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Research into Action

Inside this Issue

This issue of *Research into Action* brings a number of articles on capacity development for health research.

Despite three decades of capacity building efforts, there is still too little research on the health problems of the poor. *Research into Action* seeks to explore the reasons for the continued lack of balance between research which benefits the developed world, and that which benefits such a large part of the world's population. Our feature article explores ways in which capacity building might be boosted by ensuring that less developed countries are the principal beneficiaries of research that is undertaken. To achieve this, the authors propose three components of more efficient research design: nurturing and supporting multi-stakeholder problem-oriented learning and research networks; increasing investments in research focused explicitly on reducing the high costs associated with sharing knowledge and its application in poorer countries; and thirdly, stimulating demand for new knowledge, whilst continuing to improve supply.

The feature article is followed by a piece from the International Clinical Epidemiology Network (INCLEN) about their newest initiative for developing leadership capacity in health research. The Leadership and Management Programme (LAMP) was established as the implementing mechanism for INCLEN's mission statement, which includes the provision of 'Research and training for improving equity, efficiency and quality in health care'. Competencies addressed by LAMP include coalition building and teamwork, strategic planning and communication. Ideas for developing similar initiatives for emerging leaders are underway.

News from the Latin American region comes this time from Colombia, where a project was set up in the Risaralda district to develop an essential research strategy. This experience shows the importance of developing a participative, inclusive process in order to achieve not only a priority agenda but also the interest and willingness to implement this agenda. Capacity building was an integral part of the process and included a focus on how research results can be utilised in the formulation of policies. 'ENHR in Action' also provides an update on the African Forum for Health Research, a description of a process which has begun in Nepal to improve the utilisation of research in policy making, and finally, a report on the launch of ENHR in Azerbaijan.

Encouraging news from an industrialised country supporting health research for development comes from Canada. A Coalition for Global Health Research has been created to strengthen Canada's response to global health research issues. The Coalition used the opportunity of the G8 Summit in Kananaskis (June, Canada) to make the case that the health research system in Africa needs a massive increase in support by high income countries represented in the G8. The main focus of the coalition is 'south-Canada' partnerships guided by issues given high priority by the 'southern' partners.

The *Research into Action* team

Capacity-building for health research in developing countries: No quick fix, but efforts could be boosted by greater efficiency

Despite three decades of capacity building, there is still too little research on the health problems of the poor. That's the premise behind efforts to "build capacity" for health research, which started in earnest in the 1970's. It was a time when, spurred by the successes against smallpox, polio and measles, scientists had every reason to believe that the microbial threat would soon be conquered. And poorer countries, situated in predominantly tropical climates, stood to gain most. Thousands of scientists from less developed countries were trained to do research into tropical diseases like malaria and tuberculosis. But despite incremental improvements, most of the expected breakthroughs did not happen[1].

Ironically, capacity-building efforts were of most benefit to industrialised countries, as scientists followed the money and glamour that is associated with cutting-edge research in richer countries. The United Nations Education, Science and Cultural Organization (UNESCO) reports, for instance, that more African PhD graduates now live outside of Africa (about 30 000) than on the continent[2]. In hindsight, the limited success of capacity-building efforts could have been predicted. These initiatives tried to harness the attributes of science that typically drive research and development (R&D), namely:

- increasing scientific and economic rewards when R&D production is scaled up;
- high rates of return to society for investments in R&D; and
- a production process driven by demand for "product" applications.

Not surprisingly, attempts to scale up R&D in less developed countries (LDCs) by building a "critical mass" of researchers helped strengthen the research enterprise in established market economies. The benefit of investments by LDCs often failed to materialise. And, increasingly, the end products that drove R&D production directed energies away from the health problems of the poor[3].

In response, organisations such as the United Nations Development Programme (UNDP) have rejected the market-driven paradigm implicit in early efforts, and integrated capacity-building designs into a framework for "sustainable human development"[4]. Underpinning this approach is the view that advances in human development are achieved by maximising each person's capability. This shift in thinking has strengthened capacity building and further clarified its objectives – equity, for example, has been pushed to the forefront.

Our view is that today's efforts at capacity building for health research could be boosted by a more efficient design - drawing on the attributes of science that shaped earlier strategies, but this time around ensuring that less developed countries are the principal beneficiaries. We propose three components of a more efficient design. **First**, as a counterbalance to a market-driven "lock-in" phenomenon, we propose the nurturing and support of multi-stakeholder problem-oriented learning and research networks. **Second**, investments in research should explicitly reduce the high costs associated with sharing knowledge and its application in poorer countries. **And third**, we propose a dramatic shift to the stimulation of *demand* for new knowledge, while continuing to improve supply.

Strategy one: Support national leaders to forge research and learning networks

The first typical attribute of science that stimulates R&D is *increasing scientific (and economic) reward,* when the production of new knowledge is scaled up. Unlike many industries, adding more capital and scientists to a research venture tends to increase productivity; hence the success of R&D powerhouses like Silicon Valley. Capacity-building efforts that try to create a "critical mass" of researchers, build "institutional strength" and "centres of excellence" are all attempts to capture the benefits of increasing returns which are proportional to investment. A downside of this characteristic of science is that researchers tend to cluster around particular topics and ignore others. This clustering behavior is reinforced by the reward systems of science, that leads too many researchers to enter "research races" with particularly lucrative prices, and too few to enter little known, but socially beneficial research endeavours. These rewards include the promotion process, peer recognition, competitive funding, and direct personal financial gain from the commercialisation of research. "Lock-in" favours the rich. Not only is there "intellectual flight" to wealthier countries, but even the work of researchers in less developed countries is shaped largely by the dictates of the international market.

So what would a 'new critical mass' look like, that would resist the tendency to cluster massive research efforts on the health problems of the rich? In essence, problem-focused *research and learning networks* constitute the new critical mass, drawing on expertise and knowledge from diverse sources to improve the health of a country's people. These networks involve recognition and support for multiple sites of knowledge-generation (many of which are outside of traditional institutions like universities), enabling these sites to communicate effectively with one another, and designing initiatives around problems, not institutions[5].

