four working groups would inter-relate.

In brief, consistent with COHRED's "countries first" principle, the working groups will draw upon country experiences and focus on the needs expressed by various countries. Through this consultation process, lessons ("best practices") will be identified, and integrated into various "products". These will include: a concept paper (framework, or "map") to be prepared jointly by all four groups; tools and training materials; and, as appropriate when requested, actual country plans.

The working group interim moderators, together with the COHRED secretariat, are proceeding with the recruitment of working group members. Preliminary summaries are available which describe the rationale for each group (specifying COHRED's distinctive potential contribution), the preliminary terms of reference (approved by the COHRED Board), and some proposed next steps.

Research into Action will keep you informed about future developments of COHRED's analytical work.

COHRED announces appointment of its new coordinator

A number of major changes have taken place within the COHRED Secretariat recently: not only did we move offices, but our long-time coordinator, Dr Yvo Nuyens retired.



For the past seven years, Dr Nuyens has actively and enthusiastically promoted ENHR at both country level, and in the international arena. He has effectively seen ENHR grow from an idea to a movement; as an increasing number of constituents became involved with ENHR, and new partnerships - dedicated to improving the impact of health research for development - were forged.

Yvo, on behalf of the COHRED family, the secretariat and the COHRED Board, wishes to thank you for your strong commitment to ENHR, and to the organisation behind the strategy. Your trademark sense of humour will never be forgotten, and we wish you well in your future endeavours!

Dr Nuyens' successor is Dr Peter Makara from Hungary. Dr Makara has been actively involved with COHRED since 1995, both in his capacity as focal point for Central and Eastern Europe and the Newly Independent States, and as

a member of the COHRED Board since 1999 (of which he has been vice-chair since 2000).



Dr Makara holds an MA in Economics and a PhD in Sociology. His professional career is evidence of a range of experiences that spans health and social science research, top management in a national civil service, and an involvement in international cooperation. Since 1968 he has worked in the field of lifestyles and health research. Between 1987 to 1999 he was the Director for the National Institute for Health Promotion in Budapest, Hungary, and vice-chairman of the Hungarian Public Health Research Society. Until June 2001 Dr Makara held the position of acting Regional Advisor for National Health Policies, at the WHO Regional Office for Europe.

The *Research into Action* team and the COHRED Secretariat would like to welcome Dr Makara to the COHRED team! In the next issue of *Research into Action* we will feature an interview with the new coordinator which will address his views and vision for COHRED and its work in supporting effective health research at country level.

Notices

Report of the International Conference on Health Research for Development, 10-13 October 2000, Bangkok, Thailand

The Bangkok Conference comprised three and a half days of keynote speeches, stimulating debates, focused group work sessions and broad-ranging technical discussions. It would be difficult, if not impossible, for any report to cover in detail all the facts, opinions, controversies and ideas put forward in the various sessions. However, the rapporteur of the Conference, Marian Jacobs, has tried to capture, not only the main conclusions of the Conference, but also the motivation of the organisers, the 'flavour' of the meeting, and the positive spirit in which it took place.

The report moves in chronological order: from summaries of pre-conference activities such as the consultative processes in six regions; the consultations held with international donors and other stakeholders in health research, and the global consultative meeting; to the report on global governance; the discussion document and the resulting key challenges used

as a basis for group discussion at the Conference. It then presents highlights from the Conference itself: participants, organisation, major features; and moves on to a discussion of the strategies adopted by the International Organising Committee to ensure that everything that happened prior to, during, and after the Conference was documented.

The official Conference Report of the International Conference on Health Research for Development is currently being finalised, and will be available for distribution in July. Please note that arrangements have been made for all Conference participants to receive a copy of the report - you do not need to order a copy if you attended the Conference.

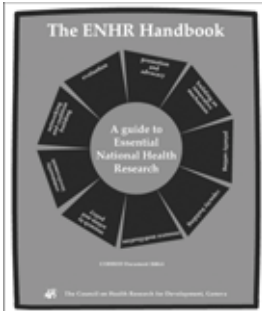
If you still require a copy of the report, please email:
conference2000@cohred.ch
or contact the COHRED Secretariat.

