

R Research into Action

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Putting Countries First : The Vision of Lee

Since the last edition of Research into Action, a significant change has taken place on the international health scene: Jong-Wook Lee was nominated 'new Director-General' of the World Health Organization (WHO). As a long-standing partner of WHO, and having recently developed its five-year strategic direction, COHRED has been closely following this change and its implications for future collaboration.

Encouragingly for COHRED, Jong-Wook Lee's principles and vision for fulfilling WHO's goal of the "attainment by all peoples of the highest possible level of health" complement many of COHRED's underlying values and objectives. Dr Lee pledged the following:

1. Loyalty to the poor, member states, countries and their citizens and WHO staff.
2. Focus on results and action in countries by prioritising the use of human, financial and technical resources to achieve measurable results (especially for vulnerable groups).
3. Unifying leadership to encourage partnership between all stakeholders, promote coalition-building in policy-making, resource mobilisation and action.
4. Increased transparency in decision making and management of resources.
5. Commitment to technical and managerial excellence.

In this article, the Research into Action Team outlines the synergy between COHRED's fundamental values and those of the future WHO Director-General.

Promoting equity in health

Now that health has been established on the international political agenda and its importance has been recognised in reducing poverty and inequity, Jong-Wook Lee stressed the need to deal with the inequitable distribution of critical resources. To achieve this, he proposes redressing the inadequacy of resources (human and financial) in many countries and providing the particularly disadvantaged communities with access to basic services and drugs.

Putting countries first

Jong-Wook Lee is committed to improving the health of individuals, communities and nations through country-focused action. In so doing, he has emphasised the need for significant investment in health-care systems and services, the rebuilding of health infrastructure and the strengthening of national capacity. To attain this vision, he plans significant changes for the WHO. The latter will become increasingly decentralised with at least 75% of human and financial resources being allocated to countries and regions. Furthermore, regional health issues will be addressed by policy development at regional level.

NOTICES

Publications

BMA/BMJ Information Fund

The BMA/BMJ information fund provides books, journals, and CD-ROM material from the BMJ Publishing Group at very low cost, and donates other publishers' material at discounted prices, bought through the BMJ Bookshop. The fund welcomes applications from institutions for free medical books and journals. Applicants are requested to write about their organisations: what they do, what other support they receive, and exactly what materials they need. In this way the Information Fund can ensure, as far as possible, that the information is relevant and of high quality.

If you would like to apply to the fund on behalf of a medical school, library, hospital, health centre, or medical association in an area of great need, please email BMJ a detailed request, using the application form on www.bmj.com.

The contact person is :

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Assistant Editor
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Training manual on effective writing

A training manual on effective writing is now available online! Writing for Change, originally published as an interactive CD-ROM by Fahamu and Canada's International Development Research Centre (IDRC), is designed primarily for people working in the not-for-profit sector. Writing for Change is unique as a training resource because it contains major sections devoted not only to the core skills of writing, but also to the two crucial specialised areas of writing - scientific papers for publication in journals and documents to help campaign or persuade. The CD-ROM comprises three sections: Effective Writing, Writing for Science, and Writing for Advocacy.

The training programme can be downloaded from Fahamu's web site (<http://www.fahamu.org>) and is available in English, French and Spanish. *Writing for Change* continues to be available on CDROM, price £ 20.00, from:

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Evidence-based action

Dr Lee's vision for global health in 2015 includes the establishment of a visionary and pragmatic agenda for global health. Accordingly, WHO will call on the world to increase its efforts to improve the health of nations in a realistic, clear and measurable manner. In order to produce tangible health benefits, it will be essential to set clear goals and objectives, specific targets, evidence-based strategies, realistic and well-resourced plans, and effective partnership for action.

Strengthening cooperation at global and regional levels

Jong-Wook Lee's approach combines advocacy for substantial investment in health services and evidence-based strategies for specific health interventions in priority areas. This approach requires strong partnerships to design strategies in order to produce the desired health benefits. Hence, national health sector plans will need reinforcements from global and regional plans of action. This will entail the mobilisation of actors ranging from local to global levels, and the WHO to provide global leadership in catalysing and sustaining such partnerships.

