

1995 Progress Report of Secretariat

The International Forum for Social Sciences in Health

1 January 1995 to 31 December 1995

Summary of 1995 Activities :

The activities of the IFSSH Secretariat in 1995 were involved in three major efforts. They were promotion of the global network, establishment of institutional building and the preparation for the second three year phase towards enrichment of scientific substantive activities shared as common interests among regional networks.

The promotion of the global network included the preparation of a new publication of IFSSH program in the Puebla Group Hand Book, an edition of IFSSH Future mission plans, and facilitation of a new regional network in Middle East and Central Asia-Eastern Mediterranean, as well as in Eastern and Central European countries, through Management Team and consultative meetings.

The establishment of institutional building involved around drafting IFSSH Statutes and By-Laws, working out for the collaboration with international scientific organizations, organizing the 3rd Annual Steering Committee meeting in Canada and preparation of funding proposal for the second three year term.

The preparation off substantive activities for 1996 to 1998, was mainly involved towards identifications of persons to link activities in priority areas of common interest among regional networks and outlining the development of IFSSH sustainability.

Details of the Activities :

With plans of publishing the second edition of the Puebla Group Handbook, the International Health Policy Program (IHPP) requested the Secretariat of IFSSH to provide an informative conceptual framework and organizational structure of IFSSH. A comprehensive compilation of the historical background, rationale, mission, strategies and activities together with the list of names of IFSSH key members of the five regional networks and at country levels was submitted to IHPP Secretariat. (attachment, #1).

Active discussions pertaining towards issues relating to beneficial application of health social sciences at various level and strata of the community was held with Dr. Scott Halstead (an ex-associate Director of the Health Science Division of the Rockefeller Foundation) at the IFSSH Secretariat office. The discussions stimulated to generate new concrete missions for the years ahead. I herewith present some key points of the Missions. IFSSH's mission is to build health and social science capacity through coordinated initiatives among its members, and promote linkages between health and social science activities, and the resources required.....The network's principal orientation is to advance multiple methodologies and cross-disciplinary perspectives that members can apply to fully comprehend health problems.....There is a need to see potential young researchers, who wish to conduct research on social sciences in health. Some of these young social scientists are working outside established research institutes or academic arena. They are isolated in the peripheral situations and excluded from the center of activities in the city.....Information flows among Southern researchers is lacking.....The signs of constraints call for an interdisciplinary and holistic mode of treatments in social sciences applied to health.....The establishment of IFSSH will amplify the magnitude of effectiveness in applying social sciences for promotion of health. A draft of IFSSH mission is ready to share with members of IFSSH Steering Committee (attachment, #2).

In concordance with the agreement concluded at the 2nd Steering Committee meeting in Manila (May 1994). The Secretariat initiated towards dialogue with several concerned persons met at several consultative meetings, and through correspondence on the issue of the development of regional task forces in regions of Middle East, Central Asia-the Mediterranean and Europe. Dr. Jocelyn DeJong of Ford Foundation in Cairo, members of the Management Team and SC members, especially Drs. Mary-Jo Good, Paul Nkwi and Yvo Nuyens have actively supported towards visualization of the efforts. The process has facilitated towards identifying three potential names to act as focal point in each of their respective regions. They are Dr. Montassar Kamal for Middle East, Dr. Akile Gursoy for Central Asia and Eastern Mediterranean and Dr. Peter Makara for Europe. They were invited to participate at the annual Steering Committee meeting so as to provide the opportunity of leading and initiating the prospects for linking social and health scientists working on health issues in their respective networks, and also to derive mutual benefits through collaboration with other IFSSH regional networks.