In our view, enabling research leaders in less developed countries to cultivate new ways of knowledge production and sharing is the key to freeing up global research, so that it responds more to the health needs of the poor. In practice, this means enabling national research leaders to develop strategic responses to priority health problems. The substance of country-focused research and learning initiatives would be shaped by national priority setting processes, broadly representative of a wide range of interests. Priority setting can be a powerful way of improving efficiency of allocation by better revealing aggregate levels of social demand, although there is a risk that one cause of inefficiency ("lock-in"), will be replaced by another – usually political interests. And care needs to be taken to preserve the incentive and reward structures that are intrinsic to science. However, country experiences supported by the Council on Health Research for Development (COHRED) suggest that greater representation can be incorporated into priority setting designs without antagonising the research community and jeopardising long-run scientific endeavour[6]. Priority setting in Uganda, for example, identified tuberculosis as a major concern for both community groups, programme managers and researchers. The next step was to establish an inventory of tuberculosis research in the country, as the basis for concerted interdisciplinary action[7].

Strategy two: Reduce the costs of communication

The second typical attribute of science that can lead to greater country support of R&D, is high social benefit from substantial investment. These benefits are reflected either in growth of GNP or in better health outcomes. Less developed countries are often hard pressed to demonstrate positive returns to society on investments in R&D. However, even those benefits that can be anticipated are eroded unnecessarily by higher "transaction costs" in less developed countries.

Dasgupta and David (1994) assert that the major cost associated with research is incurred in making information available to users, who are either other researchers or the public[8]. They argue that the relative costs and benefits of information disclosure lie at the very root of knowledge diffusion. Where the costs associated with making information public are high, knowledge will remain restricted to the world of researchers. Where researchers stand to gain more from sharing their results with the commercial enterprise than social programmes, the benefits of research will tend to be captured as profits by private industry.

In poorer countries, the relative benefit to researchers who sell their findings privately, as opposed to public disclosure, is even greater than in wealthier ones. And the relative costs associated with sharing information with both fellow researchers and the public are higher. Perhaps non-economists would prefer to think of these as *interaction* costs. Obvious causes of higher interaction costs in poorer countries are the limited communication infrastructure and poor access to international discourse. In this regard, the growing commercialisation of health research is pushing up the costs of acquiring knowledge; a situation aggravated by the Trade-Related Aspects of Intellectual Property Rights (TRIPS). This international agreement, enforced by the World Trade Organization, compels poor countries already strapped for foreign currency, to pay global market rates for new information.

Less explicit are the high political costs associated with public disclosure of research results in some countries. Not only does undue political resistance to public disclosure push up the costs of individual interactions, but

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Family Health International (FHI) has developed a "Research Ethics Training Curriculum" (RETC) based on 30 years' experience of conducting research in collaboration with developing countries from all regions of the world. This is available, currently in English only, as a 3-ring binder, or on CD-ROM, and can be downloaded from FHI's web site at: http://www/fhi.org/en/topics/ethics/curriculum/default.htm. Translation into Spanish and French will be completed in 2002. Translation into other languages is anticipated.

The curriculum was developed with support from United States Agency for International Development (USAID), The National Institutes of Health (NIH) and The Andrew W. Mellon Foundation for an international audience of both biomedical and social science researchers. It has been reviewed by experts in research ethics and field-tested in India, Kenya, the Philippines and Zimbabwe. The curriculum may be used as an interactive self-study program or as a tool for participatory, group training. It addresses internationally recommended basic elements of research ethics, including the principles of human research ethics, informed consent, ethical review committees, and international guidelines. It uses case studies developed by FHI researchers to provide a focus for the discussion of these issues. WHO and CIOMS documents were used as key sources, and complete copies of these documents are included in the curriculum. The RETC is a practical tool to provide updated and standardised basic training on human research ethics. It is intended for an international and multidisciplinary audience of individuals involved at different levels of the research process.

The curriculum is being widely disseminated, and has been adopted as a recommended training tool by some USAID, CDC, and NIH programs. FHI has also received many comments from developing country scientists/institutions acknowledging the local relevance and applicability of the curriculum.

Enquiries should be directed to:

Dr. Roberto Rivera
Director, Office of International Research Ethics
Family Health International (FHI)
P.O. Box 13950
Research Triangle Park
NC 27709
USA
Phone: + 1 919 544 7040
Fax: + 1 919 544 7261
Email: rrivera@fhi.org

it creates feedback that discourages future researchers from testing prevailing assumptions, and dampens the long-term effectiveness of R&D in that country.

Strategies aimed at reducing interaction costs associated with knowledge diffusion will need to focus largely on facilitating communication. Facilitating access to new computer hardware and software seems to be a fundamental first step. Related to this is securing electronic access for researchers to international journals and other information resources. As access to resources is enhanced, so the linkages among researchers and between researchers and potential user groups should be developed. In many instances, national leaders will need to encourage researchers to make connections with colleagues outside of their traditional - typically intra-disciplinary – networks, and user groups that they may never have dreamt of approaching! An expanding function-oriented web of connections ("hyperarchy") will put researchers in regular contact with the media, advocacy groups, legislators, international agencies, the private sector, and public health officials.

In time, these linkages will go far beyond e-mail contact. For example, EQUINET is a Harare-based southern African initiative to develop a regional research programme that promotes equity in health[9]. This collaboration lowers the barriers to information and makes best use of limited human resources in the region. In a move that helps reduce the interaction costs of policy-related research, the South African Health Systems Trust shares employment of a journalist with a national newspaper. Research findings get written and published in plain English, and the newspaper gets easy access to the latest studies.

With respect to high political costs, international agencies may have a particular responsibility in helping to overcome them. For instance, up-front negotiations with health ministries can minimise the backlash against researchers whose evaluations find unfavourable outcomes of government programs. In sum, many opportunities exist to reduce the high interaction costs that still pertain to researcher-researcher and researcher-user linkages in developing countries. Reducing these costs may prove to be a powerful way of boosting the efficiency of existing capacity building efforts.

