



Research into Action

Inside this Issue

Feature Article

- Global health studies based on local realities 2

Regional Update

- Bali meeting confirms establishment of the Asian & Pacific Forum for Health Research 4
- Latest Steps towards the establishment of the African Health Research Forum 7

ENHR in Action

- The rich-poor gap in global health research: challenges for Canada 9
- Letter to the Editor 11
- Prioritised health research in support of health systems development in Mali 12

Notices

- Conference Announcements 13
- Publications 13
- General Notices 15
- New feature of COHRED web site: Database of development partners in health research 16

In this issue of *Research into Action*, partnership and coordination of health research for development at the regional level takes centre place. COHRED promotes and advocates an increased focus on health research which meets country priorities and needs. Regional platforms, networks or forums for health research will therefore only be supported by COHRED if solidly based on country priorities and national agendas. Both the Asian & Pacific Forum for Health Research and the African Health Research Forum are in line with this philosophy.

The recent gathering of the Asian & Pacific Forum for Health Research discussed a number of its essential functions. These functions include providing a voice to countries, and identifying regional challenges and areas of common need. The Forum has not been developed as an end in itself, nor is it intended to be owned by any one international organisation - it should be a true regional enterprise. In the African region the first meeting of the Steering Committee for the African Health Research Forum took place in December. Although the actual launch of the African Forum is only foreseen in November 2002, clear ideas already exist for the Forum's functions, including articulating the African voice on health research, strengthening health research networking in the region, and promotion and adherence of funding to national priorities.

Our ENHR in Action section features an article on the first health research priority setting exercise conducted in Mali, and a letter to the *Research into Action* team stimulating discussion on COHRED's way forward and on revitalising health research. Also in this issue we feature an article on global health studies and its possible contribution towards responding to local needs. Through the Fulbright New Century Scholars Program, scholars from 17 countries around the world, discuss how local communities can ensure that their health needs and priorities are acknowledged and taken into account in research agendas and projects. A key message from this meeting is the need for congruence of policy at local and global levels, based on the fundamental underlying value of equity.

In line with the above we have also included a perspective from an industrialised country - Canada - on its challenges for global health research. The authors make an appeal to those in Canada concerned with equitable health care and development (governments, health care professionals, academic and research institutions, and individuals) to renew its commitment to investing resources in equity-oriented health research.

Happy New Year from the Research into Action team.

Global health studies based on local realities

A major new programme launched by the US Bureau of Educational and Cultural Affairs and the Council for International Exchange of Scholars will examine the “Challenges of Health in a Borderless World”. The Fulbright New Century Scholars (NCS) Program is intended to build on the strengths of the traditional Fulbright Scholar Program, which sponsors individual researchers to spend some time working in a country other than their own. The new programme aims to extend the idea of individual exchange, to provide a forum for international, interdisciplinary collaboration among groups of researchers. In choosing health as the subject for the first such collaboration, the Program recognises the key significance of the topic to developed and developing countries alike, as well as the need for a coordinated global response to many of the health problems facing the world today.

A first meeting of the group of thirty scholars and the organisers of the Program was held in Bellagio, Italy, from 29 October to 2 November under the chairmanship of Dr Ilona Kickbusch, Director of the Division of Global Health at Yale University, United States, and NCS Distinguished Scholar Leader. Over three days, the scholars – from some 17 countries around the world – discussed a variety of issues related to global health, ranging from health research as an instrument for social development, through the need for a clear code of research ethics, to how local communities can ensure that their health needs and priorities are acknowledged and taken into account in research agendas and projects.

While the scholars will work on their individual research projects over the next twelve months, they will also keep in touch, both through electronic communication and

face-to-face meetings, and undertake collaborative work related to defining the field of global health studies and “demystifying” the notion of globalisation in relation to health. Two themes that came up repeatedly in the discussions in Bellagio, as well as in the planned activities for the next twelve months were a concern with bridging the research/policy/action gap and the importance of identifying global/local links and grounding global health research in local experiences.

Dr Yvo Nuyens, former Coordinator of COHRED, was one of the keynote speakers at the meeting, and was particularly pleased that the scholars picked up on some of the ideas expressed over 10 years ago by the Commission on Health Research for Development. “What we are seeing now with the NCS Program is in some ways a further articulation of what the Commission said



Participants at the Bellagio meeting on *Challenges of Health in a Borderless World*

as long ago as 1990," he told *Research into Action*. "In its report, the Commission viewed two research approaches as essential to the advancement of health in every country:

- research on *country-specific* health problems, e.g. local patterns of health and disease, risk factors, organisation of health services; and
- research on *global* health problems, e.g. basic biology of pathological agents, the search for new drugs and vaccines.

"These two approaches are necessarily complementary. A year later, the Task Force on Health Research for Development expanded on this idea, emphasising that every country should participate in the global health research effort, which should be based on local realities. It seems to me that the NCS Program is taking up this challenge in a very concrete way, which reflects also the changes that have taken place in the world over the past decade, such as increased interdependency, the explosion of information and communications technology and, of course, the globalisation of the world economy."

In its discussions, the NCS meeting noted that globalisation, and in particular its effects on health and equity, have provoked much debate and controversy recently. Indeed, the *Bulletin of the World Health Organization* took globalisation as its special theme for September 2001, reflecting the current divergence of opinion by presenting articles arguing that (a) "globalisation is good for you" and (b) "globalisation is bad for you".¹ The scholars, however, preferred not to enter into the good/bad discussion, but to recognise that globalisation has many dimensions, and that it is important to understand it and its impact if societies are to formulate appropriate policy responses.

