



Research into Action

Inside this Issue

| | |
|--|---|
| The Role of Equity in Health Sector Responses to HIV/AIDS | 2 |
| Directing Brazil's Health Research Resources towards Health Priorities | 3 |
| Transforming Azerbaijan's Health Research System | 4 |
| Health Research in Burkina Faso: The Impact of External Funding | 6 |
| Health Research Coordination in Mauritius: Working together for Health Research System Development | 7 |

COHRED's vision

Attain a system of effective health research to improve health and development in all countries, based on the values of equity and social justice.

COHRED's mission

Work towards improving health and development by enhancing effective NHRs especially in developing countries (based on the ENHR strategy). This contributes to the development and strengthening of countries' capacity to manage research on priority health problems and utilise the results to improve the health of their populations.

In the last issue of *Research into Action* of 2003, findings on monitoring resource flows in health research are reported for Brazil and Burkina Faso. They present very different strengths, challenges and ways of conducting health research. In the case of Brazil, there are significant human, infrastructure and financial resources. The challenge mostly lies in directing these resources towards Brazil's health priorities. In response to these challenges, the recently elected government has begun a process of developing a new policy and defining health research priorities. Ultimately, the aim is to attain a more efficient, equitable and ethical health research system as well as generate more financial resources.

Burkina Faso, on the other hand, is faced with challenges that affect countries highly dependent on external funding. The strong commitment from key stakeholders is not enough to direct health research towards national priorities if there are insufficient funding opportunities. There are therefore two essential strategies to follow. First of all, research priorities should be regularly revised at national level to ensure their pertinence to national needs. In addition, the coordination of research institutions needs to be improved to ensure an optimal orientation of the scarce national resources towards the priorities. Secondly, with well-defined priorities and better coordination of national efforts, Burkina Faso could be in a better position to negotiate with external agencies to channel funding towards national priorities. The examples of Brazil and Burkina Faso emphasise the importance of a system approach to health research and underline the ineffectiveness of isolated initiatives in changing a system.

The importance of combining vertical (disease oriented) and horizontal (health system oriented) approaches to address major health issues is underlined in the article on EQUINET's recent programme and workshop on 'Equity in Health Sector Responses to HIV/AIDS in Southern Africa'. EQUINET emphasises the need to tackle HIV/AIDS by combining both approaches in order to address the health needs of the most disadvantaged groups. Thus, efforts to expand access to treatment need to include more investment in health systems to optimise the impact.

The necessity to reform health research and health systems is also the focus of an article on Azerbaijan. Having inherited a state-owned, centrally planned and managed health system, the transition to a market economy saw an initial worsening of health care. After independence, Azerbaijan was in a situation where the old system could not be maintained and nothing had been set up to replace it. In this article, the first steps towards developing a more effective and efficient health research system are reported.

Finally, issues concerning the coordination of health research are discussed in the context of Mauritius. Despite being a small country with a limited number of actors in health research, the coordination between these actors is inefficient leading to duplications and poor use of available resources. To improve the coordination of efforts, the African Health Research Forum as well as other important actors facilitated recent consultations and workshops in Mauritius.

The *Research into Action* team

The Role of Equity in Health Sector Responses to HIV/AIDS

HIV/AIDS has had a profound impact on health and health equity issues in Southern Africa. Due to the enormity of the challenge, health services have been unable to provide communities with access to prevention and care. Whilst access to anti-retroviral (ARV) drugs is benefiting a larger fraction of people, there still remains a fundamental challenge – make prevention and care available to the poor. To ensure that access to treatment is not limited to the wealthy, the wider health system's needs for sustainability and equity have to be addressed.

Putting equity in the response to HIV/AIDS

In response to these needs, the Regional Network for Equity in Health in Southern Africa (EQUINET) and Oxfam GB, together with governments, national institutions and civil society initiated a programme of research, policy analysis and intervention on equity in health sector responses to HIV/AIDS. The programme reviewed policy issues relevant to equitable health care responses to HIV/AIDS in Malawi, South Africa, Tanzania and Zimbabwe, as well as at regional level. Specific attention was focused on the health personnel and food security dimensions.

