



**RESEARCH PRIORITIES FOR
SCHOOLS OF PUBLIC HEALTH
WITH A FOCUS ON THE
GLOBAL SOUTH**

31st October 2006
18.00 – 19.30

Background paper
Extracts from key documents and declarations
since 2000

Compiled by
Community Health Cell
Society for Community Health Awareness, Research
and Action,
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**Research priorities for Schools of Public Health
– with a focus on the Global South
Special Session : Forum 10, Cairo
31st October 23006**

Background Notes

To provide some background stimulus for the special session, we include below extracts from papers, charters and declarations, mentioned in the earlier background note circulated with the invitation to the Session. This compilation encourages participants of the session to look at new perspectives and new priorities to be discussed at the session and also add their own perspective and suggestions as well.

1. People's Charter for Health 2000

(From first People's Health Assembly, Savar, Bangladesh, December 2000)

- "Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill-health and the deaths of poor and marginalized people. Health for all means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed"
- "Demand that research in health, including genetic research and the development of medicines and reproductive technologies, is carried out in a participatory, needs-based manner by accountable institutions. It should be people and public health oriented, respecting universal ethical principles"
- "Strong people's organizations and movements are fundamental to more democratic, transparent and accountable decision-making processes. It is essential that people's civil, political, economic, social and cultural rights are ensured. While governments have the primary responsibility for promoting a more equitable approach to health and human rights, a wide range of civil society groups and movements, and the media have an important role to play in ensuring people's power and control in policy development and in the monitoring of its implementation"

2. Making research matter : a civil society perspective on health research

David Sanders, Ronald Labonte, Fran Baum, & Mickey Chopra

Bulletin of the World Health Organization, October 2004, 82 (10) p757-763

- "It is important that research into underlying health determinants identifies risks not only in local and national contexts, but also in a global one; that is, research should link local phenomena to globalization processes that condition and constrain local possibilities. The national level is also important. National governments negotiate or agree to the rules of globalisation (eg., trade agreements and conditions for debt relief or development assistance). National governments, acting within the opportunities or constraints created by globalization processes, also make decision regarding resource allocation that can dramatically affect enquiry in access to services and to underlying health determinants at local levels".
- "Detailed case-studies, combining quantitative and qualitative methods, generally provide the information necessary to understand why health systems do or do not work well in providing care that is not only efficient, but also effective and equitable. Health systems research needs to shed more light on the importance of, and barriers to, primary health-care approaches that link health-care interventions to underlying health determinants, and hospital-based care to community contexts, engaging citizens and CSOs in the research process. In particular, research on the mechanisms of community governance is needed to determine which models allow for effective community management. Participatory research conducted through partnerships between academics and civil society

groups has much promise as a means of harnessing local knowledge and laying the foundation for the application of the knowledge generated by research”.

- “A second aspect of social change research examines the conditions under which research evidence influences policy change. Policy making is fundamentally about power and interests, and anecdotal experience suggests that research findings are used more successfully when they are part of campaigns involving mobilized groups of citizens”.
- “Promoting participation and partnership of civil society in health research
There are three ways in which the participation of CSOs in research – as users or as generators – can be increased. These include : influencing commissioning and priority-setting; becoming involved in the review process and in research production by changing funding rules; and through formal partnerships between communities and universities that link CSOs with academic researchers. These are not alternatives; each offers important ways in which research outputs can be influenced to reflect more closely the interests of civil society”.
- “Currently CSO voices have very little influence over the research priorities that are set. This may in part account for the near absence of research on the social and economic determinants of health or the political economy of health, and the emphasis on diseases prevalent among the affluent populations of industrialized countries”.

3. Pushing the International Health Research agenda towards equity and effectiveness (A PHM viewpoint)

David McCoy, David Sanders, Fran Baum, Thelma Narayan, David Legge
The Lancet, 2004; 364:1630-31

- “Despite substantial sums of money being devoted to health research, most of it does not benefit the health of poor people living in developing countries – a matter of concern to civil society networks, such as the People’s Health Movement. Health research should play a more influential part in improving the health of poor people, not only through the distribution of knowledge, but also by answering questions, such as why health and health care inequities continue to grow despite greatly increased global wealth, enhanced knowledge and more effective technologies.
- “With respect to research on the social, political and economic determinants of health, we draw attention to three points. The first is the need for more research into the effects of globalisation on poor health and growing health inequities, and on the development of proposals to reform the current global, political and economic institutional order. In addition to research on more effective mechanisms for global resource redistribution, research should focus on how health equity can be protected from the market failures of economic globalisation and the operation of transnational commercial interests. Second, we want more research applied to the question of why the cancellation of the odious debt of many poor countries has not been forthcoming, why many rich countries’ development assistance still falls short of the UN’s 0.7% gross domestic product target, and why bilateral and multilateral trade agreements continue to be unfavourable and even punitive towards the poorest and sickest people. Third, more research is needed into the design and financing of systems and basic services and into how these factors determine access to good quality care and other health inputs (eg., water and adequate nutrition). As health systems become increasingly inequitable and fragmented, research on the drivers and effects of the liberalization, segmentation and commercialization of health-care systems is essential.
- “These three points complement the call for more research on why available and affordable technology and knowledge are not used, for example, to prevent millions of children from dying of diarrhoeal disease and acute respiratory