Strategy three: Focus on "demand-side" capacity development

The third attribute of science listed in our introduction is that its production process is driven by demand for new applications. Market-driven incentives provide much of the impetus for innovation, and - whether intentional or not - an implicit assumption of supply-side capacity-building strategies, like basic research training, is that the market will do the rest. However, the demand for research that is expected to meet an enhanced supply of new knowledge often fails to materialise. Public officials, the media, industry, community groups and other potential users rarely seize the opportunities to capitalise on available new knowledge. This weak demand is reflected in low national investments in R&D, low salaries for researchers, and limited use of research findings.

Explicitly stimulating a demand for research may sometimes mean that user groups, as opposed to researchers, are the primary targets for "capacity-building" efforts. For example, national legislators in South Africa helped design a country wide survey of health facilities that will help monitor progress towards equity in service provision over time[10]. Not only has this enhanced the legitimacy of the studies, but has enabled legislators to see how research can help answer the questions that they choose to ask. The Tanzania Essential Health Intervention project (TEHIP) has clearly demonstrated that district development committees can learn to

do dramatic evidence-based planning; based on alarming increases in malaria fatalities, the district budget for malaria was substantially enhanced[11]. Similarly, media editors have participated in seminars at rural research sites in South Africa to explore ways of improving the coverage of issues related to the health of the rural poor. These seminars have established continuing contact with researchers and journalists on a health or development beat.

Promoting links with private industry as a way of strengthening market demand will become increasingly important for developing countries over time. However, national ministries of health, and science and technology, will need to provide clear policy and direction to publicly funded research efforts so that growing demand by the private sector does not deviate resources from the national prioritised research agenda.

Conclusion

Implementing these strategies requires a new mindset. Success will be measured not by the number of scientists trained, or the volume of academic publications, but rather by the ability of countries to apply global and country specific knowledge to local problems. In turn, country-specific health research will contribute to global knowledge through innovation, adaptation and occasionally, new discovery.

References

1. Godlee F. WHO Fellowships – What do they achieve? *Br Med J* 1995; 310:110-2
2. UNESCO. *Science and technology in Africa – A commitment to the 21st century*. Paris: United Nations Education, Science and Cultural Organisation; 1999. Available from: URL: http://www.unesco.org/opi/scitech/facts.htm
3. Gwatkin DR, Guillot M, Heuveline P. The burden of disease among the global poor. *Lancet* 1999 Aug 14: 354 (9178): 586-9
4. United Nations Development Programme. *Capacity assessment and development*. New York (NY): Bureau for Development Policy, UNDP; 1998
5. Gibbons M, Limoges C, Nowotny H, Schwartman S, Scott P, Trow M. *The new production of knowledge: The dynamics of science and research in contemporary societies*. London: Sage Publications; 1994
6. Working Group on Priority Setting; (Council on Health Research for Development). Priority setting for health research: Lessons from the developing countries. *Health Policy and Planning*, 2000; 15:130-136
7. Ugandan National Council for Science and Technology. *Report on tuberculosis research priorities for Uganda*. Kampala; 1998
8. Dasgupta P, David P. Towards a new economics of science. *Research Policy* 1994; 23:487-521
9. Network for Equity in Health in Southern Africa. URL: http://www.equinetafrica.org/
10. Health Systems Trust. *The Equity Gauge*. Health Systems Trust: Durban; 2000. Available from: URL: http://www.hst.org.za/hlink/equitysa.htm
11. Tanzania Health Intervention Projects. *TEHIP News* 1999 Jan–Jun. Vol. 1(1). TEHIP: Dar es Salaam

This article is based on a paper written by David Harrison (Chief Executive Officer, LoveLife, South Africa) and Victor Neufeld (Professor Emeritus, McMaster University, Canada)

For more information please contact:

David Harrison
Davidh@lovelife.org.za
or
Victor Neufeld
Neufeld@mcmaster.ca

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Health InterNetwork

The Health InterNetwork aims to bridge the "digital divide" in health by ensuring that relevant information - and the technologies to deliver it - are widely available and effectively used by health personnel, researchers, scientists, and policy makers.

Launched by the Secretary General of the United Nations in September 2000 and led by the World Health Organization, the Health InterNetwork brings together public and private partners under the principle of ensuring equitable access to health information.

As the first phase of making vital health content available, the Health InterNetwork has provided internet access to a vast library of the latest and best information on public health: nearly 1,500 scientific publications. This collection is available through the efforts of WHO together with the 6 biggest biomedical publishers: Blackwell, Elsevier Science, the Harcourt Worldwide STM Group, Wolters Kluwer International Health & Science, Springer Verlag and John Wiley.

Please visit the Health InterNetwork at: http://www.healthinternetwork.net

Media/materials for health communication

The Media/Materials Clearinghouse at the Johns Hopkins University Center for Communication Programs has developed a new CD-ROM: "Media/Materials for Health Communication" which is a portable version of the M/MC's website: a resource center with numerous databases of health communication materials, photographs, videos, etc., as well as several M/MC newsletters. Also included is a checklist that walks the user through the planning and establishment of a multi-media resource center.

To order your free copy, contact:

Susan Leibtag
Email: sleibtag@jhuccp.org
Please include your: Name, Title, Organisation, Address, City/State/Postal Code/Country, Phone, Fax and E-mail address.