During the 13th International Conference on AIDS and Sexually Transmitted Infections in Africa (Nairobi, September 2003), EQUINET and Oxfam held a workshop on 'Equity in Health Sector responses to HIV/AIDS in Southern Africa'. The interim findings of the programme provided the basis for the workshop. These findings highlighted the recognition that issues of access to care and treatment for HIV/AIDS cannot be separated from wider health equity concerns at national, regional and global level. Problems such as the brain drain of health personnel, the significant resource diversion to debt servicing; the volume and quality of donor assistance; and conflicts over exercising full flexibilities for public health in global

trade agreements on intellectual property rights, provide a hostile global context for national health sector responses to AIDS.

The session also noted that at regional and country level, the justice of demand for access to treatment combined with insufficient resources (i.e. for treatment, health and development) need to be addressed to create an environment where the risks of HIV/AIDS are reduced. Caution was expressed at over-medicalising the response to HIV/AIDS, particularly if it draws resources away from nutritional, schooling and other interventions critical to preventing and managing the epidemic.

What can health sectors do?

Whilst efforts have been made by health sectors to expand access to treatment within health systems, they remain inequitable and problematic. For instance, there are shortcomings in the capacity to deliver basic services (such as primary health care) as well as the loss of health personnel to better paying sectors and/or countries. Evidence indicates that these factors need to be addressed when new resources are being allocated for treatment to avoid resource diversion. Given that global and national resources do not currently enable access to treatment for everyone who needs it, approaches and criteria for rationing must be subject to more transparent and informed debate. Approaches proposing a more rapid outreach need to be assessed and prioritised. The real impact of NGO-managed projects on health systems (e.g. personnel and other resource diversion) needs to be assessed. Thus, ensuring that NGO activities are complementary to public health services and work focused on AIDS is horizontally integrated within health systems. Further research needs to be carried out to provide evidence on the most equitable and cost-effective measures as well as estimations of the resources needed to improve treatment access within a prevention, treatment and care continuum.

Where to go from here?

The programme and workshop emphasised the need for urgent attention and resources to improve access to treatment, particularly through the strengthening of health systems. In addition to contributing to advances in the treatment, research also brought to light the inequities in the combat against HIV/AIDS. Well-intentioned efforts to expand access to treatment need to include more investment in health systems to optimise the impact. At country and regional level specific proposals have been made to integrate resources for access to treatment into wider frameworks of support for health systems. The studies also suggested that equity gains can be made by introducing treatment through services that demonstrate linkages between prevention and care, district level services that have adequate clinical and outreach capacity, and services used by more vulnerable groups, like pregnant women. Thus, equity needs to be at the forefront of the fight against HIV/AIDS.

EQUINET and Oxfam GB will be holding a regional meeting in Harare on February 15 and 16 2004 to review the findings of the work to date, to identify policy and programme recommendations and discuss the follow up research, monitoring, programme support and policy advocacy in adherence to these recommendations at national and regional level.

The reports of the EQUINET research carried out in 2003 can be found at www.equinet africa.org/policy.html under EQUINET Policy series, Discussion papers 6-12.

For further information please contact:

Dr Rene Loewenson
The EQUINET secretariat at TARSC
47 Van Praagh Avenue
Milton Park
Harare
Zimbabwe
Email: admin@equinet africa.org

Directing Brazil's Health Research Resources towards Health Priorities

At first glance, Brazil's health research sector looks impressive. It is characterised by substantial human resources, reasonable infrastructure, independence from external funding and non-negligible public funding. Despite these advantages, certain key issues need to be addressed to make health research in Brazil more effective, efficient and equitable. This article reports on the new government's (which took office in 2003) steps towards developing a new policy for health research.