Publications

The ENHR Handbook: A guide to Essential National Health Research

COHRED Document No. 2000.4

The ENHR Handbook is a practical guide and useful resource for anyone involved in the implementation of Essential National Health Research (ENHR). Presented in an attractive, easy to organise folder, the ENHR Handbook provides a succinct overview of the information and resources available to countries, organisations and individuals wishing to successfully coordinate and manage a strategy for health research.



The Handbook is organised in two parts. Part one introduces the concepts and competencies for ensuring health research is effective. Part two provides experiences from countries, organisations and agencies on how the ENHR concept has been applied, including information about COHRED's resources, activities, and contacts. This section of the Handbook also introduces the latest contribution from COHRED's Communications Team, the ENHR *Learning Briefs*. The Learning Briefs are short bulletin-style documents that aim to contribute to the body of knowledge on ENHR competencies.

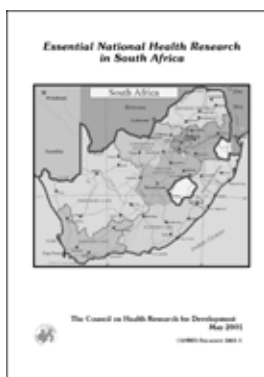
The COHRED Communications Team is producing the Learning Briefs on an ongoing basis. New briefs are distributed via the COHRED Newsletter four times a year, to be stored in the Handbook.

Please contact the COHRED Secretariat if you wish to receive a copy of the ENHR Handbook. All COHRED publications are issued free of charge.

ENHR in South Africa: A COHRED Country Monograph

COHRED Document 2001.1

This report highlights recent progress and challenges in the implementation of Essential National Health Research (ENHR) in South Africa. Since the production of the first South African Monograph in 1997, the concept and practice of ENHR has become more widely accepted in both government and non-governmental circles. Government and other partners in health development have been quick to embrace ENHR as a guiding principle for the transformation of health research in ways that will contribute to the improvement of health status of all categories of the national population.



There is consensus on the benefits of the ENHR approach as a means to achieve equity in health development in South Africa. Key health and tertiary institutions in the country have integrated an ENHR orientation into the transformation of their research strategies.

Please contact the COHRED Secretariat for copies of this Monograph.

Global Directory of Health Information Resource Centres

The first edition of the Global Directory of Health Information Resource Centres contains data pertaining to about 1,000 centres. The focus is on the Centres' missions and objectives, with particular reference to their attitudes to technology, and their capabilities and requirements. The entire Directory can be consulted or downloaded from the following website: <http://www.iwsp.org>, or one can select letters of the alphabet to review individual countries.

The Directory is an ongoing work, and will be updated. The aim is to refine the data, and readers are invited to provide suggestions, improvements and provide more up-to-date information. The Directory is a product of the Health Information for Development (HID) project, which was launched in January 2000.

Challenging Inequities in Health: from ethics to action

Oxford University Press; ISBN: 019513740X

Edited by Timothy Evans, Margaret Whitehead, Finn Diderichsen, Abbas Bhuiya and Meg Wirth; funded by the Rockefeller Foundation and the Swedish International Development Agency

The Global Health Equity Initiative (GHEI) was conceived in response to the growing sense that the "health gap" between socioeconomic groups is widening within many countries and around the world.

Drawing on experience from all of the GHEI studies, this book is a 21-chapter resource on health equity. It provides new perspectives on the concept of health equity, empirical evidence on the scale and nature of health inequities in 13 countries and assessments of relevant policy developments and their implications. In addition, the book puts forth recommendations for a policy response to health inequity. Public health and development communities must recognise that health inequities signal social injustice and must clearly set equity objectives as part of policy targets.