Amplifying the voice and strengthening the participation of developing countries

By improving the knowledge and skills of the WHO staff, the regional and country offices will be strengthened. Thus, enabling these centres to take greater responsibility for country support. At headquarters, the focus will be on setting, directing, monitoring and coordinating strategic directions on global health issues, and the normative functions that support communities and countries as they strive to reach their health goals.

Conclusion

The principles and objectives of Jong-Wook Lee are very encouraging for COHRED and its new strategic direction. By following several of COHRED's underlying values, he is strengthening the importance of our practices for advancements and improvements in global health.

References

Jong-Wook Lee: Director, WHO's Stop TB programme. *The Lancet* 2003; 361: 235.

<http://www.stoptb.org/ManifestoJan03.pdf>

New COHRED Board Member

COHRED has the pleasure to welcome Dr. Mahmoud Fikri (50, United Arab Emirates) as a new Board member.

Dr. Fikri obtained medical degrees (specialising in dermatology) from several institutions including Cairo University and the Liverpool Institute of Tropical Medicine & Hygiene. In 2000 he became a member of the British Royal College of Public Health.

From 1980 to 1988, Dr. Fikri worked for the Ministry of Health as Director of Kalba and Sharjah Hospitals and Director of the Sharjah Medical District. He was then promoted to Director of Curative Medicine at Ministry's headquarters, and later Director General of Hospital Administration. In 1998, he became Assistant Undersecretary for Preventive Medicine of the UAE.

Dr. Fikri has managed AIDS Prevention and Diabetes Control programmes, and is currently managing the National Foundation of Organ Transplant and the National Cancer Control Program. As member of the GCC Executive Board (representing UAE), he led teams for the Gulf Child & Family Health Surveys. From 1996 to 1999 he was a member of the WHO Executive Board and the WHO Health Development Center in Kobe (Japan). Dr. Fikri also worked closely with UNDP and the World Bank on Health Sector Studies in the UAE.

How Healthy are the Netherlands Antilles?

Putting Research into Action

Formulating health policies adapted to the needs of the population requires knowledge in one key area – its health. Whilst health care institutions have data on ill people, they cannot provide information on the general health of the population. In order to collect information for public health policy and health sector reforms of the Netherlands Antilles (taking into account regional variations), a joint project involving the five islands was carried out. In 1999/2000, four studies were conducted in St. Maarten, Saba, St. Eustatius and Bonaire. These followed the same methodology used in the Curaçao Health Study (published in 1996). The interviews of adult inhabitants focused on various aspects of the health status of the population, patterns of health care utilisation and factors influencing health (e.g. lifestyle and social environment).

The findings highlighted three main public health issues on the islands: the most prevalent diseases, high risk groups and issues on health care accessibility.

Diabetes mellitus and hypertension

Two fundamental health problems affect the islanders: diabetes mellitus and hypertension. Throughout the islands, there is a high prevalence of risk factors for both diseases: obesity, unhealthy eating patterns and lack of exercise. By addressing these diseases as public health issues, lifestyle, family, psychosocial, cultural and economic factors could be targeted in health promotion and prevention strategies. To devise a suitable multidisciplinary approach to prevent and manage the

diseases, the participation of health care workers, health educators, patient groups, researchers and policy makers is necessary. Furthermore, the proactive involvement of the population is required to change the negative lifestyle factors.

High risk groups

Women were generally in a disadvantaged position in terms of health. They were more prone to chronic diseases and psychological problems than men, especially if they were of lower socioeconomic status. Another serious risk group were elderly citizens living at home, with the exception of Bonaire where they were fairly active. The elderly of Saba, St. Eustatius and St. Maarten were in relatively bad health with a high prevalence of chronic disorders, visual problems, hearing disabilities and limitations in activities of daily living. They were also prone to mental health problems (especially in St. Eustatius). It was therefore recommended that health policies focus on these groups and that further research be carried out.

