In Conversation: Victor Neufeld

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A decade ago, the Commission on Health Research for Development found that only 5% of the total investment on global health research was focused on the conditions accounting for 95% of the global disease burden. Three years later, the Council on Health Research for Development (COHRED) was established to help developing countries implement a key strategy, known as Essential National Health Research (ENHR).

In October 2000, COHRED and several other international institutions sponsored the International Conference on Health Research for Development in Bangkok to assess the current situation. One of COHRED's contributions was the book, *Forging Links for Health Research: Perspectives from the Council on Health Research for Development*, edited by Victor Neufeld and Nancy Johnson. *IDRC Reports Online* recently interviewed Dr Neufeld about *Forging Links*.

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Who is this book aimed at?

Primarily at those in the health research world: researchers, policymakers, potential users of research, and academics. But it would also be of interest to donor and development organizations, and anyone in health care, international affairs, and development. The book offers a critique of what has happened over the past 10 years, primarily from the perspective of developing countries.

Can you define two key terms in the book: health research and equity in health?

Health research is any research concerned with health and health outcomes. And that's much more than just health care — it includes research on the determinants of health: economics related to health, early child-health development, all the things that affect health.

Defining equity in health is tough. The author of Chapter 2, Tessa Tan-Torres Edejer, tries to get people to think about equality of what and equity among whom. What she is saying is, 'Let's not leave it as a fuzzy term. Are we expecting equality of health itself, or equality of access to health? And equity among whom?' It's not possible to get complete equity: any society has to decide how much inequity is acceptable and wrestle with that.
What is the most serious impediment to progress in addressing health inequities?

Economics is a big impediment to addressing health inequities. There is a pretty clear relationship between poverty and health, even in Canada. It's not just about lack of access or not using the access: it also has to do with motivation, understanding, or preoccupation with other things. In Canada, there is fairly good access to health care, but poor people may not use it for these other reasons. So I think poverty is the underlying impediment.

What are the key challenges and realities confronting the global health research community at the beginning of the 21st century?

Despite all the activity of the past 10 years, for many countries disparities are widening and some conditions are getting worse. These are hard realities to come to terms with.

In Forging Links for Health Research, we have tried to indicate some areas for encouragement — potentially increased access to knowledge (the information technology revolution), for example — and recommend what could be done. For example, we have pushed hard to strengthen countries and to help research managers — the people responsible for health research and for determining policy. Research managers are often in their jobs primarily because of their scientific track record and not because of their expertise in forming coalitions and running networks. They are now expected to provide leadership, coordination, and encouragement, and help people see what the priorities are and how to attain the best match between the biggest problems and the country's capacity. These people need special skills such as training in leadership.

As well, we must do better in coalition-building. There is still too much fragmentation and lack of coordination. It's hard to get people to step back and say, 'Who can I work with? Can I look and think beyond my own organization and join forces with another organization?'

In the decade since the Commission on Health Research for Development released its findings, actions have been taken by various international bodies to help correct the global health research investment gap. Can this be described as a 'health revolution', analogous to the 'Green Revolution'?

In monetary terms, it is certainly not a health revolution. More money is being spent on [essential national] health research than 10 years ago — probably twice as much. The proportion has improved slightly to 6% or 7%, compared to 5% a decade ago. But overall there's not a lot of progress.

On the more encouraging side, a number of countries, 50 probably, have adopted aspects of the Essential National Health Research (ENHR) strategy. Progress has been made in countries taking charge of their own destiny — they have gotten together to determine their own health research priorities, and they are a lot more articulate when they speak to donor organizations about what they need. There's less prescribing from outside. It's not a revolution in overall financial resources but more so in capacity development.

With more countries exploring and implementing ENHR, global/regional/national networks are being set up. Are the results being felt in developing countries?

It's a mixed picture. As we state in Chapter 9, for some people in some countries things are getting worse: in some African countries, for example, because of HIV; in Eastern Europe because of the great change in their social structure; and in other countries because of war. On the other hand, in a number of countries, things are improving. Some health researchers have realized that they have a
responsibility to become advocates for change at the national level — for health and development, for stability, for peace. For example, a health research leader in one African country was recently asked by the president to head up the AIDS Commission, and part of his job is to recognize the link between political systems and the AIDS situation.

In Chapter 4, Susan Reynolds Whyte suggests that the three major stakeholders in ENHR are the community, researchers, and policymakers. ENHR often has no immediate relevance to the lives of community members, yet it demands their time and material resources. How do you get them to participate willingly?

You have to have early discussions with community leaders about the purpose of the research and what happens to the results. You have to make specific arrangements for feedback to the community. It is almost like a code of conduct or code of ethics that researchers must create and abide by. There also have to be ways of disseminating results of the research through appropriate media, workshops for legislators, politicians, and journalists, and things of that kind.

In the book, you suggest that over the past decade, the global burden of disease borne by the poor has not decreased substantially and the global investment in health research directed to the problems of the poor and disadvantaged has not increased substantially. Did these statements spark much debate at the conference?

Yes, there was a lot of debate, but not primarily because of what I said. Those facts were central to the discussions at the Bangkok conference. Despite all the efforts of the past decade, much more needs to be done both in terms of resource investment and in focusing on the problems of the poor. But I am optimistic: if you look at the last several years, there is a lot of awareness of the need for equity-oriented research, much more funding for that kind of research, and more of it being done. So there is a shift. We expect results to improve in the next few years.

What was the outcome of the conference?

The conference was really the culmination of a year of work. It had involved a detailed consultation process with teams of people in different parts of the world. This work was synthesized in a conference discussion paper that went out to participants three weeks before the conference, and was used as a basis for a lot of the small group discussions.

The main challenge of the four-day conference was to decide what to do in terms of action. A framework was developed and it is now up to various organizations and regions to pick up the recommendations and work with them. For example, the Africans said: 'We really need an African Health Research Forum where we take charge of our own destiny, and get more agreement on what the priorities are and where we should go for support.' That was reinforced at the Bangkok conference. They are now going to try to put that together. The delegates decided that they should meet again in three years — in 2003 — to see how the implementation of the Action Framework is coming along.
The Editors:

Victor Neufeld is a physician, educator, and international consultant based in Hamilton, Canada, where he is Professor Emeritus of Medicine and Epidemiology at McMaster University. Over a period of more than 25 years, he has held various academic leadership positions in the university, the last of which was Director, Centre for International Health.

Nancy Johnson is a health social scientist who consults on qualitative research design, data collection, and analysis as well as the development of health and social science-related manuscripts. Ms Johnson is also a co-editor of Nurtured by Knowledge (IDRC 1997).

The Book:

Forging Links for Health Research: Perspectives from the Council on Health Research for Development

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