Rational for developing a new policy

The absence of an explicit health research agenda has meant that health research has not adequately addressed national health priorities, nor have the available resources been channelled towards them. In 2001, the Brazilian public sector spent over US\$ 200 million (excluding personnel expenses) on health research. While approximately 80% of these resources were granted through a peer review process and under competitive conditions, they did not specifically follow national priorities. Unlike other developing countries, Brazil is in an advantageous position as it is not dependent on external financial resources. Thus, the government is in a position to influence how funds are spent in health research.

Based on national and international experience, the Ministry of Health (MoH) needs to play a central role in structuring national efforts in health research. The MoH has therefore already begun elaborating a science, technology and innovation health research policy as well as developing a priority health research agenda.

In addition to structuring national health research efforts, the policy and priorities will be used to mobilise more resources in response to Brazil's needs.

Principles and aim of the policy

Inequality is the Achilles' heel of Brazilian civilisation. All progress attained across board – including the health sector – has been overshadowed by consistent inequality. Indicators for regions as well as for different social groups underline high social discrimination concerning health in patterns of morbidity, mortality, access to services, quality in service procedures, and availability of health infrastructure. The commitment to fight this seal of inequity in the health sector (i.e. increasing equity patterns of the health system) is the basis for developing the new policy.

As in many other developing countries, Brazil has to deal with important ethical issues in health research. Increasing restrictions in developed countries regarding experiments within their borders have led to the exportation of research projects, particularly protocols of clinical and vaccine trials. As a result, certain of these protocols are applied to developing countries' populations under circumstances that would not be acceptable in the North. Thus, as part of the new policy, the second principle will be the strict respect of ethical patterns in research.

Finally, an important historical feature of Brazil's system of research support was its low selectivity, in other words its insufficient capacity to establish priorities and follow them. Priorities have usually been based on global scientific research and guided by the interests of developed countries.

This choice of research areas has been attributed to the lack of explicit priority research guidelines in health policies. To make this policy more selective (according to the country's health interests), it is necessary to direct research according to priority health issues. Furthermore, the health research policy needs to pay special attention to technological development and innovation. This is fundamental as the country has an important domestic market of industrial inputs assigned to health, such as medicines, vaccines, diagnostic kits and equipment. During the 1990s, Brazil lost its competitive place in the market to other developing countries (i.e. China and India). Re-establishing its competitive position is the basic task of the technological policy in health.

Setting priorities in Brazil

In June 2003, the process of developing an agenda of priority health research issues began with the study of Brazil's health conditions. This led to the development of a list of sub-agendas and subsequently the identification of research themes for each sub-agenda. These themes were identified during a national seminar involving 400 health researchers, managers and authorities. Furthermore, a more detailed list of research themes is being developed, and its results will be presented at the National Conference on Science, Technology and Innovation in Health (May 2004).

The health research agenda will play an important role in guiding the MoH's allocation of financial resources towards scientific and technological research. The agenda is also expected to contribute towards the growth of these resources. In addition, the

establishment of a funding agency for health research has been proposed to further link research funding and health priority issues. Although the structure of this agency has not yet been decided, it is clear that it should be connected to the health research agenda. With these priorities and agenda, Brazil will be in a position to direct its significant human, infrastructure and financial resources towards addressing the health needs of a larger fraction of society as well as becoming more competitive in the science and technology sector.

For further information please contact:

Prof Reinaldo Guimarães

Director

Secretariat of Science, Technology and
Strategic Inputs

Department of Science and Technology in
Health

Ministry of Health of Brazil

Esplanada dos Ministérios

Bloco G, Ed.Sede, 8º andar, Gabinete.

70058-900 Brasilia DF

Brazil

Email: rfg@saude.gov.br

Transforming Azerbaijan's Health Research System

It was amidst the collapse of the Soviet Union, political turmoil, and war with neighbouring Armenia that Azerbaijan gained independence in 1991. Having been part of the Soviet Union for over 70 years, Azerbaijan inherited a centrally organised hierarchical structure. Thus after independence, it suddenly found itself in a transition phase, where the old system could not be maintained but nothing was set up to replace it. Like other sectors, the health one faced many challenges. In this article, these challenges and the latest initiatives to address them will be reported.

