

R Research into Action

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It has been three months since COHRED's new coordinator, Dr Peter Makara, took up office. And since day one, new energy and ideas have been blowing through the organisation. This issue of *Research into Action* features an interview with Dr Makara in which he speaks frankly about his view on health research for development, the challenges COHRED is facing, and the organisation's priorities.

Building strategic partnerships remains one of COHRED's major priorities. Synergy instead of rivalry! Collaboration to fill the enormous gaps and needs! Examples of good collaboration already exist. In this Newsletter we provide highlights of a study on resource flows for health research. The Global Forum for Health Research took the lead in developing, coordinating and implementing a system for tracking and reporting investments in health research. COHRED participated in this effort by facilitating the input from countries to the study.

The main justification for a study on resource flows is that if available resources are to be used effectively and efficiently, consistent with research priorities, mechanisms are needed to ensure coordination and to monitor resource flows over time. Two country stories in this issue of *Research into Action* illustrate this. A priority setting workshop in Malawi shows that priority setting was only the beginning of a dynamic process, a process which will also need to include discussion about where limited resources for research should be invested. The Medical Research Council in South Africa conducted a study on priority setting processes carried out in the country, the methodologies used, and the resources allocated to research. The study recommends a full health research audit as an important step for the future health prioritisation process in South Africa. This information is needed to redirect funding to appropriate health research activities.

Other articles in the "ENHR in Action" section illustrate recent developments in Cuba, Bolivia and Kazakhstan. Cuba is currently facing a restructuring of its health research system, in which the State will reduce its financial input and research institutes will be encouraged to seek more external funding. In this situation, good governance becomes particularly important, and the ENHR strategy provides a vital basis for development of the system. In Bolivia, the Bolivian Academy of Medicine offered a platform to discuss the various options and requirements for the revitalisation of health research in the country. This included a discussion of the possible benefits of the ENHR strategy for the country. An article on Kazakhstan illustrates the countries' support to capacity development for health research resulting in a program for young health researchers within the Kazakhstan ENHR framework.

It is with a spirit of partnership that we commit to continue to bring *Research into Action* quarterly to our readers. With the contributions of our partners - at country, regional and global levels - we will be able to make this Newsletter a platform for the exchange of experiences and ideas on health research for development. We look forward to collaborating with you!

The *Research into Action* Team

Monitoring resource flows for health research – an appeal to countries to join the effort

The proposed expansion of research on health problems of developing countries will require substantial increase in funding. We recommend, therefore, that developing countries, bilateral and multilateral agencies, industrialised-country research agencies, foundations, NGOs, and the pharmaceutical industry all raise funding levels for health research.'

This recommendation, made by the Commission on Health Research for Development in 1990,¹ continues to be an issue to date. Over the last decade very little progress has been made. The proposed commitment of 5% of health project development aid and 2% of national health expenditure for health research did not materialise.² Financing of health research therefore remains the greatest challenge of future development efforts which, despite recent injections of funds from philanthropic and public-private partnerships, both in absolute amounts available for research and the distribution of these funds, remains unsatisfactory.³

One aspect of research financing - the monitoring of resource flows - has been addressed by the Global Forum for Health Research. Soon after its creation, the Global Forum took the lead in developing, coordinating and implementing a system for tracking and reporting investments in health research, with a focus on monitoring investments by developing countries and by developed country agencies providing funds to developing countries or for problems relevant to developing countries.

So why measure resource flows? A number of reasons are given. Funding for health research comes from a number of sources. If the resources available are to be used effectively and efficiently, consistent with research priorities, mechanisms are needed to ensure coordination and to monitor resource flows over time (3). Measuring the flow of resources will also help to monitor shifts in the allocation of Research and Development (R&D) funding towards the most important health conditions and determinants, identify neglected areas which do not attract enough funding, and avoid unnecessary duplication of research efforts. Furthermore, resource flows data can be used for advocacy purposes, e.g. to point out that inadequate resources are being allocated for health research by a government or organisation.

The work of the Global Forum for Health Research has resulted in a recently published paper '*Monitoring financial flows for health research*'.⁴ In this article we will present some of the highlights of this study, the unfinished agenda, and challenges for the future.

Snapshots from Global Forum study

It has become clear that available data is fragmented. Although funding agencies in the public and private sectors have internal mechanisms to track health R&D expenditures, the Organisation for Economic Co-operation and Development (OECD) is the only institution with a mandate to regularly collect

and disseminate standardised national statistics on aggregate health R&D for its member states. R&D funds are reported as part of overall Science and Technology (S&T) information. Although there is no equivalent institutional mechanism in developing countries, data on resource flows from developing countries recently began to emerge.