At the same time, the NCS meeting emphasised that, although there is currently no general agreement on what is encompassed by the field of global health studies, it is certainly much more than simply the effect of globalisation on health. For example, it deals with such things as changing lifestyles and cultural patterns, governance and accountability, social capital and capacity development. Over the next twelve months, the group will explore these and other aspects of the subject through both their individual research and a number of working groups.

One of the key messages from the Bellagio meeting was the need for congruence of policy at local and global levels, based on the fundamental underlying value of equity. One role of research should therefore be to

document local experiences with a global impact, and a series of case-studies was proposed to look at how health is affected by movements of people, goods, ideas and money. In this way, global health studies as elaborated by the NCS group will be solidly based on the reality of local situations, reinforcing the message of the Commission on Health Research for Development a decade ago.

Dr Ilona Kickbusch, who is leading the NCS Program, described it as innovative at five levels:

1. The NCS program is truly **global**. It does not just send individual researchers to other countries to further develop their personal research, but it brings together thirty top-level minds from around the world around a theme of high global relevance.
2. The NCS program has courageously chosen a **new field of study: global health**. Global health symbolises in a very pertinent way some of the key challenges in this new interdependent world. We are learning increasingly that health is indivisible, that no part of the world can be truly healthy unless other parts of the world too have access to health.
3. The NCS program stresses **interdisciplinarity**. In order to solve the challenging problems of the present and the future we need to combine the perspectives of different disciplines. The NCS program is about synergy, cooperation, exchange of views, learning from each other and above all developing social ingenuity.
4. The program stresses the **social dimensions** that often do not get the attention they deserve in our quest to find answers to health problems. It asks questions about the social *determinants of health* (for example the impact of globalisation and increased interdependence on health); it also studies the *impact global health problems have on societies* and their economies; and it looks at the *solutions that are developed at various levels: by local communities, countries and/or the global community*.
5. The **process of the program** and the focus on an **outcome** of this common endeavor are also new.

For more information on the New Century Scholars Program, consult the Web site, www.cies.org, or contact the Council for International Exchange of Scholars, 3007 Tilden Street, NW, Suite 51, Washington DC, 20008-3009, USA
Email: NCS@cies.iie.org

Dr Pat Butler contributed this article to *Research into Action*.

¹ *Bulletin of the World Health Organization*, Vol. 79(9), p.802.

Bali meeting confirms establishment of the Asian & Pacific Forum for Health Research



'My vision for the Asian & Pacific Health Research Forum is that it acts as a powerful vehicle for inspiring collaborative efforts to identify, document and apply innovative Asian-Pacific responses to the challenge of ensuring that research serves a critical element in building equity in health for development. It is to be an open university type of gathering which inspires people to collaborate in creating, collecting, organising and sharing ideas, research results, contacts, best practices and support tools for improving the performance of groups committed to the vision.'

This was stated by Prof. Chitr Sitthi-amorn in his introductory address to the Meeting of the Asian & Pacific Health Research Forum, which took place in Bali, Indonesia, 13-15 November 2001. Fifty health scientists and policy makers, from 16 Asian & Pacific countries, including a number of invited representatives of international organisations, participated in this meeting, which was an important step in the regional follow-up (see box 1) to the International Conference on Health Research for Development (IC2000), held in Bangkok in October 2000.

Box 1:

Short overview of pre-Bali developments

Asian consultations were initiated already as part of the preparations for IC2000 and included an electronic dialogue between a large number of scientists and policymakers as well as a pre-conference Forum held in Manila in February 2000. They resulted in a regional report, one of the key Conference background documents.

The Asian response to the IC2000 Action Plan, which called on countries to develop their national health research systems (NHRS) and to create regional platforms on health research cooperation, has included activities at two levels:

- The Advisory Committee on Health Research of WHO's Regional Office for South-East Asia has, based on broad consultations, developed a new strategic framework, where the development and strengthening of NHRS features as a key component of health system development.
- The informal Asian/Pacific network initiated before the Bangkok Conference has evolved with a workshop on national health research systems, held in Cha-am, Thailand, in March 2001, and with a continued electronic dialogue, involving 350 persons. Prof Chitr Sitthi-amorn of the College of Public Health, Chulalongkorn University, Thailand, has served as a focal point for this network and collaborated with Dr Agus Suwandono of the National Institute of Health Research & Development, Indonesia, in the organisation of the present meeting in Bali.

After an opening session, honoured by the presence of the Governor of the Bali Province, Professor Chitr Sitthi-amorn, acting as chair for the meeting, set the scene by reviewing previous regional consultations and spelling out a vision for the Asian & Pacific Health Research Forum (see above). The Forum is intended to be an independent regional initiative providing a voice for regional concerns, and representatives of international organisations were welcomed as guests at this meeting. Further introductory

presentations were made by Prof Charas Suwanwela (previous Chair of the COHRED Board), who reviewed ENHR developments since the International Commission on Health Research in 1990 and by Prof Marian Jacobs (Rapporteur at IC2000 and present Chair of the COHRED Board), who called attention to the challenges of the Action Plan of the IC2000. Dr Boungong Boupba, president of the Laotian Council of Medical Sciences, described how her country, by adopting the ENHR strategy, had initiated a research masterplan, a series of research seminars and a national health survey as the initial steps in developing the health research system.



Dr Agus Suwandono

Each presentation was followed by lively roundtable discussions in 6 working groups and at the end of the first day there was general agreement that the IC2000 Action plan is valid and should be implemented, that country focus and country voices are necessary, that ENHR strategies (as promoted by COHRED) are still valid but need to be interpreted in the light of National Health Research System (NHRS) development, that available tools and methods (such as those offered by COHRED) may not be well known by countries but could be improved and further developed by countries using them.