Health research under the Soviet health system

Under the Soviet Union, health policies were set by Moscow. The health system was state-owned and was the result of central planning and management. The Soviet health system provided a wide coverage of healthcare facilities and extensive immunisation programmes, in an attempt to provide free and accessible services to the entire population. It relied on governmental support (subsidies) for drugs, the development of highly specialised health services and the establishment and promotion of academic medical institutions. This centralised system was also characterised by its rigidity, lack of planning and management at local level, as well as State monopoly on the financing and provision of healthcare. Under this system, hospitals were prioritised, receiving 70% of the budget, whilst little funding was allocated to primary health care. This vertical organisation led to higher quality of care in cities, at the expense of rural areas. It was therefore inefficient as well as not being cost-effective.

The effects of the transition on the health system

Following independence, the health system was characterised by a decline in access and quality of services. Despite introducing reforms and projects to strengthen primary care, the structure of the health system was still largely based on the Soviet one. In the early 90s, the health system's funds were constantly decreasing and becoming insufficient to maintain the complex Soviet structure.

In 1993, an evaluation of the public health sector was carried out to curtail the crisis. As part of a strategic programme for the development of economic and social infrastructure, reforms were defined to reorient the public health system as well as improve the organisation and provision of medical aid for the population. The aim was to create a new system of state management. It would ensure that all aspects of the system would be reorganised and function more effectively.

Introducing ENHR in Azerbaijan

Health research experienced a number of difficulties due to political changes. The previous scientific networks and partnerships as well as coordinated organisational and financial structures and research have either disintegrated or disappeared. The Ministry of Health (MoH) therefore decided to implement the ENHR strategy (in collaboration with COHRED) to improve the effectiveness and efficiency of health research in Azerbaijan. The main objectives of this cooperation were to develop a health research system based on ENHR. This would involve setting and implementing national health

NOTICES

Conferences

Call for Applicants for a Writing Skills Workshop

The Southern African Regional Network on Equity in Health (EQUINET) in cooperation with The University of New South Wales (Sydney, Australia) are calling for participants to attend a workshop entitled *Capacity Building: Skills Workshop On Writing For Peer Reviewed Journals*. It will be held in Durban (South Africa) on June 4-7 2004.

This workshop is designed to support capabilities for effective dissemination of the significant body of research results coming from EQUINET activities through scientific journals and publications.

To participate in the workshop, please send applications to admin@equinetafrica.org by 26 January 2004. Due to limited places in the workshop, early application is advised.

For further information, please consult the EQUINET website at www.equinetafrica.org

research priorities, strengthening leadership and managerial capacities, as well as analysing and facilitating the financing of health research.

In 2002, discussions between the MoH and COHRED led to the development of a plan of activities (prepared and approved by the Minister) focused on developing a sustainable medium term strategy based on priority needs selected by scientific experts and the MoH. Meanwhile, short-term activities were defined, including the dissemination of information and consensus-building around health research system development. The most relevant COHRED documents were translated into Azeri and distributed. Meanwhile, the process of elaborating ENHR training modules for the recently established National Health Training Centre was started and plans were made to establish a national ENHR Network.

A meeting was later organised (September 2002) to bring together representatives of 16 research institutes, to explain the recent cooperation with COHRED, and its purpose. The participants welcomed these developments as an important exercise in revitalising health research in the country. It was decided that scientists from research institutes would hold monthly meetings to discuss and submit health research projects (received from different institutions) to the working group.¹

In August 2003, a three-day National Workshop was held on 'COHRED and ENHR'. It brought together a hundred specialists from different organisations to discuss current problems of health research and identify priorities for the future. The MoH showed serious commitment to health research. It was recommended to revitalise and strengthen health research on tuberculosis, malaria and malignant tumours. The National Research

Institutes responsible for these areas (i.e. Lung Diseases, Medical Prevention and Oncology) were asked to submit plans of applied research to the Committee on Health Research.² The MoH pledged to fund the projects which were retained. In addition, other recommendations were made during the workshop:

1. Establish a health research committee in the MoH (under the Minister's supervision) responsible for:
 - a. Creating sustainable partnership with politicians and policy-makers, focusing on advocacy aimed at them and enhanced coordination of resource allocation;
 - b. Improving the quality of priority-setting processes;
 - c. Developing interdisciplinary links between different branches and areas of health research to increase effectiveness of advocacy and use of resources;
 - d. Strengthening research management, focusing on quality and processes of research.
2. Initiate negotiations between MoH and international organisations/private sector concerning the funding of health research;
 - a. Improve the capacities of research institutions;
 - b. Strengthen capacity-building of local specialists;
 - c. Meet annually to identify priorities in health research;
 - d. Mobilise existing resources for research areas identified as current priorities;

Conclusion

In sum, the challenges of Azerbaijan illustrate the difficulties faced by countries undergoing a transition to a market economy. After a decade of undertaking damage control, Azerbaijan is now in a position to start building its health research system

using the ENHR strategy. It is only through the commitment and actions of the different stakeholders that this system can be strengthened and lead to a more effective use of health research in addressing the health needs of the Azeri population.

For further information please contact:

Prof Alexander Umnyashkin
Head of International Relations
Administration
Ministry of Health
4 Kichik Deniz Kuc
Baku 370014
Azerbaijan
Email: noa@rambler.ru

- 1 The working group was set up to facilitate and coordinate project activities.
- 2 The Committee was established by the MoH, within the framework of ENHR, to bring together all the leading scientists in the medical field.

NOTICES

The HINARI programme: Bridging the knowledge gap

Launched in 2002, the Health InterNetwork Access Initiative (HINARI) provides institutions in developing countries with free or reduced-price online access to leading biomedical journals.

In this article, Maurice Long describes the services that the initiative offers researchers in the developing world.

HINARI's strengths are that it is technically very simple, offering authenticated users a simple gateway through which to pass directly to their journal of interest. But one of the challenges is that many institutions in the developing world cannot afford the cost of connecting to the Internet, or do not have the necessary computer hardware.

For further information on the article in Biochemist or HINARI, please consult the following websites:

<http://www.scidev.net/Features/index.cfm?fuseaction3DreadFeatures&itemid3D23>

<http://www.biochemist.org/bio/02506/0027/025060027.pdf>

<http://www.healthinternetwork.org/>

Health Research in Burkina Faso: The Impact of External Funding

For an effective and efficient use of health research resources, consistent with research priorities, it is necessary to have mechanisms to ensure the coordination and monitoring of these resources. By measuring resource flows, neglected areas that attract insufficient funding can be identified and duplications of research efforts avoided. In recent years, COHRED has supported a number of countries, such as Burkina Faso, in their efforts to track financial flows for health research. In the case of Burkina Faso, such information was not available until recently. Having previously identified a national research agenda (1997) using an inclusive process, the current study provided a good opportunity to find out whether existing resources have been directed towards these priorities.

The study of resource flows

The objectives of the study were to identify the sources, users and use of health Research and Development (R&D), estimate the amount and nature of expenditure as well as the flow of R&D funds and the main actors involved. Based on this information, a qualitative analysis of the research outputs was carried out as well as an assessment of the link between the expenditures and priorities.

The data was collected using a standardised questionnaire for the period of 1999-2000. The questionnaire was sent to institutions involved in research or supporting activities of health research in Burkina Faso. Close to 70% of institutions responded to the questionnaire, of which 75% of respondents provided financial data. Both quantitative and qualitative methods were used to analyse the flow

of resources from fund providers to users. After analysing the data, a report of the study was published and results were disseminated through workshops. In addition, the Ministry of Health (MoH) was involved in the research team in order to increase the utilisation of the results.