Based on partial estimates, public and private sources world-wide invested a minimum estimated US\$73.5 billion in 1998 (or about 2.7 % of total health expenditures world-wide) in health R&D. Governments invested at least US\$37 billion and the pharmaceutical industry US\$30.5 billion. Private non-profit and university funds provided the remaining US\$6 billion.

Governments of the established market economies spent US\$34.2 billion on health R&D, and an estimated US\$350 million on development assistance for health R&D. If one adds in the US\$260 million spent on health R&D by the European Commission, the total comes to 94% of total public funding of health research. This percentage tends to overestimate the share of the developed countries, as these countries have a better reporting of their investments in health research than many developing countries.

Governments of the Central and Eastern European countries in transition for which estimates are available (Czech Republic, Hungary, Poland, Romania, the Russian Federation, Slovak Republic and Slovenia) spent an estimated US\$200 million out of a total health R&D expenditure of about US\$360 million in these countries. The funding of S&T in general in Central and Eastern European countries went into free fall at the beginning of the political transition. Health R&D expenditures fell both at fixed price and as a percentage of GDP. The latest data available does not suggest any improvement in 1999 or 2000.

For developing countries, it is estimated that Argentina, Brazil, Mexico and other Latin American countries, India, Malaysia, Philippines, Thailand, Turkey and Chinese Taipei spent a minimum of US\$2.5 billion in 1998 on health R&D. Data for other developing countries, among them countries such as China which spend important amounts on health research, are not available at this stage.

Some first conclusions

Overall investments in health R&D increased substantially from public, industrial and non-profit sources in developed countries during the 1990s, but generally fell back in countries in transition. Available data from developing countries indicate that more funds from national sources have been allocated to

health R&D than previously estimated. This increase reflects real growth in overall investments in health R&D in these countries, but is likely also to reflect better reporting.

Data for developed countries is readily available from existing data collection systems. While it is still difficult to obtain reliable health R&D totals for some developing countries in transition, data collection systems are evolving in other regions, such as the Latin American region. The best information obtained to date has been collected through special studies and surveys. While the initial study may take up to two years to complete, such a study can form the basis for a more systematic approach by countries to monitor resource flows in the future. In addition, by building such systems in a manner that is compatible with existing global data collection systems, it will be easier to obtain a more accurate snapshot of total health R&D funding worldwide in future.

During the late 1990s there has been a greater involvement of foundations, national research institutions in developed countries, and the pharmaceutical industry in international health. This shift is coupled with an increased total flow for health research globally, both from governments from developed and developing countries. The implications of this transition to improve the health of the majority of the world's population, an equity oriented goal, are not clear and need to be documented.

The International Conference, Forum 5 and the way forward

The International Conference on Health Research for Development in Bangkok (2000) reconfirmed the need to monitor resource flows and formulated the following recommendations:

- At a country level, it was recommended that countries improve central planning to facilitate the distribution of funds, together with international organisations and NGOs. An independent, but related mechanism should monitor the use of funds for national priorities on health research, and should contribute to global efforts to measure resource flows.
- At the regional level, the criteria for allocation of funding should be based on regional priorities determined by burden of disease, prevention strategies, gender, social class and (in)equity issues, ethics, and sustainability. Common regional priorities should be derived from national (country) priorities. Funding allocations should be based on these priorities. A regional monitoring mechanism should identify needs, track results, and leverage resources for research.



- At the global level, the need to monitor the distribution, use and impact of health research funds at the international and national level was emphasised. Participants felt that the Global Forum for Health Research and COHRED could play an important advocacy role in achieving a change in distribution of funds, with a more explicit focus on developing country institutions and researchers.

Forum 5, the next annual forum organised by the Global Forum for Health Research (October 9-12, 2001), provides a good opportunity to discuss the potential for conducting resource flows studies at the country level. A workshop, utilising tools and methodologies developed by the Philippine Center for Economic Policy Research (supported by COHRED),⁵ will be organised.

It is only by measuring efforts, both human and financial, invested into research of the most neglected health problems in the world, that we will know how much priority these are given. Therefore, we hope that Forum 5 will again generate interest amongst a number of organisations and governments in developing countries to embark on the valuable activity of monitoring resource flows.

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Malawi – Prioritised health research in support of the National Health Plan

For a long time, health research has not been a priority component of health service delivery in Malawi. Although research was carried out in various areas, it was mostly uncoordinated and donor driven. In 1988 a Research Unit was established within the Ministry of Health and Population to coordinate all health research activities in Malawi. Since then, there has been an increased interest and commitment by the Government of Malawi in favour of health research. This is evidenced by the inclusion of research in major policy documents such as the Health Policy Framework and the current (1999-2004) National Health Plan.