infections. Appropriate research would indicate how the mainly social and political barriers to application of existing technologies might be overcome. This achievement could be aided by country case studies that combine an analysis of the political economy of poverty and ill health together with the health systems factors that help or obstruct access to effective health care. Such research would bring together political and social scientists, health economists, public health professionals, ethicists, and civil society organizations”.

- “To promote the transfer of knowledge from research into policy and practice, several issues should be examined. Presently, there is a research culture and incentive system that encourages researchers to be more concerned with publishing their results in academic journals than with ensuring that their research leads to improved policy and practice. Furthermore, policy makers and programme implementers in developing countries are either skeptical about the value of research, or do not have the skills to appraise and use new information. The scarcity of capacity in the public sector has been further aggravated by the steady brain drain of capable health professionals to richer countries or from the public sector to the domestic private or non-government sectors (including the health research sector)”.
- “Research geared towards practical health systems development is also often qualitatively different from research that is geared towards the imperatives of academia and the medical industry. For example, research on the efficacy of interventions in a controlled environment is different from that on the practicability of applying effective interventions in the real world. More action research that involves service providers can help to bridge the gap between research and implementation, and ensure that research is embedded within a day-to-day realities and constraints of under-resourced health care systems. The use of participatory research methods can also help poor communities shape health systems to meet their needs”.
- “Research findings are also more successfully implemented when researchers include mobilized citizen constituencies. Successful implementation is aided first by ensuring a vigorous community of civil society organizations with a mandate to keep a watch on health policy development and implementation; second, by use of research funds to actively foster the capacity of these organizations to change the commissioning and priority setting for research; and third, by including civil society organizations in research production and encouraging partnerships that link them with academic researchers”.
- “Finally, the imbalance in power between researchers in rich and poor countries must be bridged. Many academic and non-government institutions in more developed countries benefit disproportionately from the meager research funds that are focused on poor health in developing countries. This imbalance is in a context where academic and research institutions in developing countries are struggling to gain their own funding and find it difficult to retain good staff. Practical ways of addressing the inequities within the health research community might include mapping out the distribution of research funds for health problems between research institutions in rich and poor countries, documenting the obstacles to the development of research capacity in developing countries and conducting in-depth case studies of the health-research funding policies and patterns of selected donor and international agencies.

4. Informed Choices for attaining the Millennium Development Goals: towards an international cooperative agenda for health systems research

WHO Task Force on Health Systems Research, 2004

(www.thelancet.com Vol 364, Sept., 11 2004. p997-1003.

Suggested topics for health systems research and their potential to affect attainment of the targets for the MDGs [there is need for health systems research to inform decisions at local, national and international levels. We have highlighted topics relevant to decisions at each of these levels]

- Financial and human resources
 - community based financing and national health insurance
 - human resources for health at the district level and below
 - human resource requirements at higher management levels
- Organization and delivery of health services
 - community involvement
 - equitable, effective and efficient health care
 - approaches to the organization of health services
 - drug and diagnostic policies
- Governance stewardship, knowledge management
 - governance and accountability
 - health information systems
 - priority setting and evidence informed policy making
 - effective approaches for intersectoral engagement in health
- Global influences
 - Effects of global initiatives and policies (including trade, donors, international agencies) on health systems.

**5. Health Research for the Millennium Development Goals –
A Report on Forum 8, Mexico City, 16-20 November 2004.**

Chapter 2 : Knowledge and Power

[From a grassroots perspective (Ravi Narayan, PHM), p29-30]

- “A major challenge for researchers is to decide what evidence for health problems is crucial and significant, Narayan said adding that social, economic, cultural and political factors are not given the importance that they are due. Researchers are trained to consider biomedical factors: clinical, epidemiological and techno-managerial. He suggested that “people-oriented” perceptions be substituted for these “professional” perceptions in a paradigm shift that he believes is the single most conceptual challenge to address the Millennium Development Goals and the “10/90 gap”.
- “In a “plea on behalf of the people for a sense of balance”, Narayan said social determinants like poverty, gender bias, conflict, stigma and social exclusion must be considered in assessing evidence on disease”.
- “Whose evidence are you taking?” he asked. “The governments’, the academics’, the industries’, the NGOs? – or also, the community, peoples’ organizations, the socially excluded?”
- “Who decides on the implications of funding? The government? The industry and market forces? International funding agencies? The World Bank and WTO and their alliances? Or also, the people, peoples’ organizations and people’s movements?”
- “The shift in health research that Narayan envisions would move the focus from the individual to the community, towards more consideration of the social, economic and political factors and with emphasis on the educational and social processes. “A social vaccine is closer than the AIDS vaccine,” Narayan concluded”.