The year of 1995 acts to bridge the interval between the first phase of networking and the phase of enriching the scientific work among members for the incoming years. The Secretariat has kindled the process of building a global institution of IFSSH, through communication with, international scientific organizations involved in health and social sciences, i.e., Social Science & Medicine, Health Sociology of International Sociological Association, and International Journal of Health Sciences. It was ardently hoped that this effort of negotiations should identify some tangible rewards and privileges for IFSSH members before the structure of membership fee is introduced. Discussions with the editors of the journals aided to recognize the need to campaign for interested subscribers among IFSSH regional networks. APNET acted as a model to estimate potential numbers of subscribers to a particular journal, i.e., Social Science & Medicine. The size of the world wide members of IFSSH interested to subscribe for the highly academic scientific journal was unfortunately small (100 persons). It is of my opinion

that the issue of how to explore for Journal subscription, and the mechanism for endorsement of the membership fee will be an important issue to be clarified.

To enhance the construction of IFSSH as an international institution, the Secretariat with assistance from SC members, compiled the governing rules of its organization, entitled "the Statutes". Although it was expected that by the end of the 3rd SC Meeting, IFSSH SC members would formally announce the Statutes. The target was not met but the work continues with hope to conclude soon.

The preparation for the 1995 Annual Steering Committee meeting began in November last year. A selection criteria for a venue was laid out. It was agreed that priority be given towards organizing the SC meeting in concurrent with another relevant academic event of health and social sciences. Secretariat corresponded with a number of SC members and potential organizers to aid in locating the venue. In January 1995, the Secretariat proposed two meeting sites, namely Canada and Thailand. Negotiations for identifying a venue among potential organizers and SC members took time but eventually the place was finalized. The offer of a workshop concerning "Lessons in Capacity Enhancement in Health and Social Sciences" by Dennis Willms from McMaster University in Ontario, facilitated to aid in selection of the venue for the 3rd SC meeting. Dennis kindly initiated towards arrangement in selecting the place for the meeting and initially planned tentatively to conduct the meeting in May. Unfortunately, due to unforeseen prior occupation of the venue, the meeting was deferred to October. The Secretariat concluded that the regional activity of the North America regional task force offered by Dennis Willms would well integrate with the target objectives in selecting a venue, and thereby scheduled to hold the 3rd SC meeting in Ontario, Canada in October 18-19. Moreover the choice of Canada as the venue would highlight the utmost important chance of meeting the donors, since IFSSH soon will begin its second phase of enriching global health social science activities and to aid towards a clearer vision of the crucial needs of funds to support these activities. A preliminary report of the outcomes of this 3rd SC meeting is revealed in the attached Memorandum (attachment #3).

1995 is a year to outline the directions of the future three year activities, and to build towards financial sustainability of the organization. Secretariat has carried over an assignment to seek supports, and create mechanism for self-sustainability of the organization. With assistance from the Management Team members, Secretariat wrote several versions of a three year funding proposal, beginning January 1996 to December 1998. Consultation and submission of the funding proposal to donors began in early March 1995. A number of discussions and correspondence resulted in several revisions of the content and budget for the next three year activities. By the end of September 1995, funding request proposals, were submitted to five major funding institutions (attachment, #4). Several donors who initiated the supports in 1992, have been positive for continuation of support for the next three year term. They are Carnegie Corporation, Ford Foundation, IDRC and Rockefeller Foundation.

In addition to the lengthy effort of the tasks reported above, the Secretariat continues to promote towards the application of social science to health through a number of meetings, seminars and workshops, and as a committee member of various training programs. During the year of 1995 the secretary was actively involved at 17 meetings, seminars and workshops.

It should be acknowledged here that effective administration of the Secretariat is due to a dedicated effort of the personnel resource at the Secretariat, which includes a typist, language editor and an assistant. Although the administration is still managed through a voluntary basis, patience and diligence of the Secretariat staff have contributed to the achievements in the work of the secretariat. Appreciations go to the members of Steering Committee and Management Team who persistently help the Secretariat to move in the right direction. Gratitudes are also presented to "Friends of the Forum" including donor institutions, and program officers from funding institutions who generously have contributed a great deal of effort.

The following meetings and visits summarize the involvements of IFSSH Secretariat in promotion of social sciences to health in the world communities during 1995.