Very few local health professionals in Malawi are involved in championing health research. There are several limitations retarding the advancement of health research in Malawi. These include lack of a national research policy, absence of a national health research agenda and lack of an “information culture” among staff in the health-related fields. To address some of these problems, the Ministry’s Research Unit organised a three-day workshop aimed at developing a national health research agenda based on the Essential National Health Research strategy. Specific objectives were:

- i) to identify health research priority areas;
- ii) to discuss ways of promoting health research in Malawi;
- iii) to build consensus among stakeholders on health research matters.

About 30 participants representing public and research institutions, non-governmental organisations, and the donor community attended.

Prior to the workshop, a situation analysis of current research activities was conducted to determine research areas covered by disease control programs and other institutions in the country. The study used a literature review and interviews with key people as the main data collection techniques. It explored health research carried out in support of the health priorities identified in the National Health Plan 1999-2004. The study revealed that much research is being conducted on the main priority health problems, namely HIV/AIDS, child morbidity and mortality, maternal mortality and infectious diseases. The study however, also concluded that most research findings have not been able to influence policy. The Research Unit presented the results of this study at the workshop.

Health research priorities in Malawi

- Malaria
- HIV/AIDS/STDs
- Trauma
- Meningitis
- Diarrhoea
- Pregnancy related health problems
- Socio-cultural issues
- Health service delivery issues
- Infectious diseases



Advertisement for Chisango condoms on a public bus in Malawi

photo: Population Services International (PSI)

A questionnaire developed for the workshop, was distributed to all participants to obtain their views on the most common disease, health systems and socio-cultural problems. Discussion followed on the list of health problems thus obtained to determine if indeed they reflected the most common problems of the country. Based on the impact on morbidity and mortality the health problems identified were ranked and grouped into three categories: disease, health systems and socio-economic problems.

Before moving from health priorities to health research priorities participants discussed the methodology for priority setting developed by COHRED, and the modification as applied by Tanzanian counterparts who had undertaken the exercise previously. Criteria selected for ranking included, among others, magnitude of the problem, relevance and gender balance.

Most participants observed that the procedures for priority setting were systematic, practical and consistent with other methods of identifying priority health problems. The health research priorities thus identified were also in conformity with the priority health problems as laid out in the National Health Plan. However, they also reported difficulties with scoring priorities as the process of ranking criteria was perceived as rather subjective. For example, it was difficult to tell whether the *applicability of research findings* should be scored based on their effects in the short or long term. Other problematic categories included political will and gender issues.

The significance of the workshop process was its demand driven (as opposed to donor driven) and inclusive nature. It tapped into

the wealth of information of a cross-section of stakeholders, thus also awakening interest in health research in general and the need to strengthen the coordination of research. This was reflected in the recommendations which focus mainly on the development of an enabling environment for health research.

The priority setting workshop was the beginning of a dynamic process of identifying where meagre resources for research should be invested. One of the products was a list (not exhaustive) of priorities for carrying out health research in Malawi (see box). These will need to be reviewed periodically. Malawi's main challenge now is to ensure that all players address the newly defined priority research agenda.

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Kazakhstan places emphasis on supporting young health researchers

In May this year an International Scientific Conference on 'Strategies for the development of the Kazakhstan health care system in the 21st century' took place in Almaty. The main purpose of the conference was to encourage broad discussion on the country's health care system and to develop a strategic plan up to the year 2010. Participants included government officials, parliamentarians, researchers, and representatives from international agencies, NGOs and medical societies.

The Conference included the following sections:

- Policy and management of health care
- Health care economics and financing issues
- Primary health care
- Hospital and clinical care
- Mother and child health
- The SANEPID system and its future
- Drugs policy
- Health promotion and healthy lifestyle
- Medical education and health sciences
- Role of NGOs in health care

One of the key sections focused on the development and strengthening of medical education and health sciences, including the need for human resource development. This component of the conference was organised by the Kazakhstan ENHR network, a network which has evolved and developed rapidly over the last two years. Participants discussed a plan to strengthen the development of essential health research until 2010. They also discussed the process to identify priorities for the development of health research. The main elements thus prioritised are to:

- Increase the financing of scientific research
- Identify priority directions for health research
- Develop human resources for science
- Improve the implementation of research findings into practice
- Focus on research coordination and the development of interdisciplinary research
- Widen the ENHR network to the Central Asian region, as agreed in the Bishkek declaration of 1999¹

One of the decisions taken at the Conference was to support a program for young health researchers within the Kazakhstan ENHR framework. This led to the establishment of the *Association of young health researchers in Kazakhstan*. A first meeting to further develop the Association was held in June, where the following key activities were discussed and accepted as first priorities:

- Establish a clearing-house focused on the information needs of young scientists
- Conduct an annual conference
- Publish the Association's journal on Internet
- Conduct training seminars on priority setting, management and fund raising.