It was generally agreed that a regional health research forum is needed but that further clarification about its

roles/functions is required. These were summarised by one of the groups (see box 2).

The meeting then focused on the framework of the NHRS. Prof Sitthi-amorn referred to a questionnaire sent out to all members of the electronic Asian/Pacific network. The results underlined the importance for national health research to focus on equity issues such as urban/rural, age, gender and socio-economic differentials in health status and services, and differentials between countries with different economic potentials. Views on the strength and weakness of equity-oriented national health research indicated considerable variation between countries, but also some commonalities:

- the lack of efficient coordinating mechanisms;
- the need to engage health researchers and not only economists in poverty and equity issues;
- the need for priority setting tools and instruments;
- inadequate infrastructure in terms of human and institutional resources;
- financial constraints including low allocative efficiency and lack of information on national and external funds for health research;
- the need to streamline international research funding to better respond to country needs including research capacity building;
- the need for several countries in the region to formulate national ethical guidelines and to develop ethics committees; and
- the need to improve the dissemination and use of research results.

The differences in the status of health research

Box 2:

Proposed roles/functions of the Forum

- To give a voice to countries, (which in its turn requires an open, inclusive and horizontal structure; a composition that includes representation from the non-governmental sector, the private sector and industry; continuity of representation and accountability to constituents; and flexibility to allow for diverse viewpoints and to keep pace with a changing global situation);
- To identify and address regional challenges and areas of common need;
- To function as a “learning arena” for countries to share experiences and allow cross-fertilisation of ideas;
- To help mobilise regional and international resources;
- To perform an advocacy role to both international organisations and to national governments and authorities; and
- To act as a link between sub-regional groups and fill gaps in geographical solidarity.

The Forum should not be:

- An end in itself but a means for promoting and facilitating relevant regional research;
- Owned by any international organisation but be a true regional enterprise; and
- Be structure-heavy or vertical in its functioning.

development between countries at different stages of development but also some of the shared problems were brought out in country reports from Indonesia, India, Sri Lanka, Bhutan and Fiji. (In the latter case a strong plea was made for attention to the specific situation of scattered Pacific island countries and their active participation in the regional Forum). The presentations and the following working group discussions indicated that countries are indeed engaged in NHRS development, that national needs are being kept at the forefront, that weaknesses are being identified and recognised, that plans to address these problems are being proposed, and that there is willingness to learn from other partners, and to accept technical assistance.

The “movement of Health Research Systems (HRS)” should build on this interest and momentum within countries and be processed in a spirit of national ownership and involvement of all stakeholders.

The meeting also discussed developments within WHO with regard to the HRS concept. A presentation from the South East Asia Regional Office described the new strategies, based on NHRS development, and a report from the Western Pacific Regional Office underlined the challenges of forging research partnerships and attention to research capacity development in this region. Dr Tikki Pang, Head of the Dept of Research Policy and Cooperation, WHO, Geneva, underlined WHO’s commitment to the post-Bangkok process and to the promotion of HRS development and mentioned that this may be the theme for the 2004 World Health Report.

While the HRS can be seen as “the brain of the health system” it is also important, as pointed out by Dr Pang, to recognise that it is placed in the interface between this and the research system as a whole and that it contains both “applied and not yet applied research”. Its *goals*



Participants at the Asian & Pacific Forum for Health Research, Bali

would be to “provide the evidence and tools to improve the performance of the health system and to generate knowledge using scientifically validated methods”. A broad definition of its *functions* would be to “define and articulate visions; identify research priorities; set and monitor ethical standards; ensure allocative efficiency, equity and accountability; provide human/intellectual/physical resources; build, strengthen and sustain capacity to demand, conduct and absorb research; produce and disseminate quality research outputs; translate and communicate research to inform health policy, health practices and public opinion; and promote intellectual property and commercial options consistent with the protection of health”.

Dr Pang underlined the need to develop tools for assessment of health research systems both at the national and international level. WHO is presently working with the identification of indicators for the measurement of HRS performance and he challenged the participants of the meeting to make their input to this important work, and to reflect upon the suggested HRS framework and functions. The working groups responded with lively discussions resulting in a number of written suggestions for the WHO group’s use. The general framework was seen as particularly relevant for countries with more developed national health research systems. It was suggested that countries may need to make some adaptations for local use, that they need to develop their own capacity for monitoring and assessing their progress in NHRS development, and that WHO HQ and the regional offices harmonise their support to countries.

Closing the meeting Prof Sitthi-amorn pointed to some general conclusions: the need to give continued priority to national needs, that constructive engagement of all constituencies in improving NHRS performance is important, that there should be balance between a constructive process and the evidence base, and that there must be continued willingness to share, learn, give and take, as was the case during this meeting.

Prof Sitthi-amorn also informed the meeting of the outcome of a closed session with country participants. They had decided on the formal establishment of the Asian Pacific Health Research Forum and had elected Indonesia to identify and host the next focal point for the Forum’s continued consolidation. This would include the formation of a steering committee with links to active health research movements in countries and an interim process to clarify issues of constituencies, resource mobilisation as well as its specific roles in the promotion of effective national health research systems.

As a final note, it should be mentioned that the Bali meeting was supported financially by COHRED and the hosting institution in Indonesia, and that WHO covered the costs of several participants. It is thus a positive example of post-Bangkok activities, where regional actors and international organisations have shared resources to meet in an open dialogue. In this sense it augurs well for continued, transparent, equitable, and much-needed dialogue between national, regional and international actors.