Access to health care

Many of the islands only provide limited health care facilities due to their size. For instance, there is only one GP on Saba and there are generally very few specialists. This is reflected in the accessibility of services, such as dental services in Saba, where a dentist only visits once a week. In addition, there is a lack of awareness concerning the importance of dental care and the need for increased outreach to the most disadvantaged groups.

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Conferences

ECUADOR: Meeting of the National Forum for Health Research

The recently established National Forum for Health Research is organising a National Meeting on May 14-16 2003. It will be held in Ibarra (Northern Ecuador). It is open to all investigators, be they individuals or representatives of an institution.

This event is organised by the Northern Technical University and coordinated by the Institute Juan César García, with the support of FUNDACYT, CONESUP, CONASA as well as international bodies.

This meeting will provide an opportunity to:

- Share and discuss national and international experiences in health research for development
- Discuss key components of the research process (management of national health research, health research financing, capacity development)
- Continue with the collective process of updating National Policy for Health Research

To find out more on the Forum, please contact:

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NOTICES

General

Getting Research into Policy and Practice (GRIPP) website

Website: <http://www.grip-resources.org/>.

The 'Getting Research into Policy and Practice' (GRIPP) website is a resource produced by, and written for, researchers in order to maximise the impact of their research on policy. It is believed that through the sharing of experiences and ideas from a range of projects and programmes, researchers will be able to achieve greater utilisation of their own research in the development of policies. The site is funded by UK Department for International Development (DFID), and managed by JSI UK.

Call for Research for Policy Grants

The Alliance for Health Policy and Systems Research announces its 3rd call for Research for Policy Grants. The topic for this round is Health System Development and Scaling-Up Priority Services.

Deadline: 30 June 2003

Research proposals should aim to improve health in low and middle income countries through applying quantitative and/or qualitative methods to the understanding and explanation of critical issues in the scaling-up and integration within national health systems of priority health services and disease control programmes.

The call and format can be found on the Alliance Web site together with guidelines for application.

Alliance for Health Policy and Systems Research

World Health Organization

CH 1211 Geneva 27, Switzerland

<http://www.alliance-hpsr.org>

Another important issue for the health care of the islands, is the medical insurance system. Over 31% of the population in St. Maarten is not covered by medical insurance. Moreover, of those insured, many are not covered for more specialised areas such as dentistry. As a result, they are a high risk group both on a personal level as well as for the health care system.

Turning research into action

These studies show a participatory and inclusive approach to dealing with health issues as well as providing essential knowledge for sound decision-making. The findings (including regional differences) as well as recommendations for improving public health and reducing inequalities in health were presented in a scientific report to the federal governments. Thus providing them with essential knowledge to make sound evidence-based decisions on public health policies. A popular report was also produced for the interviewees, an ethical way of giving useful feedback to subjects of a survey. This project illustrates how research can be used to influence public health policy and contribute to improving the health of the population.

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Grievink L, Fuchs G, O'Niel J, van Sonderen E, Gerstenbluth I & Alberts JF (2002) *How Healthy is Saba? The Saba Health Study: Methodology and main results*. ISOG

Grievink L, Fuchs G, O'Niel J, van Sonderen E, Gerstenbluth I & Alberts JF (2002) *How Healthy is Statia? The St. Eustatius Health Study: Methodology and main results*. ISOG

Fuchs G, Grievink L, O'Niel J, van Sonderen E, Gerstenbluth I & Alberts JF (2002) *How Healthy is St. Maarten? The St. Maarten Health Study: Methodology and main results*. ISOG

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Putting Young Researchers at the Forefront of Implementing ENHR in Kazakhstan

Since the Bishkek Declaration (1999), when the Central Asian Republics and Kazakhstan (CARK) committed themselves to the ENHR strategy,¹ various developments have taken place in the region. COHRED has spent the past few years collaborating and supporting countries in the region with the implementation of the ENHR strategy.

ENHR in Kazakhstan

In 2002, the Kazakh ENHR team identified three key areas of action: capacity development, networking and partnership development and ethics in health research. With the support of COHRED, the ENHR team implemented a series of activities to strengthen national health research. Special attention was placed on providing support to build the capacity of young health researchers and scientists who represent the future of the country's health research.