The official launch of the Kazakh Health Researchers Association took place in Almaty on August 27.

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¹ See also Issue 17 of *Research into Action* for more information about the Bishkek Declaration and ENHR developments in the Central Asian Republics and Kazakhstan.

COHRED's new coordinator aims to promote synergy and partnership in the health research for development field

An interview with Dr Peter Makara, coordinator of COHRED

Can you tell us something about yourself, your background and how you got involved with COHRED's work?

I can divide my professional past into three periods, and see my current position at COHRED as a logical consequence of these periods. For the first 15 years of my career I was an academic in the field of health social science; although my first publication, during the sixties, was on pop music! Following this, I became a civil servant. As Director of the National Institute for Health Promotion in Hungary I was working directly under the deputy Prime Minister. The decision to move from academia to the bureaucratic world of the civil service was not an easy one – it was, at that time, against my own values and principles. However, it has given me extremely valuable experience in dealing with policy making, policy planning and monitoring and evaluation. For example: during that time the Health for All concept was promoted by WHO, and I was a key person for the development of the Health for All policy in Hungary.

After 13 years in a Director's post I felt that I knew all the answers, was burnt out, and therefore no longer productive. Even though I could have stayed where I was until the end of my career, I am proud that I took the decision to change! During my work in Hungary I had already had a lot of contact with WHO, the World Bank, and indeed the whole so called 'European international health club', and therefore knew the rules of this 'zoo'. But I also honestly felt that my experience in science, planning and management would be best used at international level. I therefore took up the position of Regional Advisor for national health policies at the European Office of WHO in Copenhagen, and became an international civil servant.

So why did you leave your position in WHO to become coordinator of COHRED?

Perhaps I should compare it with the answer Mallory gave when he was asked why he climbed Mount Everest. Because it is there! I also add: and because it is a challenge, so why

not? I like innovative situations and I like to stay mentally young – to achieve this, change is required. My position at WHO was interesting, but the organisational framework bureaucratic. In a way, I see COHRED as the mouse against the elephant, but the organisation has a lot of autonomy and freedom, and is free of bureaucracy. I think the international health research field would be poor without this mouse! My working relationship with COHRED began more or less the moment COHRED was established, when I became regional focal point for the Eastern European countries and the Newly Independent States. For the past two years I have also served as a COHRED Board member, and was elected vice-chair of the Board last year.

I am deeply convinced that the only justification for living the fancy life of an international civil servant is that I can work for the poorest of the poor and towards more equity. This is the obligation I have being in this position: a moral legitimacy which I hope to be able to put into practice. The key values of COHRED correspond with my own values, and I hope to be able to avoid a gap between these two. My serving of COHRED - and COHRED does not serve me! - will take place within these considerations.

What do you see as the main challenge COHRED is facing, particularly since the Bangkok Conference?¹

The reasons that led to the establishment of COHRED a little less than ten years ago are more valid than ever. This was confirmed before, during and after the Bangkok Conference. Compared to the huge needs, the forces and capacities of COHRED and partners in the field of health research for development, are very limited. Rivalries are not needed – we are not operating in a market situation



where we would be fighting for a limited market. On the contrary, the needs and gaps are enormous - synergies and partnerships are needed more than ever. One of our main challenges will be to achieve these strategic partnerships.

The main criteria for success of the Bangkok Conference lay in the future. At the moment, the situation can be compared with the Olympic Games: the year after the Olympics there will only be few world records. The year after Bangkok, fatigue is evident on the part of all stakeholders, including the donors. In addition, the process of implementing the Bangkok recommendations is unclear, resulting in lack of action.

The discontinuity in COHRED's leadership contributed to the already fragile situation after 'Bangkok'. A change of chairmanship of the COHRED Board, the retirement of the coordinator who had built up the organisation over the last few years, and the long and difficult selection process of the new coordinator, left COHRED in a vacuum. In addition, the changing position of the current UN umbrella for COHRED, and the lack of cooperation among international partners have combined to contribute to an uncertain situation.

What COHRED needs now is new energy, more action with concrete approaches, and better partnerships!

What is your vision for COHRED for the coming years?