Providers of resources for health R&D

The health sector received funding from the government, international partners, municipalities, the community, private and social insurance. Over the past few years, an average of 8.1% of the national budget has been allocated to the MoH budget. The average annual amount of funds mobilised for health research is 1.7 billion CFA (approximately 3.3 million USD¹). The government (i.e. all ministries) contributes 32% of the health research budget, with the MoH contributing 8% of the total funding for health research activities. Most of the government funding was allocated to academic and research institutions. The external funding made up an important fraction of funding for research activities, providing 66 and 69 percent of the total funds for health R&D for 1999 and 2000 respectively. Meanwhile, the private sector contributed 1 percent of total funds in 1999 and only 0.04 percent in 2000.

Health R&D expenditures

During the period under study, there was an overall increase in funds mobilised and used. International organisations and NGOs as well as research and training institutions greatly benefited from this increase in funds. Applied research was the type

of R&D activity that mobilised most financial resources. During 1999 and 2000, an average of 91% of resources were used for applied research activities, followed by basic research. About 66% to 69% of the resources were allocated to research on health policy and systems issues as well as to communicable diseases, maternal health, perinatal and nutritional conditions (Group I diseases of the Global Burden of Disease classification).

The priorities identified through the national health research agenda, were divided according to vertical and horizontal problems. The vertical ones (disease-related) included malaria, malnutrition, reproductive health and other communicable diseases. Meanwhile, the horizontal problems included issues of management of health facilities, decentralisation, research on drugs, vaccines delivery and epidemiology. The resource flows data of the current study illustrated that (financially) the main priority issue addressed was malaria, as it was the highest determinant of morbidity and mortality. The lack of adherence to other national priorities underlined an important problem affecting many developing countries. Institutions conducting health research set their priorities according to funding opportunities, rather than national priorities, even though they were involved in defining the agenda.

Conclusion

The mobilisation of funds for health research in Burkina Faso remains weak, despite the will of the government to formulate evidence-based policies and practices. Research activities remain highly dependent on external funding

¹ In order to understand the relative value of 3.3 USD in Burkina Faso, the Purchasing Power Parity (PPP) conversion rate was used. By converting the national currency using PPP conversion rates, the funds mobilised would be equivalent to 11.1 million International Dollars (I\$).

(and funding opportunities) and are therefore not necessarily guided by the national research agenda. A regular revision of research priorities at national level, based on an appropriate priority setting methodology, would be a useful strategy to ensure adherence to the agenda. This should be combined with an increased coordination of research institutions to ensure an optimal (re)orientation of scarce resources towards priorities. Through a coordinated

system, Burkina Faso would be in a better position to negotiate with external agencies in order to channel funding towards national priorities.

For further information please contact:

Dr Celestin Traoré
Project officer Health
UNICEF
PO Box 01 BP 5010
Ouagadougou 01
Burkina Faso
Email: ctraore@unicef.org

Health Research Coordination in Mauritius: Working together for Health Research System Development

In 2000, Mauritius took part in the African regional consultative process in preparation for the International Conference on Health Research for Development (Bangkok, 2000). The information collected through this process revealed, amongst other things, that despite being a small country with a limited number of actors in health research, the coordination between these actors was insufficient. To improve coordination and avoid duplication, a proposition was made to set up a national coordination mechanism for health research.

History of the coordination of health research in Mauritius

In 1989, the Mauritius Institute of Health (MIH) was set up as a parastatal body (under the Ministry of Health and Quality of Life - MoHQL) mandated to coordinate health research activities in the country, with a special focus on health systems research. Meanwhile, the Mauritius Research Council (MRC) was established (1992) as a top-level

body to promote, coordinate and fund research and development in scientific, technological, social and economic activity at national level. Health research was therefore carried out under two separate bodies. As a result, many stakeholders saw the need to develop an overall national coordinating mechanism for health research in order to improve the efficiency of the system. In 2001, the MRC set up a Steering Committee on Biomedical Research with the intention of directing and coordinating health research at national level. The committee included representatives from MOHQL, MIH, WHO, universities as well as private sector medical practitioners. Its main objective was to identify key research areas in the biomedical field and direct research towards them. It was recently proposed that the MRC Steering Committee transform its functions to become a body responsible for all health research issues to increase coordination (involving the MoHQL and MIH).