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Meeting documents and background reports can be accessed through the following website: <http://www.rphworkshop.org>

Latest steps towards the establishment of the African Health Research Forum

'The African community increasingly recognises the importance of health research as a tool for development in the spirit of African renaissance, self-determination and strong desire to be self-reliant in science and technology'.¹

In preparation for the International Conference on Health Research for Development (Bangkok, October 2000), an extensive African consultation took stock of recent regional developments in health research. This process, involving 18 countries, 110 institutions and 271 individuals, concluded that despite considerable gains in health, the continent has not yet witnessed significant developments in health research. The key challenges identified related to capacity development, developing an enabling environment, building effective research mechanisms, financing, and knowledge production and application (see box 1).

Box 1: Key Challenges

Capacity development: African countries lack sufficient critical mass in planning, management, implementation and use of research. Efficient use of the available human resources is constrained by weak institutional and infrastructural support, including poor networking, lack of equipment, logistics and up to date information and technology.

Enabling environment: the overall absence of a research culture and inadequate political commitment means that health research development in the region is hindered by low financing, administrative bottlenecks, conflict of interests and weak governmental support.

Effective research mechanisms: most of the research in Africa is scattered and not coordinated. Due to lack of access to a good means of communication and weak networks, researchers are isolated, resulting in inadequate dialogue, knowledge sharing, opportunities for networking, collaboration and long-term inclusive planning.

Financing: health research financing in Africa is characterised by low global investment and insignificant national investments. The consequence of low national investments has been over-dependence on donor funding. This in turn has led to distortion of national priorities, uncertainties of research planning and degradation of research infrastructure.

Knowledge production and application: in Africa research has not been an effective tool for health action. The lack of impact has in part been blamed on the weak researcher-user interaction and the generally low output of appropriate research in most countries.

The consultation resulted in a set of recommendations, one of which was the creation of an African Health Research Forum - a concept endorsed by the African participants at the International Conference. Such a forum is seen as an important networking link for countries to scale up research across the continent, and as a means of facilitating and forging links with the international health research community. To adequately address the identified challenges, there is a need to develop effective national health research systems with clearly defined values, operating principles and with explicit functions. It is expected that the African Forum, through its networking and knowledge exchange functions, will facilitate the development of health research systems. The leader of the African consultative process (Prof. M. Mugambi) was requested to prepare an action plan towards establishment of the Forum.

The concept

An important first step towards the establishment of the African Forum for Health Research has now taken place: A representative Steering Committee, comprising African experts in the field of health research, has been set-up to provide advice and to guide the process towards the launch of the African Forum. The committee held its first meeting in Arusha, on December 3-4, 2001.

The Steering Committee recognises the need for a body that has a clear mandate to represent Africa and that meets the needs and concerns expressed by Africans. Above all, the African Forum can provide a platform for discussions and negotiations and can play a strong advocacy role for the recognition of this African voice. It can fight the current fragmentation existing in the area of health research development and management, by creating an opportunity for regional partners to cooperate and strengthen each other, involving all stakeholders in health research, and linking research with development and action.

The overall goal of the African Forum is to promote health research for development in Africa and strengthen the African voice in setting and implementing the global

research agenda. Its three main objectives are:

- To enhance current mechanisms for strengthening the conduct, collaboration and coordination of health research in Africa;
- To strengthen mechanisms for promoting the utilisation of research for development; and
- To reduce the current inter-country and global imbalances in health research.

Box 2: Functions of the African Health Research Forum

- Articulation of the African voice on health research
- Development of a health research policy framework for accelerated development
- Strengthening of health research networking in the region
- Provision of technical support to countries
- Conduct of analytic work to support health research development
- Promotion of effective collaboration with partners
- Promotion of adherence and funding for local priorities
- Enhancing effective research communication
- Promotion of ethics in research
- Development of health research leadership

The activities

The Steering Committee recommends three sets of activities leading to the actual launch of the African Forum:

1. Analytical work: mapping of regional health research networks; analysis of South-South collaboration; study of North-South collaboration; and documentation of existing national health research mechanisms.
2. Flagship projects: establishment of a clearinghouse by developing regional databases; situation analysis of ethical clearance systems; and activities focused on leadership development in health research and capacity retention.
3. Communication and advocacy programme: for the purposes of raising visibility of the African Forum, to stimulate stakeholder participation and to inform target audiences (including the various national stakeholder groups, regional political and economical organisations, civil society groups, international organisations), the Steering Committee put forward an elaborate plan for communication and advocacy.

The composition of the African Forum and way forward

The Steering Committee will guide the process towards the launch of the African Forum. The role of this committee for the coming months is to provide leadership to the process, moderate discussions, guide the build up to the African Forum, and host its launch. In addition, the Steering Committee is expected to identify high-visibility events and develop advocacy packages to market the African Forum and to identify clear objectives on what needs to be achieved.

An Executive Committee is established to facilitate fast decision making, to ensure adequate communication, and to closely guide activities. It consists of a Chairman (Prof. R. Owor, Uganda), a Vice-Chairman (Dr. M. Sama, Cameroon), a Secretary (Prof. M. Mugambi, Kenya), five sub-regional representatives, and representatives from NGO's, networks and policy-makers (one representative per stakeholder group). The secretariat will be assisted by Dr S.A. N'Diaye (Mali) to ensure attention is being paid to the special needs of francophone Africa. However, the Steering Committee emphasised that the African Health Research Forum remains one forum for the whole continent. The committee also stressed the importance of reducing organisational fragmentation in Africa and therefore recommended as a first step that the African Essential National Health Research Network continue its operations as part of the African Forum.