INCLEN Trust Launches Leadership and Management Programme

Introduction

The International Clinical Epidemiology Network (INCLEN) began more than two decades ago as an initiative to improve healthcare in developing countries. INCLEN now has 64 Clinical Epidemiology Units (CEUs) in 26 countries, with more than 700 physicians and other health specialists trained at a Master's degree level in clinical epidemiology, social sciences, biostatistics or clinical economics. INCLEN has entered a critical third phase in its development with the devolution of responsibilities to, and leadership by, its members of the developing world. In October 2000, the INCLEN Trust, a new legal entity composed of 6 semi-autonomous regional networks was launched at the INCLEN XVII Global Meeting. Recognising the need to develop and enhance leadership competencies of INCLEN members in pursuing the goal of equity, efficiency and quality in health care in this new phase, in March 2001, the INCLEN Trust launched the Leadership and Management Programme. LAMP is designed to reinforce the values and goals of the "new INCLEN". This includes:

- Adopting "learning while doing" strategies tailored to the realities of participants who are mostly 'part time' professional peers;
- Including cross-cultural elements which reflect INCLEN's regional diversity;
- Emphasising partnership development and coalition building with other 'like-minded' organisations;
- Strengthening INCLEN as a 'network' and research partner for health and development.

While designed primarily for current and emerging INCLEN leaders, LAMP seeks opportunities for partnerships with other organisations who share similar training objectives. For example, the INCLEN Trust is also involved in a Collaborative Training Programme with the Alliance on Health Policy & Systems Research, COHRED and the Global Forum for Health Research in the development of three modules for translating health research to policy, action and practice[1].

Core competencies and strategies

The LAMP working group conducted a needs assessment exercise and identified some of the key competencies for achieving the goals of the network, namely:

- Strategic Planning for Research and Development: vision development, advocacy, demand creation, fund-raising, and priority setting;
- Coalition Building and Teamwork: human resource management, mentoring, succession planning, and conflict resolution;
- Knowledge Management: the use of appropriate information & communication technology, and the design and use of purpose-specific databases;
- Communication: public speaking, negotiation, and writing of reports, publications, policy briefs, and other relevant communication;
- Management Competencies: project management, time manage-ment, and financial management.

To aid INCLEN members in these key competencies, eight LAMP modules have been prepared to date. They are

available in hardcopy (limited numbers), on CD-ROM, and via the INCLEN Trust website (www.inclentrust.org). Particular attention was paid to the content and style of the modules, ensuring that they are used at several levels - by individuals, clinical epidemiology units, research & training centres, research teams and regional network groups.

The development and design of the modules, and the overall management of the initiative was undertaken via a 'digital workspace' called eProject Enterprise. This software allowed LAMP members around the world to build and comment on manuscripts, and to communicate efficiently.

In addition to modules, LAMP uses three additional strategies:

1. A "learning while doing" problem-based approach - this includes an analysis of the participant's own professional situation and the specific elements which he or she would like to change;
2. A variety of events such as interactive workshops, which complement the learning processes already underway through individualised study and mentoring; and
3. Mentorship, where senior mentors are recruited to work with programme participants to encourage, advise and guide LAMP participants.

Some reflections

In reflecting on the past one and a half years:

- Workshops conducted in the different regional networks demonstrated a high degree of interest and participation. Important and helpful ideas were obtained for both the process (methods) and content of the programme. The modules were found useful in facilitating the learning processes for the core competencies.
- LAMP group members were invited to participate in regional strategic planning activities. Reflecting the "learning while doing" principle, "real life" scenarios, derived from regional planning activities, were used and discussed in the workshops. Although the "virtual" environment for interaction among LAMP working group members and regional network heads was facilitated through electronic dialogues and the use of a "digital work space", it took members some time to adjust to the workspace and to feel comfortable with its many options. This was greatly facilitated by a tutorial carefully drafted and targeted specifically for LAMP group members. These modalities will continue to be enhanced, particularly with the launch of INCLEN's new "Knowledge Plus Project".
- The joint initiative with other organisations (described above), is a practical expression of INCLEN's "partnership" strategy. In addition to some competencies to be gained in module development, this venture promises to lead to other partnership opportunities, such as regional collaborative training and research activities.

For further information, please contact:

The INCLEN Trust Executive Office (ITEO)
Section E, 5/F Ramon Magsaysay Center
1680 Roxas Boulevard
Malate, Manila 1004, Philippines
Phone: +632 521 3166 to 3185 loc. 159
Fax: +632 400 4374
E-mail: mlansang@inclentrust.org
Website: http://www.inclentrust.org

This article was prepared by Manjula Datta and Rodolfo Dennis, on behalf of the INCLEN LAMP Working Group

1 More information about this programme can be obtained from the COHRED Secretariat.

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General

PubMed-to-Email (pm2mail)

The Web has many useful resources, but it takes time to find them. In most developing countries, connectivity is slow, web access is limited and users pay for time spent on-line, which is frequently expensive. A tool to search PubMed by email will assist scientists and clinicians doing research in the underserved and health-challenged communities of the world.

A PubMed query will search, retrieve and deliver citations (author, title, source information, PMID (PubMed Unique Identifier) and abstracts, if available. Results will be sent back by email in text form, or as PDF files.

Search Procedure:

Send an email message to **ipath-ref@krot.org** with Subject **PM**

- In the body of the message, type: query "search term"
- For example, to search for articles about malaria, type: query malaria

You may add qualifiers, using AND, OR, NOT (always in uppercase) and another "search term"

For example: query malaria AND anemia

There are options on the type of search done and results returned:

- **max: n** - limits the number of abstracts returned, default is 50 items
- pdf - results are returned in PDF format
- **cc: x,y,z** - sends copies to other recipients

This information should be added to the subject of the message. For example:

query malaria AND anemia
max: 10
cc: Rob May may@june.com

The abstracts will indicate if full-text articles are available

PMID: xyz [FULLTEXT AVAILABLE!!].

To get the full-text articles, send email to ipath-ref@krot.org with Subject PM. In the body of the message type: get xyz

Where xyz is the PubMed identifier of the full text article you want to retrieve.