Looking at the comparative advantages of COHRED I see first of all a very valuable experience with direct country cooperation. COHRED has a well developed global network of very experienced people, mainly from the South. COHRED is flexible and open minded, and it has examples of good practices. We need to build on these experiences, and use the flexibility of COHRED, but we also have to be critical towards our past. We have, for example, advocated that COHRED 'Puts countries first'. Now it is time to ask ourselves: what does it mean when we say this, and how can we practice what we say? Who are the main actors at country level – and with whom should we establish our relation? We also have to ensure that the two other main pillars of COHRED's work (the analytical work and its communication work) are supportive of our country activities. An advantage of my professional background is that I have played the role of many of the key stakeholders COHRED tries to serve.

I am therefore very conscious of the different needs of the various players.

COHRED has a well developed web site and many useful publications. However, they are 'sitting' in a vacuum or sometimes on the shelf of some privileged people. We need to explore how all the information and tools can be used at country level and how we can use the tools for human resource development.

An important investment will need to be made in the field of monitoring, evaluation and planning. Though the investment might be large, the output will be improved coordination of COHRED's activities, and a good negotiating tool for donors. The planning process will be participatory, involving the users (countries) in the development of COHRED's work plan. Also by employing more staff from the South at the COHRED Secretariat we hope to ensure a better link to the beneficiaries and users of COHRED's work. All this will result in less fragmented activities and I can see a wonderful future for COHRED!

Our focus will also be on strategic partnerships. Currently COHRED, the Global Forum for Health Research, and WHO are working on a paper on collaboration and synergies between these organisations. An important part of this paper form the joint activities. It is in a spirit of trust that joint action and synergy can be created where needed. And it is by exploring each organisation's advantages that optimal use can be made of this partnership.

Change will be needed to tackle the challenges ahead. But things should only change if evidence exists that the outcome of the process of change will compensate for the loss caused by changing. I do not support change for the benefit of changing! I have served seven different ministers during my time as Director in Hungary and each one of them implemented a total change. I can tell you that this is counterproductive.

I am convinced that the world health research community needs COHRED. The current situation is difficult but wouldn't life be boring if everything was easy?

¹ International Conference on Health Research for Development, Bangkok, 10-13 October 2000

Setting health research priorities in South Africa – an integral part of health planning!

The Burden of Disease Research Unit of the South African Medical Research Council (MRC) provides decisive support for government and health policy makers' strategic planning exercises by monitoring the health status of the population, its determinants of health, and by projecting future burden of disease.

The unit recently supported a study at Master's level which examined the approaches used for prioritising health research activities. Acknowledging that the health situation of the population and the nation's development are linked, health research is both a vital element in improving health, and has the potential to serve as an impetus for equitable development. However, this will only be the case if research needs are prioritised and scarce resources are used in the most optimal way. The study focused on priority setting processes that have taken place in South Africa and how measurement of the burden of disease can inform such a process. Particular attention is given to issues relating to equity and the debates around composite measures of health such as the Disability Adjusted Life Years (DALY).¹

In this article we highlight a number of the study's conclusions which illustrate the importance of contextualising a priority setting exercise, including identifying the extent of political support and highlighting the need for measuring resource flows to monitor the shift in financial support to identified priorities.

Health research prioritisation is an integral part of health planning. It is not only a technical and scientific exercise, but also a political process involving dialogue and debate between all stakeholders. It should take the different interest groups in society into consideration, and relies on people's perceptions and needs – aspects which may be difficult to measure.

An important focus of the study included an analysis of the contribution of the DALY in determining health research priorities. The DALY is calculated by adding Years of Life Lost (YLL) and the Years Lived with Disability (YLD) measures. Since its development, there have been many criticisms of the DALY – both technical (e.g. the data requirements to estimate the DALY are extensive) and conceptual (particularly the social preferences and values included in the measure). DALY's are for example valued the same no matter who gains them, while valuing DALY's by disadvantaged groups higher would encourage measures to improve equity. The study nevertheless concludes that the DALY provides unique and desirable health information on non-fatal health outcomes essential for determining appropriate health research priorities. To increase its usefulness however, it is necessary to include local preferences into the measure. The study continues by recommending that the DALY be used as an adjunct tool for priority setting within a broader priority setting process, such as suggested within the ENHR strategy. Furthermore, as the Apartheid policies of the past have resulted in a strong correlation between race and wealth, increasing inequity in

health, it is essential that a national burden of disease study attempts to estimate the burden for sub-groups of the population.