NOTICES

Strategic Social, Economic and Behavioural Research

The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) invites applications for the award of Collaborative Research Grants (CRGs) to research institutions and scientists from least developed endemic countries (LDCs), and from high-burden countries for TDR target diseases on the following two research areas defined by the Steering Committee on Social, Economic, and Behavioural Research (SEB):

- Determinants of inequality of access to prevention, therapy and information; and
- 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.

How to Apply

For the focus research areas and current work plan, please consult the web pages for social research: <http://www.who.int/tdr/topics/social-research/default.htm>

Meanwhile, Detailed Proposal Development Guidelines for SEB research are available at: <http://www.who.int/tdr/topics/social-research/guidelines.htm>. Collaborative Research Grant (CRG) application forms and instructions are available at <http://www.who.int/tdr/grants/grants/collgrant.htm>.

The deadline for receipt of applications at TDR is **Thursday, 26 February 2004**. Applications will be reviewed by the Steering Committee in May 2004.

For further information, please contact:

Dr Johannes Sommerfeld,
Manager
Steering Committee on Strategic Social,
Economic and Behavioural Research (SEB)
TDR,
World Health Organization
1211 Geneva 27
Switzerland
Tel: (41-22) 791-3954
Fax: (41-22) 791-4854
Email: sommerfeldj@who.int

Recent development in strengthening coordination

Based on a proposal of the MIH, the MRC agreed to facilitate discussions and consultations as well as fund and organise a one-day workshop to bring together all the stakeholders and contribute to the elaboration of a strategic plan for National Health Research System (NHRS) strengthening. The MRC requested the presence of a representative from the African Health Research Forum (AfHRF) and/or COHRED at the workshop (September 2003) to provide technical support in facilitating the coordination and the development of a longer-term strategic plan to strengthen the health research system.

The consultation identified – in addition to issues of coordination – the following key challenges for health research in Mauritius: resource mobilisation, capacity strengthening, research utilisation and management, and research ethics. To address these challenges, participants were divided into groups representing each

challenge. During group discussions, the participants had to formulate specific objectives, strategies and activities. Based on the participants' input the Steering Committee now has the task to further elaborate the strategic plan for health research development.

During the consultation, the general direction and strategies were formulated to improve the effectiveness of the health research system in Mauritius. Participants agreed that it was necessary to have an effective structure and coordinating system, supported by an appropriate legislative framework. In addition, the MIH would have a key role in the existing Steering Committee. The latter would be the driving force behind the strategic plan and it would have an advisory role towards the MIH. Meanwhile, the strategic plan needs to be embedded in the White Paper on Health Sector Development and Reform of the MoHQL. This will ensure direct linkage between research and health sector reform to attain more evidence-based decision-making.

Conclusion

Since the African regional consultative process, Mauritius has been trying to work towards an effective and efficient NHRS. As in many other countries, it has been difficult to bring different health research bodies together to work towards a common goal. By requesting the intervention of the AfHRF and COHRED to facilitate the process, Mauritius has taken advantage of the technical support that these regional and international bodies can provide to attain a better coordinated NHRS.

For further information please contact:

Mauritius Research Council

La Maison de Carné
Royal Road
Rose Hill
Mauritius

Email: mrc@intnet.mu

Mauritius Institute of Health

Powder Mills
Pamplemousses
Mauritius

Email: mihealth@intnet.mu

Ministry of Health and Quality of Life

Emmanuel Anquetil Building
Port Louis
Mauritius

Fax: (230) 201 3660

Dear Friends,

The staff of the COHRED Secretariat would like to extend to you greetings for the New Year 2004.

We are looking forward to working for an invigorated COHRED under the leadership of the new Director, Professor Carel IJsselmuiden.

My colleagues join me in hoping that 2004 will be a successful year for you and for strengthening health research in your country.

With best regards,
Sylvia de Haan,
Deputy Director

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

This issue of **Research into Action** was compiled by: Sylvia de Haan, Lisa Myers and Griet Onsea

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: info@pressgang.co.za

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