Supporting young researchers

Since the establishment of the Association of young health researchers (2001), many activities, such as scientific conferences, have been organised. The Kazakh ENHR team provided them with financial, logistical and technical support to carry

out their activities. In 2002, the association organised conferences on TB control in Central Asian countries, advancements in oncology, physiology and on problems of theoretical and clinical medicine. These conferences provided young scientists with the opportunity to share their experience and knowledge in health research as well as discuss priorities in this field. The main outcome was that problems were identified and activities were proposed to improve the effectiveness of mechanisms of research coordination. Reports were also published relating the outcomes of the conferences.

To further build capacity of young scientists, support was also provided to organise seminars at the Kazakhstan School of Public Health as well as other regional medical academies. The programme included items on global

health research priorities, the research planning process, communication in research, problems and research agenda in Kazakhstan and research management. The seminar not only provided participants with the opportunity to share their experience, they also receive essential tools (in the local language) for health research such as the ENHR Handbook and other manuals and publications. The success of these various seminars and conferences led to a plan of action for the future.

The key to the future of Kazakh health research

The Association of young researchers (now part of the national Association of young scientists) is a good example of local initiatives in health research, which are supported at country level. The young researchers are dynamic, enthusiastic and knowledgeable, but often lack the resources (financial and tools) to improve national health research in their countries. The Kazakh team rightly identified this group as essential stakeholders in the future of health research in Kazakhstan.

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The young scientists participating in the seminar at the Kazakhstan School of Public Health.

¹ See *Research into Action*, Issue 17, July-September 1999 for more details on the Bishkek Declaration and ENHR in the CARK.

NOTICES

General

Call for applications: Strategic Social, Economic and Behavioural Research

The TDR programme (WHO) is inviting applications for collaborative research grants to be awarded to research institutions and scientists from least-developed endemic countries (LDCs), and from high-burden countries on:

- Determinants of inequality of access to prevention, therapy and information;
- Implications of changing economic, social, political and civil structures (including health reforms) for disease persistence, emergence, resurgence and factors affecting them such as drug and insecticide resistance.

Particular interest goes to supporting projects that involve South-South and South-North partnerships between institutions and individuals and will contribute to research capacity building for social science research in disease-endemic countries. For group projects, and in exceptional cases individual projects, the Committee will consider projects that require greater levels of funding.

Applicants should complete the collaborative research grant application form (available at: www.who.int/tdr/grants/grants/collgrant.htm)

Alternatively, forms can be requested from TDR by emailing tdr@who.int. Applications must be received by Friday, 20 June 2003

For more information, please contact:

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Resource Flows for Health Research in Cameroon and Tanzania

If resources for health research are to be used effectively and efficiently, consistent with research priorities, mechanisms are needed to ensure the coordination and monitoring of resource flows over time. Measuring the flows of resources will also help to monitor shifts in the allocation of Research and Development (R&D) funding towards the most important health conditions and determinants. This will also help identify the neglected areas that do not attract sufficient funding, and avoid the unnecessary duplication of research efforts. Furthermore, resource flows data can be used for advocacy purposes, for instance to indicate the inadequate allocation of resources by a government or organisation for health research. An increasing number of countries have decided to make an effort to obtain baseline data on health research funding.

This article highlights the results of studies recently carried out in Cameroon and Tanzania. Although very different approaches and methodologies were used, certain general conclusions can be drawn which may be useful for others initiating similar work.

Cameroon

The Cameroonian study attempted to incorporate public and private sector institutions and international agencies that provide and/or use funds for health research. Questionnaires were sent to 160 institutions, the response rate was low with only 38.1%. Reluctance to respond was especially noted in the public and private sectors. A possible explanation was that private researchers (including university professors) were not willing to disclose the funds received from international agencies for fear that such a revelation would cause an even lower level of commitment from the government to increase their research allowances. Data were complemented through key-informant interviews and the review of secondary sources. General trends can be identified, even though estimates of overall resource flows for health R&D cannot be made at this stage due to the low response rate.