The meeting gave strong support for the establishment of an effective, autonomous African Health Research Forum. The support provided by COHRED, along with the support pledged by the IDRC, is greatly appreciated. An appeal is made to other interested parties to see the potential value of the African Forum and provide further assistance in this early development stage. A follow-up meeting of the Steering Committee is scheduled for the first week of July 2002 in Bamako. The launch of the African Health Research Forum is proposed to coincide with the Sixth Global Forum for Health Research, which will take place in Arusha, from November 12 to 15, 2002.

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1 *Regional consultative process Africa*, in preparation for the International Conference on Health Research for Development, Bangkok, 10 - 13 October 2000. Coordinator: Mutuma Mugambi

The rich-poor gap in global health research: challenges for Canada

It is now 10 years since the Commission on Health Research for Development released its landmark report.¹ It found that spending on health research, when viewed from a global perspective, was grossly skewed. Only 5% of the total funds (US\$ 30 billion in 1986) were spent on research addressing the problems of developing countries whose citizens bore 93% of the global burden of preventable conditions affecting health. The international research effort was found to be poorly coordinated and fragmented. The Commission recommended that all countries, no matter how poor, should undertake 'essential national health research' (ENHR).² It also recommended substantial increases in funding: that developing countries should strive to allocate at least 2% of public health expenditures to health research, and that at least 5% of international aid for the health sector should be earmarked for research and strengthening of research capacity. Furthermore, the Commission made recommendations about improving international research partnerships and monitoring progress.

What has been achieved over the past decade, and what is the vision for global health research for the first years of the new century? These questions were vigorously debated by 800 participants (including the authors of this commentary) from 100 countries at the International Conference on Health Research for Development that was held last year in Bangkok, Thailand.³

Since 1990, there has been some progress but much remains to be done. More than 50 developing countries are using the ENHR strategy in some form and, by 1998, global health research and development expenditures had risen to US\$ 70.5 billion.⁴ The established market economies spent US\$ 350 million on health research within their overseas development budgets. This is about 6% of international aid for the health sector (estimated to be US\$ 5.4 billion in 1998) and thus reaches the target (5%) recommended in 1990. Although this increased proportion is to be applauded, it must be viewed in the context of a steady decline in overseas development assistance during the 1990s. In 1970 the United Nations recommended that donor countries spend 0.7% of their gross domestic product in foreign aid; only four countries (The Netherlands, Sweden, Denmark and Norway) are presently meeting this target.⁵ The decline is slightly offset

by private sector investment in particular in private-public partnerships to develop new drugs, vaccines and diagnostic tests for 3 conditions: HIV/AIDS, malaria and tuberculosis. In addition, some philanthropic organisations have increased their support for research into the health problems of developing countries.

Several developing countries (such as Argentina, Brazil, Mexico, Thailand, the Philippines, Malaysia and India) have increased their investment in health research. Some of them approach the recommended 2% of public health expenditures to be allocated for health research. The aggregate amount from these countries is estimated to be US\$ 2.2 billion.

Overall, however, the 'disequilibrium' described in 1990 remains, namely, the amount currently spent globally on research relevant to the health status of 90% of the world's people is approximately US\$ 3 billion, which is still less than 5% of the global aggregate of US\$ 70.5 billion. Thus, the rich-poor gap in health research investment persists and, for many parts of the world, health disparities between and within countries are widening.⁶ For example, for 9 countries in Africa, previous health gains are being reversed primarily because of the AIDS epidemic; studies project a loss of 17 years of life expectancy by 2010 – back to the levels of the 1960s.⁷

What opportunities are there for Canada to promote equitable development in this new era of health research?

1. *Increase awareness:* As an influential group in a country that for several years has been rated 'number 1' on the United Nations Human Development Index, health professionals in Canada must become more knowledgeable about global health problems and how these can be solved by conducting, managing and carefully applying relevant health research. We recommend a concerted effort to include education about global health issues (including health research) in Canada's education programs for health professionals. It is also imperative that national Canadian organisations such as the Canadian Medical Association include global health in their advocacy agendas. It is no longer adequate for such organisations to focus solely on a Canadian agenda.
2. *Increase involvement:* With the remarkable recent increase in Canadian investment in science (including

health research),⁸ it is time to reexamine the relevant recommendations from the 1990 report of the Commission on Health Research for Development.¹ Specifically, the Canadian Institutes for Health Research must consider the following recommendations for industrialised countries and adapt these decade-old suggestions for the 21st century:

- 'provide career opportunities for young [Canadian] scientists to become engaged in research of health problems of developing countries;
- promote the strengthening of ... medical schools [and other health-related institutions] and development studies groups ... to pursue advanced research, conduct training of industrialised-country and developing-country scientists, and participate in international networks;
- commit a larger share of the budgets of [Canadian] health research funding agencies to support research focused on health problems of developing countries.'

3. *Increase funding:* Over the past 10 years, the core health research budget of the International Development Research Centre (IDRC), through which the Canadian government supports health research in developing countries, has decreased from about Can\$ 15 million to less than Can\$ 4 million. However, IDRC recently earmarked increased funding for health-related programs in sub-Saharan Africa. In 2000/01 the Canadian International Development Agency is investing approximately Can\$ 6 million in research on priority health problems of the poor (Dr Yves Bergevin, Canadian International Development Agency, Hull, Que.: personal communication, 2000). This combined amount of Can\$ 10 million is approximately 5% of Canada's international aid to the health sector and thus reaches the target recommended in the 1990 Commission report. However, as is the case for many other industrialised countries, Canada's overseas development assistance budget has declined steadily over the last decade to less than 0.29% of the gross national product (GNP) – well short of the internationally accepted standard of 0.7% of GNP suggested by Lester Pearson more than 20 years ago.