The study stresses that, as outlined by ENHR, priority setting be addressed within the development of the overall health research system and not in isolation. A coordinating mechanism should provide leadership and common vision so that health research is aligned with the general priorities of the country. This mechanism will require political backing through clear linkages with the various ministries so that plans for essential health research are integrated into national social development plans. Part of the process of sustaining an effective research coordinating mechanism is to ensure that the traditional division between research and action is not perpetuated. In South Africa the ENHR Committee fulfills this coordinating role for health research.

In South Africa, as in the rest of the world, there are concerns about the optimal allocation of scarce resources for health research. The study notes that in the past, financial support for health research was mainly provided for clinical and laboratory research with the emphasis on highly technical medical advances. The bulk of public research funding went towards biomedical research while other important areas of health research were neglected. The ENHR Congress, held in 1996, ranked the most serious health problems in South Africa. It is important to assess whether funds have been allocated to these problems. Currently, there is insufficient detail available on the exact magnitude of funding for health research in South Africa, and manner in which it is allocated. There is also a need for more information on both expenditure and nature of research in the private sector, including that of national and international pharmaceutical companies. The study recommends a full health research audit as an important step for the future health prioritisation process in South Africa. This funding information needs to be used by all partners to redirect funding to appropriate health research activities.

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1. Definition of the DALY: The number of healthy years of life lost due to premature death and disability (source: <http://www.who.int>)

Bolivia holds national workshop on health research for development

Since the Latin American consultative process¹ the Bolivian Academy of Medicine frequently expressed its interest to further develop health research in the country and to discuss the benefits of the ENHR strategy for achieving this. A national workshop, which took place on June 18 and 19, was therefore a logical continuation of the awakened interest in health research in Bolivia. It also represented the first time that the ENHR strategy was presented and discussed in the country.

The workshop focused on the ENHR strategy, priorities in health research, and coordination of health research in the country. The first day featured presentations by policy makers, health care providers and representatives of health research institutions. Dr Hans Dellien Salazar, member of parliament,



Dr Jaime Rios-Dalenz

opened the workshop, and Dr Jaime Rios Dalenz, President of the Bolivian Academy of Medicine, highlighted the importance of collaborating in international health research projects.

The vice-minister of Education, Lic. Renzo Abruzzese emphasised the importance of health research as a powerful tool towards development and underscored the need to use this tool and to build the necessary capacities for health research. Abruzzese referred to the role of science, and how it has changed over time. In the middle-ages the first universities, located on the river banks of the Seine, shared their research and knowledge. In the present day, science and technology is often conducted outside universities, is funded by the private sector, and its products are being bought and sold, putting countries like Bolivia in an extremely disadvantaged position. The vice minister referred to a law which was recently passed, following 22 years of debate, which gave the development of science and technology a legal basis. The law creates a National System of Science, Technology and Innovation and may lead to better coordination of research in the country.

Day two of the workshop explored a number of issues. They were:

- The essential national health research strategy and its possible benefits for Bolivia;
- The coordination of health research;
- Ways in which research can be linked to health care and training.

The main conclusions and recommendations of these discussions can be summarised as follows:

- To resolve priority health problems in the country and to improve information for sound decision making, the ENHR strategy should be adopted;
- Equity should be the guiding principle for health research;
- Besides the just promulgated law creating a National System of Science, Technology and Innovation, the workshop also recommended the development of a coordinating mechanism for health research;
- The national health budget should allocate funding for health research projects;
- The involvement and participation of Bolivian scientists in national and international networks, dealing with health problems relevant to the Bolivian population, should be promoted;
- Human resource development should be stimulated;
- Communication of research findings should move from an explicit focus on the scientific community to other target groups using mass media;
- Information on international funding opportunities and international partnerships should be obtained and used.

Over the two days of the workshop, the Bolivian Academy offered a platform to discuss the various options and requirements for the revitalisation of health research as a tool for development. The above list of conclusions and recommendations shows that much remains to be done. It is by building partnerships, one of the key features of the ENHR strategy - and a recommendation of this workshop - that these issues can begin to be addressed.

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¹ The consultative process was conducted in preparation for the International Conference on Health Research for Development, Bangkok, 10-13 October 2000



Revitalisation of health research in Cuba

The International Conference on Health Research for Development, held in Bangkok in October 2000, called for a revitalisation of health research through the development of an effective health research system. Cuba is one of the first countries to take concrete steps to respond to this call, by convening a national meeting, with support from COHRED, on ENHR in the context of the national health research system. Under the guidance of Dr Eric Martinez, Head, Division of Science and Technology of the Cuban Ministry of Public Health, the meeting brought together researchers, health workers and decision-makers from throughout the country to discuss the implications of the Bangkok recommendations for Cuba and to explore future directions for Cuba's health research system.