The years under study were 1997/1998 and 1998/1999. During this period the study showed that funding for health R&D projects came from the public sector (193.000 USD and 297.000 USD respectively for the two periods of the study) and from international agencies (1.33 million USD and 1.35 million USD respectively for the two periods of the study). Foreign funds still provided the lion's share of health R&D project funding.

The Ministry of Public Health emerged as the highest consumer of health R&D funds (58% and 51% of all funds during the two years under study). Most of the funds from international agencies were directed towards the Ministry of Public Health either as loans or grants. In the private sector, researchers ranked as the highest consumers (25% of the funds for both years). These private researchers were mostly university professors who secured funds from international agencies both from within and outside the country.

The Ministry of Public Health in Cameroon did not have a clearly outlined health research agenda for the country. The National Health Development Plan (1998-2008) did not identify health research as one of its objectives. This caveat forced donor agencies (the major contributors to health R&D funding) to allocate resources to the areas they perceived as essential. The data from this study will be used during a National Priority Setting workshop that will take place April/May 2003.

Tanzania

The Tanzania National Health Research Forum conducted a study in 2002 to assess the fund flows to health research institutions in Tanzania during the period of 1991 – 2000. The overall objective of the study was to determine the level of core funding and of project funding for health research and to devise ways of improving resource flows for essential national health research. The ten institutions involved were visited and at each one, the income and expenditure statement of the annual audited final accounts reports for the years under study were reviewed and recorded. The retrieval rate was high (92%). Due to problems with the retrieval of data from one organisation, this institution was

excluded from the analysis. The study did not intend to provide a complete picture of health R&D funds in the country.

The annual average fund inflow was USD 47.5 million, of which the core funding represented 88% of the inflow and the research funding 12%. The main contributor to the annual core funding was the government (average 62%). Other sources of income for core funding were: own generated income (26%) and donors (1%). The main project funders were external donors, contributing an average annual project funding of USD 4.9 million.

The study does not attempt to link the resource flows to the national health research priorities identified in 1999. However, the data illustrate that research projects in Tanzania are still dominated by external funding.

Conclusion

Both studies illustrate that project funding for health research is mainly coming from external sources. This places a responsibility on national health research managers and policy makers to ensure that external funding is channelled to the research areas essential to national health development. National health research agendas are essential tools, together with

resource flows data, to advocate for such an evidence-based allocation of resources. Cameroon is currently in the process of setting its research agenda. Tanzania has already identified its research agenda and the challenge now lies with the Tanzania Health Research Forum to use both data sets as powerful tools for negotiation with funders both from inside and outside the country. The Tanzanian Health Research Forum contributed to the acknowledgment of the importance of research by the government. The latter is therefore expected to allocate more funds for research if it considers it an essential tool for sound health policy decision-making.

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- Tanzania Essential National Health Research, Priority Setting Workshop. Arusha, Tanzania, 15-21 February 1999

List of institutions included in the Tanzanian study

Category	Name of institution
Government department	National Institute of Medical Research Tanzania Food and Nutrition Centre Tanzania Pesticide Research Institute Commission of Science and Technology
Academic/Research institutions	Muhimbili University College of Medical Sciences University of Dar es Salaam Sokoine University of Agriculture
Hospitals	Kilimanjaro Christian Medical Centre
Others	Ifakara Health Research Development Centre Economic and Social Research Foundation

Science and Technology:

One of NEPAD's tools for the Redevelopment of Africa

New Partnership for Africa's Development (NEPAD) is an initiative which was proposed by the heads of states of five African countries, Algeria, Egypt, Nigeria, Senegal, and South Africa. The initiative is a response to increasing concerns that Africa lags behind the rest of the world in economic development because of political and social instability coupled with low investment in science and technology.

NEPAD is a mandated initiative of the African Union and works within its framework. The proponents of NEPAD believe that it presents an opportunity to end Africa's scourge of under-development. This optimism is based on the fact that there are the necessary resources to launch a global war on poverty and under-development (including capital, technology and human skills). As the result of a new global partnership, based on shared responsibility and mutual interest, these resources exist in abundance in Africa.

NEPAD stresses the significance of science and technology in eradicating poverty and promoting sustainable development. Its vision and strategic framework for the redevelopment of Africa suggests a role for local scientists in its implementation.