For more information please visit: http://ipath.krot.org/pm2mail

Your questions, comments and suggestions are welcome. Please send to:

Kurt Brauchli
University of Basel, Switzerland
Email: kurt.brauchli@unibas.ch

Essential strategy for health research in Risaralda district, Colombia

In preparation for the International Conference on Health Research for Development (Bangkok, October 2000) regional consultative processes took place in six regions of the world. The Latin American consultative process included a situational analysis of health research for development in six countries (Argentina, Bolivia, Chile, Colombia, Mexico and Peru). The analysis was conducted by the Latin American and Caribbean Women's Health Network and had a special focus on gender[1]. Among other points, it illustrated that health research is still very much driven by the interests of researchers, as opposed to a result of a carefully planned and conducted priority setting process. This finding triggered action by Sisma-Mujer[a] to develop an essential strategy for health research for the Department of Risaralda in Colombia. A change of administration in the Department – with an increased focus on human and social development – created an opportune moment to develop a new research strategy. The basis for the development of the strategy will be based on the ENHR elements of defining a research agenda, developing capacities, promoting networking and collaboration, and improving the utilisation of research. Though the project is being carried out in one department only, the assumption is that other departments can learn and use the model to initiate similar initiatives.

The process of developing and implementing the health research strategy involved a number of steps. First, key stakeholders were identified and involved from the beginning of the project. The Permanent Forum for Health Research in Risaralda (Foro Permanente por la Investigación en Salud en Risaralda), which provides a forum for discussion throughout the process, was established, thus ensuring full participation by a wide range of stakeholders in the development of such a research strategy; from government, civil society, universities, and the health services.

The first activity of the Forum was the construction of a research agenda for which a series of activities were conducted:

1. *Elaboration of the state of the art in health research in Risaralda and in Colombia.*

According to Colciencias (the Colombian state entity in charge of providing guidelines in science and technology), health research in Colombia is currently focused on developing knowledge of diseases; approximately 74% of current research projects focus on this issue. Research on health services has dwindled, and research in the basic sciences has increased.

In the study *Delineation of Public Health Research for Colombia until Year 2010* (In: Ciencia y tecnologia de la salud[2]) it is stated that the drop in the budget for health research in 1997 was, on average, 55% compared to 1996. The Ministry of Health's research budget was cut by 45%. The National Institutes of Health faced the most dramatic reduction: 75% of its research budget was cut in 1997 in comparison to 1996. A new law established in 2001 indicated that 7% of the resources obtained by the exploitation of gambling, (as opposed to the national lottery and

a The institution that conducted the consultative process for the International Conference in Colombia

affiliated activities), should be dedicated to a fund for health research. Likewise, the law establishes that the resources dedicated to the health research fund will be assigned to the projects through the Ministry of Health and Colciencias.

2. Description of the health profile of the Department.

This analysis was based on the epidemic profile, institutional aspects, problems related to the health system, and health sector experts' perception of research needs.

3.A debate on the aims of health research.

The assumption that research contributes to "development" in the field of health is to suggest that one has a broader view of the term "health". It also demands that one understands the challenges implied by the term "research for development". Therefore, the following values in research for development were outlined:

- Social and gender equity
- Ethics and human rights
- Social justice and solidarity

Besides these values, research for development implies that human development is at the centre of the political process and is considered an investment. It suggests that health research be approached in an intersectoral manner, and engender partnerships or alliances between interdisciplinary groups oriented towards the strengthening of research lines.

The information collected and the agreement on the values and principles of health research for development were used as a background to the *establishment of priorities*. The Forum held a workshop to discuss the topics for a research agenda in Risaralda. The discussion was also based on the feedback obtained from a questionnaire which had been sent to experts prior to the workshop. An initial thematic agenda was designed, offering an initial spectrum of topics to start developing a more organised and articulate research agenda.

The process of constructing a research agenda was strengthened through the organisation of training seminars on the following:

- *'Health research in Risaralda'* with the objective of recording the development of health research in the Department over the last five years.
- *'Formulation of research projects'* - aimed at providing guidelines for the elaboration of projects. This was undertaken in collaboration with Colciencias.

Box 1: Criteria used to identify health research priorities

- The demand and needs of the communities
- The impact (positive effects on public and individual health, as well as on social, human and economic development)
- The meaning of the problem for public health - severity for the individuals and magnitude of the problem
- The usefulness - the ability of research to solve problems. This includes the capacity of the health system to adopt, to implement and to sustain the intervention and/or use of technology from research
- The urgency of the topic
- The effects on environmental health and sociopolitical aspects
- The level of adaptation to local priorities
- Equity focus
- The construction of alliances
- Commitment to, and political acceptance of, the topic
- The possibility to build capacity
- Years of life potentially lost

Box 2: Broad research areas

1. Family, sexual and reproductive health
2. Emergencies and disasters
3. Violence
4. Quality of the health services
5. Technological transferal and adaptation
6. Health culture

- *'Utilisation of research results and advocacy for health research'*– with the objective to promote discussions on the use of research results in the formulation of policies.

Once the broad research priorities for the region were set (see box 2 for the initial agenda), inter-institutional and interdisciplinary groups of researchers were formed to elaborate proposals for specific research projects within the priority areas. The aim was to specify research problems, to identify potential (interdisciplinary) groups that are capable of conducting the research, to translate research areas into specific questions, and to develop research protocols. The groups also looked at issues such as: resources available for the prioritised research area, timetables for conducting the research, and strategies for translating the results into cost-effective interventions which can guide policy making. In order to gain buy-in and possible funding, the project proposals will be presented at a meeting with international and national donors.

Conclusions

The achievements of the project include:

- Developing a high profile for the Permanent Forum for Health Research;
- Positioning health research as a topic in the department of Risaralda via the Forum, the seminar, and the media;
- Good working relations with the Government ensured Government support for the initiative;

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General

The International Foundation for Science (IFS)

Call for Research Grant Applications from Developing Country Scientists

The International Foundation for Science (IFS) provides support to young scientists of merit in developing countries by awarding research grants and additional services such as travel grants and purchasing assistance.