Following the invigorating exchange of ideas at the Bangkok conference, it is time for all those in Canada concerned with equitable health care and health development – our governments, the health care professions, academic and research institutions, and individuals – to renew our commitment to investing resources in equity-oriented health research. These resources include not only finance, but also, perhaps more importantly, our collective energy and talent.

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¹ Commission on Health Research for Development. *Health research: essential link to equity in development*. New York: Oxford University Press; 1990.

² Evans JR. Essential national health research: a key to equity in development. *N Engl J Med* 1990; 323: 913-5.

³ Documents related to the International Conference on Health Research for Development. Available: www.conference2000.ch (accessed 2001 Mar 6).

⁴ Michaud C., de Francisco A., Young A. Global resource flows into health research in 1998 and trends during the nineties: first results [lecture]. (Paper II, Resource flows project.) International Conference on Health Research for Development; 2000 Oct 10-13; Bangkok (Thailand).

⁵ Foreign aid. *The Economist* 2001; 358 (8211): 99.

⁶ World Health Organization. *The world health report 1999: making a difference*. Geneva: The Organization; 1999.

⁷ Suwanwela C, Neufeld V. Health research for development: realities and challenges. In: Neufeld V, Johnson N, editors. *Forging links for health research: perspectives from the Council on Health Research for Development*. Ottawa: International Development Research Centre; 2001. p. 245-8.

⁸ Kondro W. Biomedicine in Canada. *Science* 2000; 289: 1675.

Dear Research into Action Team

Reading the COHRED's Activities Report - 1998-2000 and the excellent presentation of the proceedings of the Bangkok Conference, and of the enormous efforts that preceded it, has given me a wider perspective on the three issues raised in the April-June, 2001 issue of *Research into Action*, namely, 'put countries first, design and implement a research strategy for equity in health and make health an active part of development'. I wish to offer my suggestions for action in the very wide field chosen by COHRED.

My first observation is about your insistence on using the term, ENHR. Many at the Bangkok Conference, most notably Lincoln Chen, commented that ENHR, which happens to be the centrepiece of the 1990 Report of the Commission on Health Research for Development, has not lived up to expectations. Rather intriguingly, Chen contends that 'Just as the Commission marked the end of neo-colonialism, the Bangkok Conference, I believe, will represent the first step towards the democratisation of health research on a global scale'. What happened during the ten years after the end of 'neo-colonialism'? The democratisation process will meet the same fate if the required critical mass is not created at all levels.

Development of a critical mass ought to start from COHRED itself: it ought to meet the prerequisites spelled out under 'Revitalisation of Health Research' mentioned in the Conference Report. For instance, 'capacity development' (p.25-26) and developing 'competence and effectiveness' (p.28), must start from the global (COHRED) level itself, before it sets out to promote these attributes at lower levels. COHRED ought to make conscious efforts to tap competence that is available in many institutions in developing countries which have successfully conducted seminal research which has had global significance. It has to be a two-way process.

Lincoln Chen has drawn attention to the need for global research agencies to learn from research work done in countries like China, India, Brazil, Mexico and South Africa. In India, for instance, as early as the late 1950s and the early 1960s, some research work done there had far reaching impact all over the world, both developing and developed. An example is the study which proved that home treatment of tuberculosis patients is as good as that done in sanatoria. In addition, there have been many important field research studies which made significant contributions to effective running of the health services of the country. There are also research projects which were initiated within the country to provide a framework for receiving international support; these too can provide valuable experience to promoters of global health research.

Both COHRED and the Task Force on Health Research for Development missed the valuable opportunity of examining the research bases of global initiatives launched by WHO/UNICEF/WB in the areas of Immunisation, HIV/AIDS, Tuberculosis, Eradication/Elimination of Poliomyelitis and Leprosy, Diarrhoeal and Acute Respiratory Diseases. Almost all these initiatives have fallen short of yielding the expected results. COHRED still has opportunities of involving countries in identifying research areas in these programmes with a view to fulfilling the Conference recommendations of integrating the vertical programmes with the general health services to promote equity.

By far the most important feature of the Conference are the conclusions contained in the Bangkok Declaration and its reiteration of its commitment to the Alma Ata Declaration on Primary Health Care of 1978. These open up enormous fields for COHRED to conduct research which has the potential to make important contributions towards the cherished objective of promoting equity. Social studies to devise measures to involve the people, including the deprived sections, as the prime movers of the health services that are meant for them; social control over choice of technology and the health services; use of essential drugs and coverage of the entire populations with integrated health services are all examples of fertile fields where COHRED can seek participation of developing countries in its research efforts.

An enormous field for research has been opened up with rapidly growing legislative measures in many countries for empowerment of the local government institutions to deal with their health problems at that level. Optimising the process of empowerment for health opens up an enormous area for joint work between COHRED and the local research institutions in the country.

I hope that adoption of the new phase of work will make an important contribution to revitalisation of health research.

Sincerely yours,

D Banerji

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New Delhi, India

Letters to the editor are welcome contributions to Research into Action. While some contributions do not necessarily reflect the opinion of COHRED, the organisation supports the idea of a supportive learning environment, which includes the sharing of information and opinions.

Prioritised health research in support of health systems development in Mali

In August this year a national conference on health research (which included a process to define health research priorities) took place in Mali. It is the first time that a consultative effort to jointly set a research agenda has been undertaken. In her opening speech to the plenary, the Minister of Health Dr Traoré Fatoumata Nafa, emphasised the urgency of the development of health research in the country. "The implementation of health research which supports the development of the Malian health system is highly relevant and should be the main objective of health research in the country", she was quoted as saying.