NEPAD recognises that Africa is losing trained scientific personnel to the more developed nations. This is primarily due to the opportunities of pursuing research in a sophisticated environment and the substantially higher remuneration. Nevertheless, Africa has scientists with the skill to forge local and international partnerships. Implementing effective health interventions depends on Africa's ability to retain these scientists and on the willingness of planners and programme managers to use local research findings.

To maximise productivity in science and technology development, national systems of innovation need to be established. They should incorporate highly motivated scientists, adequate funding, functional science and technology institutions, organisations and policies. These will blend together in a constructive fashion, with the aim of meeting common social and economic goals.

Furthermore, scientists and research councils should cooperate and develop science and technology databases, by linking them to existing ones to minimise duplication and facilitate their use.

A three-day workshop on science and technology was hosted by South Africa's department of science and technology in conjunction with NEPAD (February 2003). The main focus was on the contribution of science in achieving NEPAD's aims. The high level gathering attracted delegates from across the continent.

In his opening address to the meeting, Dr Ben Ngubane (South Africa's minister of arts, culture, science and technology) stated: "Africa's burden of hunger, disease and under development is directly linked to low levels of investment in science and technology... Which has resulted in a deep and almost insurmountable knowledge and development chasm between the continent and the rest of the world."

During the meeting, it was suggested that a panel of eminent scientists and industrialists be appointed to develop strategies for different scientific fields. The resulting recommendations would then be taken to an inter-governmental working group, which would have potential backing to take the scientists ideas forward.

However, this requires the mobilisation of resources and their proper application through a bold and imaginative leadership that is genuinely committed to sustained human development and poverty eradication.

Through NEPAD, African leaders plan to give the continent a determined voice in its own destiny while simultaneously welcoming constructive engagement with developed countries.

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COHRED and the Regional Fora:

Working Together to Strengthen Health Research at Country Level

COHRED has promoted and supported regional networking and networks as fundamental tools, principles and approaches in the implementation of the ENHR strategy and related work plans at country level. Immediately after COHRED's establishment (1993), significant developments took place at regional level, with Africa and Asia at the forefront of regional networking. Prime movers from these regions set up the African and Asian ENHR Networks in 1994. Thus, providing the regions with a platform for countries to share their experiences in implementing the ENHR strategy.

Growing role of regional networks

These regional networks played an important role in the consultative processes (which COHRED facilitated in six geographical regions) in the run-up to the International Conference on Health Research for Development (Bangkok, 2000). A decade after the publication of the Commission's report,¹ the consultative processes provided the regions and COHRED with the opportunity to take stock of the role of health research in development.

In Africa and Asia, the ENHR Networks took the lead in organising and guiding the consultations. As a result of the increased visibility of these networks, a regional dimension for health research was acknowledged during the Bangkok conference. In the context of the conference, it was proposed that regional health research forums be set up to serve as platforms for cooperation and collective research for development. The Bangkok Action Plan further articulated certain functions and activities which could be executed at regional level, related to the four functions of health research systems: knowledge production, use and management; capacity development; governance and financing.

Post-Bangkok regional developments

To strengthen health research for development, the Asian and African regional consultative processes and the Bangkok recommendations emphasised the need to set up regional fora. In November 2001, the Asia and Pacific Health Research Forum (APHRF) was established. It would serve as an independent forum where country and regional stakeholders could discuss and find ways of developing and sustaining an effective health research system within and among countries in the region. A year later, the African Health Research Forum (AfHRF) was established. It aimed to facilitate, support and enable all stakeholders in the region to undertake, process and implement health development programmes, health research and related activities. Stemming from the African and Asian ENHR networks, the fora strived to include other key stakeholders from the regions.