IFS supports research related to the renewable utilisation of biological resources. In the health field, research topics supported include nutrition (relating to food composition), micronutrients, weaning foods, food safety, alternatives to use of chemicals in food production, zoonotic pathogens (epidemiology, control and prevention), water quality, and medicinal products, including traditional medicines. Proposals for projects may address biological, chemical, or physical processes as well as social and economic relationships important in the conservation, production, and renewable utilisation of the biological resource base.

Research grants are awarded up to a maximum value of USD 12,000 for a period of one to three years and may be renewed twice. They are intended for the purchase of equipment, expendable supplies, and literature. Applicants must be citizens of, and carry out the research at, a university or national research institution in a developing country (see the IFS Website for a list of eligible countries). Candidates must be under the age of 40 (under 30 for applicants from China), at the start of their research career, and have an MSc degree or equivalent.

Applications in English or French can be submitted to the Secretariat by mail or electronically.

IFS
Grev Turegatan 19
S-114 38 Stockholm
Sweden
Fax: +46 8 5458 1801
Email: info@ifs.se
Website: http://www.ifs.se

Noticeboard

- Formation of a grassroots group as a result of the Permanent Forum;
- Formulation of project proposals;
- Financing for several projects through the Government of Risaralda (Health Secretariat) and contacts with donors for specific projects (UNFPA, WHO, UNDP and ACCI – the Agencia Colombiana de Cooperación Internacional);
- Training of the Forum participants in projects proposal development, advocacy and construction of a research agenda;
- Successful inter-institutional, interdisciplinary and intersectoral work;
- Participative working methodology.

Some of the difficulties which were faced include:

- Maintaining a space such as the Forum demands a permanent institutional and personal commitment, which is difficult when institutions and people already have many commitments;
- Maintaining collective discussions demands a level of commitment from people which is rare (for example, constant reading);
- Consolidating research groups will be difficult due to lack of time.

This article was based on a report on the process, results, achievements, and obstacles in the development of the project Essential Strategy for Health Research in Risaralda. *This project was developed by Corporación Sisma Mujer with the financial support of the Council on Health Research for Development (COHRED), the collaboration of the Government of Risaralda through the Departmental Health Secretariat (in particular, Dr Elsa Gladys Cifuentes, Governor of Risaralda), and the support of Universidad Católica Popular de Risaralda through its Psychology Faculty.*

For further information please contact:

Corporación Sisma Mujer
Ana Cristina González Vélez
Email: acgonzalez@interred.net.co

1 Latin American and Caribbean Women's Health Network (LACWHN), 2000. *Gendered health research for development: A vital contribution to health equity.*

2 Programas nacionales de ciencia y tecnologia, Colciencias, 1999. *Ciencia y tecnologia de la salud: Plan estrategico 1999-2004.*

Canada strengthens its response to global health research

During the past 12 months, there have been several developments in Canada that represent steps to strengthen Canada's response to global health research priorities. This note will summarise these developments.

A small number of Canadians attended the October 2000 International Conference on Health Research for Development, and felt that the Canadian response to the challenges of global health research was unsatisfactory[1]. In fact, during the months preceding the conference, a consultation process had begun, led by Professor Allan Ronald of the University of Manitoba, to explore the interest and potential contributions of Canada to research concerning the health of citizens in low income countries. As part of this effort, in November 2001 four federal funding agencies signed a memorandum of understanding to support a "global health research initiative" (GHRI). The agencies are the Canadian Institutes for Health Research (CIHR), the Canadian International Development Agency (CIDA), the International Development Research Centre (IDRC) and Health Canada (HC).

At the same time, a broader "Coalition for Global Health Research - Canada" (CGHRC) was created during a symposium hosted by the Liu Centre at the University of British Columbia in Vancouver. The title of the symposium was, *Canada and the 10/90 Gap: Correcting the Imbalance in Global Health Research*. Guests at the symposium included Mr. Louis Currat (Global Forum for Health Research), Dr. Tessa Tan Torres Edejer (WHO), and Dr. John Gyapong (Health Research Unit, Ghana). The aims of the coalition are to raise awareness about the "10/90 dysequilibrium", involve a broader range of Canadians in global health research including universities, non-government organisations (NGO's) and others, and coordinate the efforts of the various participating stakeholders. Key NGO's such as the Canadian Society for International Health have been integral partners in the strategic and advocacy initiatives over the last year. Overall, the intention is to strengthen Canada's capacity and contribution to global health research, including the ability to be responsible partners within "south-north" research coalitions.

Since its creation in September 2001, the CGHRC (including representatives of the four federal agencies participating in the GHRI) has embarked on several activities. Working groups have taken on specific tasks—an example is a concept paper of Canada's role in global health policy and systems research. A web-site has been developed (http://www.cghrc.ca). A $ 1 million fund has been created to support one-year planning and program development partnerships between Canadian groups and research teams in low and middle-income countries. Much of the funding comes from several CIHR scientific institutes that have realised the importance of a global component in Canada's health research portfolio. The intention, during the coming 12 months, is to facilitate the creation and strengthening of several "south-Canada" health research partnerships, with a view to the subsequent creation of longer-term research networks and centres focused on specific problems and issues judged to be of high priority by "southern" partners.

A special advocacy initiative was undertaken in connection with the G8 Summit, which this year was hosted by Canada, in Kananaskis in June. A major item on the G8 agenda was the

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Conferences

9th Canadian Conference on International Health (CCIH) - "Poverty, Health & Equity: From Global Challenges to Innovative Solutions" - October 27-30, 2002, Ottawa, Canada

"A forum for practitioners, researchers, educators, policy makers and community mobilisers, interested in health and development issues, to share knowledge, experience and promote innovation and collaborative action".

Each day's plenary will focus on a different theme (e.g. Day 1 - Challenges; Day 2 - Research; Day 3 - Innovation and Action). In addition, this year's CCIH will offer three streams running all three days of the conference. The Capacity Building stream will feature workshops and symposia aimed at knowledge and skills transfer (e.g. workshops on participatory evaluation techniques and how to build effective partnerships). The Knowledge Development stream will include a variety of papers and presentations on topics such as research with developing countries, using appropriate and innovative methodologies; and evidence-based decision-making. The Action stream will feature papers, presentations and workshops on innovative programs, projects and policy-related activities with disadvantaged groups in the developed and developing world.