6. Research for People's Health : A Research Encounter at the Second People's Health Assembly, Cuenca, Ecuador
PHM / University of Cuenca - Faculty of Medical Sciences / Global Forum for Health Research / and International People's Health University, July 2005

Research for People's Health – A Declaration

“To Researchers:

- It is important to value research principally from the point of view of health and life.
- Research should bring about social action by the mobilization of people and communities as participants and collaborators. Biomedical research should be integrated with social research.
- There should also be a sincere effort to integrate quantitative and qualitative health research.
- Research findings should be shared with members of the community with whose assistance research findings and conclusions came about.
- Research should involve dialogue between investigators and representatives of communities as well as the people directly.
- There should be the creation of virtual information spaces for the learning of new research paradigms without denying or restricting access to any information that conforms to ethical norms.
- An international committee should be convened including biomedical as well as social and cultural components and primary health care.
- Research should be multidisciplinary and bring about dialogue between professionals in the health sector with professionals of other sectors such as social science, economics, etc.
- It is important to network with national, regional and international forums of health research.
- The research process should aim to improve collaboration among investigators and with local mass media, local governments and other political sectors”.

“To Training Institutions

- There should be serious revision in education of human resources in health, within the framework of the new paradigm of research.
- New resources should be identified in universities that would help engagement in new paradigms of research
- The new paradigm should not be taught, but rather be learned together with the community taking part in the research.
- It is imperative that the social research component of health research be strengthened.
- Postgraduate education / specialization should conform more to community based and participatory action./
- The universities should be charged with developing community research programs in a participatory way.
- It is necessary to reach the community through education using schools and other means in order to enhance the community's health with a more holistic and lasting influence. Through university outreach, proposals for participatory research can be developed.
- There must be efforts to establish strategic alliances for research in health and social sciences.
- There is need to improve the capacity to develop research proposals.
- There must be adequate allocation of economic resources for the application of strategies with emphasis on health promotion at all levels”.

7. The Cuenca Declaration
The Second People's Health Assembly, July 2005, Cuenca, Ecuador
(People's Health Movement)

- “To launch a comprehensive campaign to achieve the “Global Right to Health and Health Care” at the local, national and international levels, to defend health and

social security (including health care) systems, and to document and oppose health inequities and denial of the right to health”.

- “To continue to monitor and provide inputs for the WHO Commission on the Social Determinants of Health to ensure that it effectively addresses the political and socio-economic causes of poverty, ill health and health inequity and engages in meaningful dialogue with civil society as much as possible”.
- “To address the crisis of human resources for health (HRM) by: improving working conditions, training, support and supervision for health workers; implementing an International code of practice on ethical recruitment, financial compensation to exporting countries, return and reorientation of health workers in the diaspora through incentives, and establishing a global fund for HRM”.
- “To engage with formal training institutions and challenge the dominance of the biomedical paradigm of health care. It will incorporate diverse strategies for reorienting health worker education to comprehensive PHC, keeping people in communities at the center”.
- “To become a forum within which intellectuals can support local activities in their action and struggle”.
- “To document, analyze and disseminate research findings on key issues pertaining to the principles in its Charter, including gathering analyzing and disseminating key evidence for its constituency of the efficacy and sustainability of initiatives in comprehensive primary health care”.

8. South-East Asia Public Health Initiative 2004-2008 : Strategic Framework for Strengthening Public Health Education WHO-SEARO Document SEA-HSD-282, June 2005.