Using the discussion paper prepared for Bangkok as a major working document for the meeting, the participants exchanged ideas on how the functions of the health research system – governance, knowledge production, management and use, financing and capacity development – could be improved and developed at all levels. Cuba is currently facing a restructuring of its health research system, in which the State will reduce its financial input and research institutes will be encouraged to seek more external funding. In this situation, good governance becomes particularly important, as does agreement by all parties on the underlying values and operating principles that underpin all the activities of the different players. In this context, ENHR provides a vital basis for development of the system.

The Cuban meeting provided a good example of how the process and actions before and during the Bangkok Conference can now be carried forward by countries and regions. As well as discussing their national needs, the participants expressed their enthusiasm and willingness to exchange ideas and experiences with neighbouring countries, recognising the mutual benefit that can accrue from such exchanges, and the synergy that is produced through concerted action.

In considering future development of the national health research system, representatives of the Ministry of Health referred to the need to identify and develop new sources of financing for health research in Cuba, to strengthen the capacities of the newly constituted "cathedra" of science and technological innovation of the National School for Public Health, and to conduct priority-setting exercises at municipal level (see box).

A particular aspect of health research in Cuba is the development in recent years of an essential **municipal** health research strategy, notably in Cerro municipality of Havana, where the Institute of Angiology and Vascular Surgery has pioneered a research approach based on identifying and responding to the needs of the local community, and involving the local population and service providers in the whole research process.

The health research system in Cuba is currently in a state of change and development, and the decision-makers in the health research system are tackling the changes with commitment and enthusiasm. Their experiences in the months to come will provide valuable information for those in other countries who are also seeking to revitalise health research.

More information on Cuba's health research system can be obtained from:

Dr Eric Martinez
 Director de Ciencia y Técnica
 Ministerio de Salud Pública
 23# 310 esq N. EDIF. SOTO 2do. piso
 Vedado
 Ciudad de la Habana
 Cuba
 Email: adolfo@infomed.sld.cu

NOTICES

Research Partnerships for Sustainable Development: Approaches and Experiences from Latin America

An International Seminar on North-South and South-South research partnerships to be held in Cartagena de Indias, Colombia, 28-30 November 2001.

The Seminar aims to provide both an overview and exchange of the various experiences gained in research partnerships in the Latin American context to date. The discussions planned should contribute towards the further improvement of existing and future research partnerships between different stakeholders and towards strengthening research institutions especially in Latin America, with the aim of enhancing their contribution to sustainable development in the region. A limited number of sponsorships are available for participants from the South.

For more information, please contact:

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UNESCO-L'OREAL Fellowship

Within the framework of the UNESCO Co-sponsored Fellowships Scheme, a joint programme has been launched with L'OREAL to promote the contribution of young women in research development in life sciences. L'OREAL has renewed its offer of 10 fellowships for deserving young women originating from UNESCO's Member States, who, through their enthusiasm and innovative research are making valuable contribution to further the development of life sciences.

Candidates must already be engaged in pursuing research at the doctoral or post-doctoral level in one of the allied fields of life sciences including biology, biochemistry, biotechnology, and physiology. Candidates must be no more than 35 years of age (applicants born before 1 January 1967 will not be considered in this programme). Preference will be given to candidates already possessing a PhD degree (or equivalent) in life sciences.

For further details contact:

Fellowship Section (ERC/RMS/FEL)
UNESCO
7, Place de Fontenay
753 Paris 07P, France

Building Capacities and Promoting Ethical Research in the Asia-Pacific Region

The Philippine Health Social Science Association (PHSSA), Forum for Ethics Review Committees in the Asia-Pacific Region (FERCAP), and the Reproductive Health, Rights and Ethics Center for Studies and Training (REPROCEN) will be holding a meeting, training, conference, and workshop on **Building Capacities and Promoting Ethical Research in the Asia-Pacific Region** from 21-29 October 2001, in the De La Salle University - College of Saint Benilde Angelo King International Center, Malate, Manila, Philippines.

For more information, please visit: http://phssa.org/announcements_news/conferences.html

or contact the organisers at: phssa@mydestiny.net, phssa@phssa.org, or at secretariat@phssa.org.