The conference objectives were threefold. Firstly, the participants were asked to participate in the process of defining a set of national health research priorities. The priorities were then used to enrich, validate and finalise a five year action plan (of which a draft was available before the workshop). This plan is meant to guide national policy on health research. A third objective of the workshop was the creation of opportunities for dialogue between researchers, decision-makers, institutes, etc, which should be maintained in the future and can, in particular, facilitate the link between research and action.

To be able to define a research agenda during a national level conference of a few days, some preparatory work was required. Data was collected from national hospitals, national disease programmes, and district health directorates. Presentations during the conference focused on the health problems encountered at the various levels, the research conducted so far, and the difficulties faced.

The conference working groups, using this data, then focused on:

- Prioritising health problems (using criteria such as dimension of the problem and frequency) at the various levels of the health system: at the district level, at the level of national disease control programmes, and at the central health services level;
- Translating health problems into health research themes, and classifying the research themes into three categories: aspects linked to the health system, to pathologies (prevailing diseases), and to issues of management of medicines; and

- The development of a five-year action plan from the list of priorities identified.

A number of national and international partners also attended the conference to inform participants about policies and funding opportunities. This provided an opportunity to immediately carry the research agenda forward. A representative from WHO/Mali highlighted the overall objective of the regional health research strategy of WHO which is "to strengthen research capacity of organisations and institutions, and to promote priority research activities and the utilisation of its results to improve performance, management and financing of health services in a country". A representative from the European Commission presented the possibilities for project funding within the Cordis project (see www.cordis.lu). The Cordis project focuses on research for development and funds research and training in this area.

The Minister of Health also reiterated the importance of providing dedicated funds for health research. "Resources are needed in order to develop health research", she said, and added that "constant information exchange between researchers and other actors to improve dissemination and application of research results is also essential. This should lead to a more effective (and better performing) health system".

The workshop participants underlined the Minister's statement in their final recommendations: The Ministry of Health and other partners in health research were encouraged to execute the action plan and mobilise sufficient resources for it. Participants also recommended that the Institut National de la Recherche en Santé should be assisted in the monitoring and evaluation of the implementation of the action plan. It is now up to the many partners in the field of health and health research in Mali to push the agenda and the action plan forward and to use this as a strong negotiation tool with donors.

For further information, please contact:

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Conference Announcements

The International Clinical Epidemiology Network (INCLEN) Global Meeting XVIII

10-13th February 2002, Egypt

The theme of the next Global INCLEN meeting will be 'Equity oriented research: leadership challenges in the 21st Century'. Plenary sessions will look at measuring and reducing inequities, and the associated challenges for health research. There will also be continuing education sessions and workshops on issues such as leadership and management and knowledge management for improving health care quality.

For more information, please contact:

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Phone/Fax: + 20 64 359982
Email: ceu@ismailia.ie-eg.com
<http://www.inclen.org>

Second meeting of the International Society for Equity in Health (ISEqH)

Toronto, Canada, 14-16 June 2002

The International Society for Equity in Health (ISEqH) wishes to promote equity in health and health services internationally through research, education, publication, and communication.

The ISEqH welcomes the submission of abstracts for oral or poster presentation of those interested in equity in health and health services to share expertise and experience through an international cross-disciplinary forum. Support may be available for attendees from developing countries, from eastern or central Europe, or the former Soviet Union, as a result of grants received from the Rockefeller and Soros Foundations.

For more information, please contact:

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<http://www.iseqh.org/conf2002/toronto2002.htm>

Sixth Asia Pacific Social Sciences and Medicine Conference

The Asia Pacific Network of the International Forum for Social Sciences in Health announces the 6th Asia-Pacific Social Sciences and Medicine Conference to be held in Kunming City, China, from October 14-18, 2002.

The Conference theme 'From Research to Action –towards integrating social and health sciences' will focus primarily on reproductive and sexual health issues.

The conference theme aims to encourage individuals and institutions in the Asia Pacific region, particularly WHO grantees, to summarise existing research in their areas, and apply what they learned into action, including policy and program advocacy. While a broader concept of health will be discussed, efforts will be made to enhance health social sciences applied in reproductive health in the whole region.

Information and correspondence about the conference should be addressed to:

The Secretariat
6th Asia-Pacific Social Sciences and Medicine Conference
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Publications

COHRED Learning Briefs

The new learning brief for this quarter is:

- *Bridging the gap between research and policy* (Learning Brief 2001/6)

The paper provides insight into the various modes of advocacy that researchers can adopt, methods of communication and dissemination they can use, and a number of new lessons about knowledge utilisation.

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



Forging Links: now available online in both English and French

The publication *Forging Links for Health Research: Perspectives from the Council on Health Research for Development* is now available online at: <http://www.idrc.ca/booktique/>

The publication has also been translated into French: *Une Santé branchée sur la Recherche, Perspectives du Conseil de la recherche en santé pour le développement*. The French version can be downloaded from the same website.

This book looks at the contribution of health research to development and, in particular, to the equity dimension in development. Its title is a reference to the 1990 report of the Commission on Health Research for Development, *Health research: essential link to equity in development*, which asserted that the power of research could "enable developing countries to strengthen health action and to discover new and more effective means to deal with unsolved health problems." It also reflects the need for stronger links between all stakeholders in the health research process if that process is to be truly an integral part of development.

The book is organized in three sections. The first section includes three chapters: an account of the main events of the past decade related to health research for development; an essay concerning the evolving understanding of inequities in health; and an analysis of the contribution of health research to human development. Section II is devoted to the experience of countries with three aspects of the health research process: promoting community participation; translating research into action and policy; and strengthening the capacity of national health research systems. An additional chapter provides "snap shots" of the health research situation in several regions of the world, along with an analysis of the contribution of regional arrangements to national health research efforts. The final section looks to the future and summarizes important "realities" confronting the global health research community at the beginning of the new century. It also presents some key challenges to those responsible for national health research systems, in particular those committed to the goal of ensuring that health research becomes a stronger tool to achieve equitable health development.