- Future Actions to strengthen Schools of Public Health

These include:

- Developing of evidence based public health policies;
- Development of institutional capabilities for closing the gap between knowledge and practice;
- Development of appropriate human resources at all levels;
- Health promotion, health lifestyles with involvement of civil society;
- Strengthening of public health regulation and health financing;
- Community based public health research; and
- Ability to solve complex societal problems through multi-disciplinary interventions.
- Research competencies (to be developed) by Schools of Public Health
 - Expertise in epidemiology and bio-statistics
 - Critically evaluating data
 - Identifying gaps in knowledge
 - Enunciating Research questions
 - Designing and implementing studies
 - Carrying out health systems research and sensitivity analysis
 - Understanding efficiency and carrying out cost effectiveness studies
 - Preparing research papers
 - Organizing dissemination of research results
 - Carrying out meta-analysis

9. Developing as a reputed research and advocacy group Notes from a PHFI Inaugural Workshop (2005)

- It should work to foster networking, creating policies and working on areas of research that are not adequately addressed as of now. It should not compete with existing research institutions and public health departments which are already

- doing research in a number of public health problems – eg., communicable diseases, cancer, diabetes, cardio-vascular diseases, etc.
- It should promote an interaction between research and the health care system – so that locally generated research that is responsive to an adverse economic situation is used by the health care system.
 - It should promote the nation wide acceptance of research methodologies and modules that have been set up by councils of medical research and other institutions.
 - It should promote interactive dialogue between researchers – biomedical and social and behavioural scientists and also with advocacy groups, planners and civil society and community.
 - It should promote the spread of research information to the community by more active partnership with grass root workers.
 - It should also promote evidence based decision making in health care planning by making available research evidence to help planners.
 - It must strengthen the commitment of public health community to public health research (if something is not respected it does not get done).
 - It must foster research i.e., country centric and innovative because especially in public health we have to deal with less resources, large numbers and large distances. Focus of research should be on poor population not well to do.
 - It must assess new technology critically especially looking at how it can improve the health of our country and also promote technological innovations.
 - Research priorities could include
 - a. studying implementation gap and implementation science
 - b. socio-economic determinants of health including gender disparity, equity and access
 - c. focus on unorganized sector and its impact on health
 - d. women's health
 - e. starvation and food / nutrition security as a public health issue.
 - f. decentralization of public health system
 - g. health as a human right issue
 - h. health system research which should be fed back to the system to increase efficiency of the system.
 - i. Public – private partnerships and their efficacy
 - j. Health and social policy research including measurements of existing policy.
 - It should promote evidence based introduction of public health measures for communicable and non-communicable disease control.
 - The research promoter should be with a strong social medicine and community health approach and not just the orthodox bio-medical approach.
 - Research partnership should promote links with community based organizations, people's movement, groups of rational practitioners and PSM departments in medical colleges.
 - Research should reflect on entire health spectrum of disease and problems and systems and not just be bio-medical in its approach. It should be fostered by encouraging a deeper understanding of the social, economic, cultural, political and ecological dimensions of health and disease at the graduate education level and in the orientation and training of young researchers.
 - The research policies supported, must ensure that the benefits of research must reach the community / population otherwise the policy should be seen as incomplete.
 - It should balance focus on drugs, vaccines and new technologies with strong commitments to health system research, health promotion, and approaches that foster education and social processes.

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Compiled by :
 Community Health Cell, Bangalore.
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Some initiatives towards Research priorities in Public Health (Global South)

- a) In 2001AD the People's Health Movement (PHM) evolved with a mandate in its People's Charter for Health demanding that 'research in health... is carried out in a participatory, need –based manner by accountable institutions. It should be people – and public health –oriented, respecting universal ethical principles'.
- b) Since 2002, the Global Forum for Health Research began to evolve regional forums in Latin America, South East Asia and other regions to enhance the dialogue among local researchers at regional level.
- c) In 2004. the International Peoples Health University (IPHU) was formed and held its first session for public health and people health activists from all over the world before the second Peoples Health Assembly in Cuenca in July 2005. The IPHU session led to a process of small groups of public health enthusiasts collecting evidence on social determinants, primary health care and trade and health.
- d) In March 2005, the WHO launched a Commission on Social Determinants in Health (WHO-CSDH) to look at the available evidence on social determinants from different parts of the world especially the Global South and to explore how to use this evidence to evolve international and regional health policy.
- e) In June 2005, in the WHO-SEARO region a South East Asia Public Health Initiative 2004-2008 evolved to strengthen public health as a discipline, and strengthen schools of public health including strengthening community based public health research for generating evidence for better public health policy and capacity
- f) In July 2005, just before the second assembly a Research Encounter for People's Health was organized by the University of Cuenca, Faculty of Medical Sciences, International Peoples Health University, National Association of Faculty of Medicines, Ecuador, the Global Forum for Health Research, Geneva and the Latin American and Caribbean Health Research Forum. A booklet from this meeting (in English and Spanish) was released at the Forum 9 in Mumbai. The Conference looked at new research paradigms to help research become a major partner of social transformation and opportunity for people and communities to be partners in the research effort.
- g) In March 2006, in India, a Public Health Foundation of India (PHFI) was launched with Indian and global public health leadership supporting the development of public health capacity building in India with a South Asia focus and commitment to public health research on social determinants, health systems, health impact assessment and other relevant areas.