For more information:

Visit the CSIH website at: http://www.csih.org
Email: conference@csih.org
Phone: + 613 7224140

Workshops Conferences

"New Partnership for African Development" (NEPAD). The CGHRC saw this as an opportunity to make the case that the health research system in Africa needs a massive increase in support by high income countries represented in the G8. Working closely with Canadian government officials, who were responsible for much of the G8 agenda, a process was launched with the aim of including a recommendation about African health research in the Africa action plan. An intensive e-mail dialogue began, working toward the preparation of a recommendation, supported by a compelling 7-page background document. In April, a 3-day consultation meeting was held in Toronto, with the participation of several African health research leaders; included was Prof. Mutuma Mugambi of Kenya, who currently leads the secretariat preparing the launch of the African Forum for Health Research. Following this consultative dialogue, Canadian government officials presented the CGHRC documents to the "agenda setters" of the other G8 nations, leading to the inclusion of this issue on the final agenda.

The result was that the G8 Africa Action Plan of the Kananaskis Summit, released in late June 2002, included the following statement:

"Supporting health research on diseases prevalent in Africa, with a view to narrowing the health research gap, including by expanding health research networks to focus on African health issues, and by making more extensive use of researchers based in Africa."[2]

The Canadian government has designated CIDA as the agency to manage a special "Canada fund for Africa", created to support actions resulting from the G8 summit. Discussions are currently underway, both within CIDA, and with African health research partners, about some "next step" activities to move the process forward. These will include discussions during the Global Forum for Health Research 6 in Arusha, Tanzania in November 2002.

During the coming 12 months, the CGHRC will continue with an intensive plan of work. This includes workshops and seminars at the Canadian Society for International Health's annual conference on international health, Canadian Conference on International Health (CCIH-9) to be held in Ottawa, October 27-30 2002. For example, a one day open meeting has been organised by the CGHRC to report on progress over the past year, to obtain views and suggestions on specific issues, and to mobilise increased understanding and involvement. Participants in this event will include university students, non-government organisations, and international guests.

Also during the next 12 months, several working groups will continue with specific tasks. The task of one working group involves a broad-based consultation regarding the future of the Coalition — its "added value", its objectives and activities, and its structural arrangements. The intention is to examine several options for the longer-term function and structure of the coalition, and to work toward a national consensus about this within 12 months.

Further information about the CGHRC can be obtained by contacting:

Alita Perry
Project Manager, Global Health Research Initiative
Canadian Institutes of Health Research (CIHR)
410 Laurier Ave West
Ottawa, Ontario
K1A 0W9
Phone: 613-957-6126
Fax: 613-954-1800
Email: aperry@cihr.ca

Prepared by Vic Neufeld and Alita Perry on behalf of the CGHRC steering committee

1 Neufeld V, MacLeod S, Tugwell P, Zakus D, Zarowsky C. The rich-poor gap in global health research: challenges for Canada. *Canadian Medical Association Journal* 2001;164 (8):1158-59

2 http://www.g8.gc.ca/kan_docs/afraction-e.asp

ENHR in Action
July – September 2002

This article provides an overview of activities supported by COHRED over the past three months. It also includes information about interesting initiatives COHRED has been informed about, but in which we were not involved. Readers who have articles from which others working in the field of health research for development could learn are invited to contribute these to Research into Action.

Research utilisation in Nepal

Chairperson for the Nepal Health Research Council (NHRC), Prof Gopal Prasad Acharya recently stressed the importance of health research: "it generates information and evidence that can have an immense effect on the health status of the people", he said. Professor Acharya was speaking at a consultative meeting to develop a plan for promoting the application of research findings in health policy development. The meeting was organised by the Nepal Health Research Council (July 6-8, 2002).

The main objective of the meeting was to develop a mechanism for promoting the application of research findings in health policy development. Participants represented a wide range of stakeholders including the Ministry of Health, the National Planning Commission to NGOs, media, and bi - and multilateral cooperating agencies. Issues discussed at the meeting included:

- Opportunities and constraints for utilising health research results for health policy;
- Activities required to increase utilisation of research, and the mechanism needed to implement this.

Professor Acharya reminded participants that health research in Nepal is in its inception stage. "Much of the research which has been conducted to date has not been utilised", he said. "Thus, the investment was a waste. The barriers to research utilisation are many". Professor Acharya went on to cite "lack of awareness" of existing research, "organisational inertia", and the "weak links" between research and priority health problems as just some of the barriers.

The recommendations of the meeting included:

- Promote research on priority health problems;
- Involve decision-makers in all phases of the research process – from planning to the initiation and utilisation phases;
- Make research-based recommendations as simple and practical as possible, taking the existing health care system into account;
- Promote dissemination of research results to all stakeholders;
- Enhance capacity of Ministry of Health and the NHRC to absorb research findings and learn from them.

The NHRC has been appointed the lead organisation for implementing the recommendations resulting from the consultative forum. It sought the cooperation and support from all stakeholders involved in the consultative meeting to achieve the goal of evidence based health policy development.

For more information please contact:

Prof Gopal Prasad Acharya
Chairman, Nepal Health Research Council
PO Box 7626
Ramshah Path
Kathmandu, Nepal
Email: nhrc@healthnet.org.np

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Publications

COHRED Annual Review 2001

This is the first annual review published after the International Conference on Health Research for Development (Bangkok, 2000). Much has happened since – both to COHRED as an organisation and in the field of health research for development. The report gives an impression of how the new COHRED is being shaped, and provides an overview of the activities which took place in 2001.

COHRED has continued cooperation with countries in developing their health research systems, while maintaining the values and principles of the essential national health research strategy. It has also continued its support to the development of regional networks for health research and is one of the partners in these networks, which are both led and guided by regional health research leaders. In the global scene COHRED collaborates with the main players in the field of health research and joint projects are being developed and conducted.