The book is published by the International Development Research Centre (2001, ISBN 0-88936-935-6 (English), ISBN 0-88936-954-2 (French)) and is edited by Victor Neufeld and Nancy Johnson.

Journal of Central Asian Health Services Research

The Journal of Central Asian Health Services Research (JCAHSR) is an interdisciplinary journal which promotes systems thinking and provides a single forum for researchers and practitioners of public health, health care services and management, to exchange ideas and elucidate important developments. The aim is to disseminate knowledge rapidly across traditional disciplinary boundaries.

JCAHSR publishes work from a variety of disciplinary perspectives and institutional settings. The only two criteria for inclusion are: a rigorous scientific approach towards a health care problem; and a concern with the policy implications of the work.

For more information, please contact:

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Applying Health Social Sciences, Best Practice in the Developing World

Edited by Nick Higginbotham, Roberto Briceno-León and Nancy Johnson

Health social science has evolved rapidly since the late 1980s. This volume presents ten case studies that exemplify some of the best practice in health social science in developing countries. The studies address the critical question of how social/behavioural science approaches can make a difference to significant health issues such as AIDS, people's reliance on traditional healers, their use of both indigenous and modern medicine, STDs, smoking, heart disease, and psychological stress.

The first and last chapters provide an overview of the evolving role of health social science research and examine some of the most promising perspectives illustrated by the case studies. The editors also reflect on future challenges and innovations in health social science research. This book



will be a valuable resource for policymakers, planners and foundations supporting international health development, as well as scholars and public health practitioners.

304pp

Hb ISBN 1 84277 050 0 £45.00 \$69.95

Pb ISBN 1 84277 051 9 £15.95 \$25.00

General Notices

Programme for the Enhancement of Research Information - Opening access to research in Africa

There is much concern within developing and transitional countries that the gap between those who have access to information and those who do not is widening. There is also an increased recognition of the vital role that information and knowledge can play in development and of the potential for the use of new information and communication technologies (ICTs) within this. During 1999/2000 the International Network for the Availability of Scientific Publications (INASP) was approached by a number of research partners and librarians in Africa, Asia, Latin America and the New Independent States to assist them in the design and implementation of a programme of complementary activities to support information production, access and dissemination utilising ICTs. In response to expressed needs, the immediate objectives of the programme are to:

- facilitate the acquisition of international information and knowledge through electronic Information and Communication Technologies (ICTs);
- strengthen and develop access to journals in the regions as a medium for the dissemination of results from national and regional research;
- provide awareness or training in the use, evaluation and management of electronic information and communication technologies (ICTs);
- enhance skills in the preparation, production and management of journals.

One of the components of this programme is the provision of information resources. In September 2001, the partnership between the INASP, ENRECA (DANIDA), Sida/Sarec, and universities resulted in a breakthrough in the open access to research literature in the developing world. Blackwell publishing announced that it will provide reduced rate online access to 600 leading peer-reviewed journals.

Initially six countries (Ghana, Kenya, Malawi, Mozambique, Tanzania and Uganda) will benefit.

For more information please go to:
<http://www.inasp.info/>

id21 Health

'id21 Health is a fast-track research reporting service for policy-makers and practitioners working on health problems in developing and transitional countries. The service is supported by the UK Department for International Development. id21 Health produces easy-to-read summaries of the latest health research, called 'Research Highlights', emphasising the policy implications. A wide range of subjects are covered including health sector reform, disease and disability, sexual health and HIV, maternal and child health, and environmental health.

Each highlight gives links to sources of further information and contact details of the researchers to encourage two-way communication. Many of the reports carry very practical recommendations and are applicable to health workers at district and provincial levels as well as national and international policy-makers. These summaries are freely available through a searchable online database at www.id21.org/health, along with a selection of relevant news items, updated weekly.

For those with limited Internet access, Highlights are also available via a free email newsletter, id21HealthNews. To subscribe, simply send an email to <lyris@lyris.ids.ac.uk> with the message: subscribe id21HealthNews firstname lastname, e.g. subscribe id21HealthNews Emily Smith.

id21 Health also produces a free publication, Insights Health, which is available online and in hard-copy format. Each edition is a round up of current thinking on a particular issue by leading researchers. The first issue looked at non-communicable diseases in developing countries (online at www.id21.org/insights/insights-h01/index.html).

To subscribe to the hard copy version of Insights Health, send your full mailing details to:

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<http://www.id21.org/health/index.html>

New feature of COHRED web site:

Database of development partners in health research

COHRED regularly receives requests to fund health research projects. Although we are not a donor-agency, we do have a commitment to act as broker for countries applying Essential National Health Research. In response to this, COHRED has compiled a database of development partners in health research. This database is now accessible through the COHRED website (<http://www.cohred.ch>), and includes valuable information for each organisation such as the activities most funded, specified priority regions or countries, and a summary of guidelines for proposals.

We hope the information provided will be useful to anyone seeking funding for health research for development, and anyone wishing to know more about who is financing what in health research.

The database is an ongoing project and will be updated continuously. The aim is to refine the data and add development partners to better serve the needs of our stakeholders. Readers are invited to provide suggestions, improvements and more up-to-date information. Organisations who wish to be included in the database are also welcome to contact us.

To all our readers

Best Wishes for the Holiday Season

**From everyone at the *Research into Action* team,
The Press Gang and PCL**

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

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