Postgraduate Training Fellowships for Women Scientists

The Third World Organization For Women In Science (TWOWS) in collaboration with the Third World Academy of Sciences (TWAS) and with funds provided by the Department for Research Cooperation of the Swedish International Development Cooperation Agency (Sida) has instituted a fellowship program for female students in sub-Saharan African and Least Developed Countries (LDCs) who wish to pursue postgraduate training leading to a doctorate degree at centers of excellence in the South (developing countries) outside their own country. The general purpose of the scheme is to contribute

to the emergence of a new generation of women leaders in science and technology and to promote their effective participation in the scientific and technological development of their countries. (Closing date: 15 October 2001)

For further information, please contact:

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Enrico Fermi Building, Room 9
Via Beirut 6
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Italy

Phone: +39-40-224-0321

Fax: +39-40-224-4559

Email: info@twows.org

<http://www.twows.org>

The Johns Hopkins-Fogarty International Research Ethics Fellowship Program for Scientists from sub-Saharan Africa

The Bloomberg School of Public Health and The Johns Hopkins University Bioethics Institute, in collaboration with the U.S. National Institutes of Health (NIH) announce the availability of a one year training program in research ethics for scientists from sub-Saharan Africa. The fellowship will provide funding for scientists to study bioethics and research ethics, and also to do an independent project in their home country related to research ethics.

The fellowship program is a one-year program. For six months fellows will be based in Baltimore, Maryland, USA at The Bloomberg School of Hygiene and Public Health of the Johns Hopkins University, attending classes, seminars and undertaking other relevant training opportunities. For the second half of the year, fellows will return to their home country and conduct an independent project related to research ethics under the supervision of mentor(s) in the US and in their host country.

Appropriate candidates include researchers who are working at universities, government ministries, private organisations and other relevant health research institutions who have a strong interest in international research ethics and other professionals working with institutional review boards or in the field of international research ethics in developing countries.

For more information about the fellowship program, please contact:

Dr. Suzanne Maman

The Johns Hopkins University
Bioethics Institute
624 N. Broadway, Hampton House 348
Baltimore, MD 21205
USA

Phone: + 1-410-614 1235

Email: smaman@jhsph.edu

Application material can also be downloaded from
http://www.med.jhu.edu/bioethics_institute/

Publications

Directory of International Grants and Fellowships - Health Sciences

The National Institutes of Health is one of many public and private organisations across the globe that provide international support for biomedical research and training. Since 1988, the Fogarty International Center has published the Directory of International Grants and Fellowships in the Health Sciences. This directory is a comprehensive compilation of international opportunities in biomedical research.

To request a mailed copy of the Directory of International Grants and Fellowships in the Health Sciences, contact the Office of Communications at:

Office of Communications
Fogarty International Center
National Institutes of Health
Building 31, Room B2C29
31 CENTER DR MSC 2220
Bethesda, MD 20892-2220
Phone: +1 301-496-2075
Fax: +1 301-594-1211
Email: ficinfo@nih.gov

The web version is available at: <http://www.nih.gov/fic/news/publications.html>

Enhancing Research Capacity in Developing and Transition Countries

Swiss Commission for Research Partnerships with Developing Countries (KFPE), 2001, ISBN 3-906151-49-2

About 85 percent of all the resources devoted to research throughout the world are currently being invested in the high-income countries of the OECD. India, China and the newly industrialised countries of East Asia account for a further 10 percent. This means that the rest of the world invests a mere 4 to 5 percent in research. The overall efforts invested in



research in developing and transition countries thus need to be considerably intensified. There is an urgent need to narrow the gaps between rich and poor countries, between research needs and realities and between research and its impact. It is especially important to explore and evaluate ways and means of enhancing research capacity in the South – above all, at the institutional level.

This publication provides a variety of experiences, discussions, obstacles, strategies and tools to promote research capacity in developing and transition countries. It is based in part on presentations made at a workshop held in Berne (Switzerland) on 21-22 September 2000. Information was supplied by organisations that fund research and development and by individuals who reported on their experience. It is also derived from a round-table discussion, meetings of working groups and recent literature.

COHRED Learning briefs

This month the following learning briefs have been published:

- *How can we act on information we don't have?* – Information and communication needs in health policy decisions in Ghana
- *Developing a health knowledge network: the case of SA HealthInfo*

Both learning briefs deal with the role of information and communication in health research. The brief on the South African Health Knowledge Network provides an insight into the planning and development of such a network. The knowledge network aims to develop an interactive forum/resource, for quality controlled and evidenced-based health research information to a wide spectrum of users. The learning brief on information and communication needs in Ghana explores the situation before the establishment of a knowledge and communication system: what are the needs of users, what are the current practices, and what are the communications strategies needed?

Learning briefs are published quarterly as a supplement to the ENHR Handbook, both of which are available from the COHRED Secretariat.



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: Sylvia Dehaan, Lucinda Franklin, Peter Makara and Griet Onsea.

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