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

NOTICES

Conferences

HELINA 2003 Conference (HELth INformatics in Africa)

Information and Communication Technology in the Fight against HIV/AIDS in Africa

13 to 15 October 2003, Sandton Convention
Centre, Sandton, Johannesburg, South Africa

The fourth HELINA conference will focus on communication and information technologies (ICT) in the fight against HIV/AIDS in Africa. The conference will bring together expert clinicians and researchers in HIV/AIDS with regional and international experts in health informatics in a unique forum. The goal of this meeting is to introduce all participants to the broad range of issues of mutual concern facing those who develop and manage HIV/AIDS interventions, and the potential for information and communication technologies to further fulfil these aims. The conference will have four tracks: clinical care, public health infrastructure, public policy and research (including clinical trials).

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VI Regional Congress on Health Sciences Information (CRICS VI)

Puebla, Mexico, May 6-9, 2003

The theme of the sixth Regional Congress on Health Sciences Information, is "Knowing to Decide": *Scientific and Technical Information for Health Decisions*. The congress will be jointly organised by the Latin American and Caribbean Center on Health Sciences Information of the Pan American Health Organization (BIREME), in coordination with the National Institute of Health (Mexico).

For more information, and to register
online, please visit:
<http://bvs.insp.mx/crics/en/homepage.htm>

SHARED Network

SHARED helps to bridge the digital divide and promotes the democratisation of information. Through its decentralised structure, it transfers advanced technology to benefit disadvantaged areas of the world. Since its establishment, it has become a Network of local, national and regional Networks facilitating the access and flow of information among scientists, organisations, funding agencies, public health managers and policy-makers to promote development and south-south collaboration.

SHARED's objectives are to:

- Promote cooperation and exchange of information and technology within the Network;
- Promote the development of a technical platform and tools for common use in the Network;
- Support South-South cooperation and avoid duplicating efforts to solve common problems;
- Work towards a North-South balanced relationship on research production and results dissemination;
- Promote access to relevant sources of health peer-reviewed and grey literature in disadvantaged areas of the world;
- Promote the use of advanced Web based technology at local level adapted to users needs.

To find out more about SHARED Network visit their website at <http://www.shared-global.org> or contact SHARED Network at shared@nwo.nl



Participants at the Steering Committee meeting in Manila.

Since their creation, they have seen developments at regional level and sub-regional level. The following examples illustrate certain key developments which are taking place.

At the last Steering Committee meeting (Manila, January 2003) a 'sister' partnership between SHARED Asia-Pacific and APHRF was proposed to facilitate networking and sharing of information in the region (see box on SHARED). The Forum would act as a health research network of SHARED Asia-Pacific while the latter would provide the IT backbone of APHRF in support of the Forum's knowledge management mandate. Similar discussions have been taking place between the AfHRF and SHARED in order to facilitate regional networking.

Meanwhile, in the Pacific, significant developments are taking place to promote national health research. The Pacific Health Research Council (PHRC) has begun working towards strengthening the current national research committees and national capacity to carry out health research relevant to country-specific health problems. The PHRC intends to develop a Pacific model for National

Health Research Systems. This model will contribute to the development of necessary mechanisms to ensure efficient coordination and management of health research and its translation into appropriate policies and programmes. It will generate a standard prototype relevant to the Pacific and sufficiently flexible to account for the uniqueness of each country (i.e. health problems and priorities). These experiences will be important for other actors in the region. The APHRF will provide a platform for stakeholders to share these experiences.

In Africa, the francophone African countries maintain an active network and exchange information on progress made in essential health research. In anticipation of the launch of the AfHRF, countries from the francophone sub-region explored their opportunities and their roles as a sub-regional network as well as their relationship with the forum. It was felt that close collaboration with the AfHRF should be encouraged to overcome isolation. However, the necessity to maintain a francophone network was also highlighted as this sub-region has its own specific needs that should be addressed at that level.

Collaboration between the regional fora and COHRED

With the development of these new and independent structures and COHRED's new strategic direction,² it has become necessary to identify areas in which the different actors can work together to ensure that health research for development benefits the countries. COHRED will therefore continue to strengthen and support regional networks in relation to its country first principle, whereby COHRED only works at regional level when there is added value to direct country level activities.