To order the book in English from Oxford University Press, visit <http://www.oup-usa.org> (see Medical Publications) or visit <http://www.amazon.com>.

To order the book in Spanish from the Pan American Health Organization (available from October 2001), send an e-mail to sales@paho.org.

Workshops

9th International Cochrane Colloquium

9-13 October 2001, Palais des Congrès, Lyon - France

The overall theme of the 9th International Cochrane Colloquium is 'The evidence dissemination process: how to make it more efficient'. The Colloquium will focus on identifying the barriers preventing the use of evidence, and means of overcoming these. Time will also be provided for meetings to facilitate strengthening of national and international working partnerships.

The programme will comprise the following:

- Major plenary sessions with invited speakers
- Short papers presented daily in allied topic areas
- Daily workshops
- Posters on display throughout the Colloquium, with scheduled presentation times
- Meetings of Cochrane entities
- Social activities
- Cochrane Annual General Meeting
- Presentation of the Kenneth Warren award and the Thomas Chalmers award.

For more information please contact:

The scientific secretariat
 Françoise MARTIN
 CIT-CCF
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 28 Rue Laennec
 69373 - Lyon Cedex 08, France
 Tel : +33 478 782 834
 Fax : +33 478 782 838
 Email: colloquium@upcl.univ-lyon1.fr
 Web site: <http://www.cochrane.org/>

African Malaria Vaccine Testing Network Workshops (AMVTN), November 2001

*Health Research Ethics in Africa, Banjul/The Gambia
 Good Clinical Practice, Ouagadougou/Burkina Faso*

The AMVTN is inviting applications from African scientists to participate in the above workshops.

The workshops, utilising participatory approaches and interactive learning methods, will cover a number of areas, including:

Health Research Ethics:

- History of ethics in health research
- Codes and guidelines of ethics review committees
- Examples of good and bad practices in ethical research
- Ethical issues in study design

Good Clinical Practice:

- Principles of good clinical practice
- Data safety monitoring
- Teaching methods in good clinical practice

Deadline for submitting applications: July 31, 2001

For more information and expression of interest, contact:

Prof. W.L. Kilama
 Chairman, AMVTN Coordinating Committee
 C26/27 Tanzania Commission for Science and Technology
 Building
 Ali Hassan Mwinyi Road, Kijitonyama
 P.O.Box 33207
 Dar es Salaam, Tanzania
 Tel: +255 22 270 0018
 Fax: +255 22 270 0380
 Email: wkilama@africaonline.co.tz
<http://www.amvtn.org>

Call for applications: TDR Research Training Grants 2002

The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) invites applications for the award of Research Training Grants (RTG) in 2002. Applicants must be nationals of, and employed in, the developing disease endemic countries (DECs), particularly from least developed countries, and low income and high-burden countries with limited research capacity. RTGs are awarded, on a competitive basis, for studies leading to a postgraduate degree, or for acquiring specialised skills. Studies must be on one or more of the TDR target diseases - malaria, leishmaniasis, schistosomiasis, lymphatic filariasis and onchocerciasis, African trypanosomiasis and Chagas disease, leprosy, dengue and tuberculosis - in laboratory, clinical or applied field research disciplines relevant to TDR and/or national priorities. The training may take place in the home country, in another developing country, or in a developed country.

For further information and instructions, please contact:

Steven Wayling
 Manager, Research Training Grants (RTG)
 Special Programme for Research and Training in Tropical Diseases (TDR)
 World Health Organization
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 Fax: +41 22 791 4854
 Tel: +41 22 791 3909
 Email: waylings@who.int
 or see <http://www.who.int/tdr/grants/grants/rtg2002.htm>

Applications must be received by 31 October 2001 and will be reviewed by a sub-Committee of the Research Strengthening Group (RSG) in February 2002.

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

RESEARCH INTO ACTION is issued complimentary upon request.

This issue of *Research into Action* was compiled by: Pat Butler, Sylvia Dehaan, Lucinda Franklin and Yvo Nuyens.

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