For a copy of this publication please contact the COHRED Secretariat.

Publications Publications

Capacity development for health systems research in Iran

Health Systems Research (HSR) is defined by the National Medical Research Committee as one of the priority areas for health research in Iran. Yet, limited activities have been carried out to apply HSR as an integral and complementary component of health care development. Since 1988, HSR workshops have been a regular event at all universities in Iran. However, the participants were generally academics, and the workshops focused mainly on the writing of research proposals. It was rare for a plan for application and dissemination of research results to be included; thus, increasing the gap between research conducted and research required by the health system.

To adjust this gap an assessment was made of the educational needs of peripheral health workers in order to enable them to actively participate in health systems research. The study led to the development of a module for peripheral health workers with a 'ten step practical guide' to solving health systems problems. For no less than two hours a week, health workers form a 'learning group' to discuss one of the steps in the process: these are always based on actual problems of the system or within the population. During the week, the participants continue working on the problem individually, and contact the facilitators if required.

The approach has been running for almost a year. In this time, over 500 trainers have been trained. These trainers have in turn, organised country-wide research teams of peripheral health workers. The approach leads to a remobilisation of health human resources to utilise applied research.

Reference:

Ten Steps in Health Systems Research. Asefzadeh S., and Malekafzali H., WHO/EMRO, ISBN 964-7085-28-1

For more information please contact:

Saeed Asefzadeh
Director of Research
Qazvin University of Medical Sciences
Qazvin, Iran
Email: qum@dpimail.net

Preparing for take-off: The African Health Research Forum

The Steering Committee of the African Health Research Forum met in August in Kampala (Uganda) to discuss the progress made with the establishment of the African Forum. Country focal points from the ENHR African Network met key members of the Forum to ensure close linkages between the Forum and the strong ENHR network on the continent.

One of the key themes of the African Forum is the development of leadership for health research in Africa. In Kampala, the training task force of the African Forum introduced its proposed strategy for:

- Promoting visionary leadership and good governance in health research;
- Reviewing priority setting criteria for determining the health research agenda;
- Promoting understanding of the international code of conduct and ethics in health research;
- Enhancing local managerial capacity for efficient utilisation of resources.

The target groups of the leadership initiative include policy-makers, senior executives, researchers, and community leaders.

The African Forum for Health Research will be officially launched at the sixth Global Forum for Health Research (Arusha, Tanzania, November 2002). Additional concept papers (including south-south and south-north collaboration) will be presented at several of the Global Forum sessions.

For additional information, please contact:

Prof Mutuma Mugambi
Vice Chancellor, Kenya Methodist University
PO Box 267
Meru, Kenya
Email: mugambi@net2000ke.com

Developing an ENHR strategy for Azerbaijan

When the Ministry of Health in the Republic of Azerbaijan contacted COHRED and expressed an interest in developing an ENHR strategy, the country had already taken the first steps towards developing a strong ENHR network, with a wide range of stakeholders. The network will aim to:

- strengthen the health research system in Azerbaijan;
- build consensus around the ENHR strategy;
- set national priorities for health research and implement these;
- strengthen leadership and managerial capacities in health research;
- analyse and facilitate health research financing.

In July 2002, Dr Peter Makara (Coordinator COHRED) visited the country and assisted in the development of a short term action plan for the next 9 months. During this period, the main priority will be to undertake further advocacy and coalition building for such a Network. Following this, the Ministry plans to hold a conference where the ENHR network will be launched. A major component of this conference will involve the development of a training programme for health research leadership and management.

For more information please contact:

Dr Alexander Umnyashkin
Adviser to the Minister of Health on scientific issues
Ministry of Health
4 Kichik Deniz Street
Baku 370014
Azerbaijan
Email: mednet@mednet.baku.az

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Publications

International Journal for Equity in Health

The new peer-reviewed online journal, the International Journal for Equity in Health (IJEqH), is dedicated to publishing high quality scientific papers that deal with the genesis and manifestations of inequity in health and which address attempts to eliminate or reduce them. Its purpose is to further the state of knowledge about equity in health. Advances in the following areas are of particular interest:

- Contributions to the conceptualisation of influences on health and inequities in health and health services and their mode of operation;
- Advances in methods for studying inequities and evaluating interventions and policies to reduce them;
- Pathways through which influences on health influence equity in health;
- Evaluation of interventions to reduce inequities in health;
- Development, analysis, implementation, and evaluation of policies and the process of policy change for reducing inequities in health.

Communication of original research is a critical part of the scientific process. The current publishing model is often more of a hindrance than a help to this critical activity because of the limited circulation and high costs of many journals. BioMed Central overcomes this by making papers available online to anyone for no charge, while also having them listed in PubMed. The cost of publishing is covered by levying a processing charge of $500 for each published article. Waivers will be considered for authors who are unable to pay. **To celebrate the launch of IJEqH there will be a one year introductory period where no processing charge will be levied for the publication of articles.**

All manuscripts for the Journal need to be submitted electronically. More information about the journal and the submission process is located on the website:

http://www.equityhealthj.com

If you have any further questions please contact: Barbara Starfield and John DiLiberti (Editors-in-Chief, International Journal for Equity in Health) at: Email: IJEqH@nc.rr.com

The Newsletter of the Council on Health Research for Development

Research into Action

Do you have an article or story from your country or institution that would make interesting reading for others promoting health research as a tool for development?

Research into Action *can provide a platform for sharing experiences.*

Send all contributions to the COHRED Secretariat.

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Mailing address: COHRED, 11, Rue de Cornavin, 1201 Geneva, Switzerland
Phone: +41 22 591 8900 • Fax: +41 22 591 8910
Email: cohred@cohred.ch • Web site: http://www.cohred.ch
Designed by: The Press Gang, South Africa • +27 31 566 1024 • Email: pressg@iafrica.com
Printed by: PCL, Switzerland • Phone: +41 21 317 5151 • Email: pcl@worldcom.ch