The importance of regional fora at all levels of intervention is reflected in the regional dimension of COHRED's work (part of its present strategic direction), where the regional fora and other health research networks will:

- Facilitate the support to countries for the strengthening of effective and sustainable health research systems (NHRS);
- Play a key role in amplifying the voice and strengthening the participation of developing countries in the global health research context; and
- Ensure strengthened cooperation at regional level, involving other regional players, to achieve a better

coordinated and focused support of health research at country level.

The future

It is only through continuous efforts at national, regional and global level that the needs of the populations, especially the most disadvantaged will be addressed. The APHRF and the AfHRF have tremendous potential to promote and use evidence to develop health policies and systems appropriate to their regional health issues and priorities. These fora are essential for strengthening national and regional health research systems and networks. By providing support and working with them, COHRED is fulfilling its operational principle of putting countries first.

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² See the feature article in Newsletter 30 (December 2002)



Ms Griet Onsea, Prof Mutuma Mugambi and Dr Soumaré Absatou N'Diaye at a meeting in Entebbe.

Politics & Global Health: The Challenges of Health in a Borderless World

In a previous issue of *Research into Action*, we presented a report on a new programme launched by the US Bureau of Educational and Cultural Affairs and the Council for International Exchange of Scholars. The Fulbright New Century Scholars (NCS) Program (launched in 2001) is intended to build on the strengths of the individual exchange programme and provide a forum for international, interdisciplinary collaboration amongst groups of researchers around a chosen issue. Global Health was selected as the subject of the first collaboration. A year later, the scholars reconvened to discuss their joint findings and propose new ways of thinking and acting for practitioners in the field.

COHRED's belief - think globally and act locally - has again been vindicated by the findings of the first Fulbright New Century Scholars (NCS) programme. In November 2002, the findings were presented in a day-long plenary meeting between some 150 global health experts, government policy makers, and representatives from the World Bank, foundations and think-tanks.

Thirty scholars from 19 countries combined their expertise to prepare a portfolio of research which described and analysed the relationships between globalisation and health status, services, and policy. In a statement of the key findings, the scholars proposed new ways of thinking and acting in this field, determined from the year-long practical experience of collaborating across many borders (disciplinary, methodological, political, and cultural).

The findings were particularly bleak in terms of global public health, with no improvement in health conditions in many countries – and worsening in others. “Disparities among and within nations remain an issue of great concern,” the statement says. Violence, war and the effects of globalisation have resulted in increased cross-border traffic in health-threatening risks. The findings highlight the vulnerability of

local perspectives and traditions, and the importance of respecting differences. Overall, globalisation has ensured that good health today is as much a political and economic challenge as a medical and scientific one.

The NCS identified six key social determinants of health as priorities in terms of global health as well as important factors for public health policy-makers. These were: poverty; economic and ethnic inequalities; violence; war; environmental degradation; access to health care services and technologies.

The overall lessons conveyed by the NCS are that:

- War and poverty have had a devastating effect on both physical and mental health;
- The lack of access to Primary Health Care, inadequate public health infrastructure, environmental threats, and violations of ethical principles and basic human rights has debilitating consequences;
- Health inequities within and among nations pose a serious threat to life expectancy, gender, ethnic equality and human dignity.

After having shared their findings, the NCS were asked to evaluate the

effectiveness and value of their experiences. The group proposed a research area to be known as Global Health Studies. The NCS statement reads “As scholars concerned with knowledge production and dissemination, we propose to act as advocates for innovation in the following areas: research, training and capacity building, community involvement/services, and policy”. The statement encourages public and private funding agencies to get behind this initiative and place Global Health Studies on their priority agenda, so as to overcome the existing divisions between domestic, international and global funding.

Further reading:

- 1 Issue 26 of *Research into Action* “Global Health studies based on local realities”
- 2 NCS press release at www.cies.org/pr_NCSplenary2.htm

For more information on the New Century Scholars Programs, consult the website, www.cies.org, or contact the: Council for International Exchange of Scholars
3007 Tilden Street
NW, Suite 51
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The newsletter of the Council on Health Research for Development is published four times a year.

RESEARCH INTO ACTION is issued complimentary upon request.

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Printed by: PCL, Switzerland • Phone: +41 21 317 5151 • Email: pcl@worldcom.ch