1. Presented a paper at an international workshop on Gender, Health and Sustainable Development, Singapore 24-26 January 1995.
2. Attended a Conference on Professional Ethics of Researchers, at Thailand National Research Council, Bangkok, 9 March 1995.
3. Participated as a program member : Health Social Science Subject for Medical Professions, at Ramathibodi Medical School, Mahidol University, Bangkok, 22 March 1995.
4. Presented a paper at the World Mental Health : Problems and Priorities in Low-Income Countries, at Rajiv Ghandi Institute for Contemporary Studies, Delhi, India, 6-8 April 1995.
5. Attended a National Conference on Crisis in Thai Society, at Office of the National Culture Commission, Ministry of Education, Bangkok, Thailand, 20-22 April 1995.
6. Presented a paper at a National Conference on Health Education; School of Public Health, Mahidol University, Udornthani province, Thailand, 25-26 April 1995.
7. Attended a meeting on Health Status and Trends, Institute for Population and Social Research, Mahidol University, Bangkok, Thailand, 3 May 1995.
8. Attended a Conference on Human Rights and Health, Thammasart University, Bangkok, Thailand, 8-9 May 1995.

9. Attended a meeting on "Social Sciences Research," at Thailand National Research Council, Bangkok, Thailand, 30 May 1995.

10. Organized a small group discussion on Medical Education System for Rural Practices presented by a guest of IFSSH Secretariat, Professor Roger A. Rosenblatt, Department of Family Medicine, University of Washington School of Medicine, Seattle, 21 June 1995.

11. Attended a Meeting on Planning Strategies for the Prevention of Non Communicable Diseases in Thailand during 1996-2000 in Phuket, Thailand, 29-30 June 1995.

12. Attended a Conference on Decentralizing Environment Management-Participatory Approach at Thailand Environment Institute (IEI), in Bangkok, Thailand, 3 July 1995.

13. Lectured to a group of Ph.D. students in Health Education on Social Aspects of Health, at School of Public Health, Mahidol University, Bangkok, Thailand, 10 July 1995.

14. Attended as a reviewer, a Meeting on Presentation of Research Proposal on Thailand Sexuality, at Office of the Thailand Research Fund, Bangkok, Thailand, July 24, 1995.

15. Attended a seminar on Migration from Northeastern Region, at Institute for Population and Social Research, Mahidol University, Thailand, July 28, 1995.

16. Lectured to a group of graduates in Health Science, on Social Factors Influencing Health at Faculty of Pharmacy, Chiangmai University, Chiangmai, Thailand, 1 August 1995.

17. Reviewed a research report on Determinants of High Rising Buildings in Bangkok at Faculty of Sociology and Anthropology, Thammasart University, Bangkok, August 17, 1995.

18. Attended a Third International Conference on AIDS in Asia and the Pacific, at Pang Suan Keaw Hotel, Chiangmai, Thailand, September 17-21, 1995

19. Organized a Management Team meeting at Harvard Medical School, Boston, October 12-14, 1995.

20. Organized the Third Steering Committee Meeting of International Forum for Social Sciences in Health, at Huntsville, Ontario, Canada, 15-19 October 1995.

21. Organized a small group meetings on Social and Cultural Changes on Non-Communicable Diseases, at Ministry of Health, Bangkok, 2 November 1995.

22. Presented to a group of health scientists on Health Social Sciences, at Siriraj Hospital, and Ramathibodi Hospital 6-7 November 1995.

23. Attended a National Conference of Thailand Population Association, Bangkok, 16-17 November 1995.

24. Attended a Seminar on Educational Development, Bangkok, 18 November 1995.

25. Lectured to a National Seminar on Situations and Trends of Health Problems, at School of Public Health, KhonKaen University, KhonKaen, 30 November 1995.

26. Attended an Annual Conference of Non-Communicable Diseases, Pattaya City, 6-8 December 1995.

27. Lectured to a group of health and nursing graduate students on Social Influences on Health, Ramathibodi Hospital, 15 December 1995.

The following activities exemplify key activities and visits at the Secretariat.

1. Visit of Dr. Violeta Lopez-Gonzaga, SEAMEO-Jasper Awardee for 1994, on 2 February 1995.

2. A visit to Dr. Tae-Ho Yoo, Regional Advisor, UNESCO Regional Office, on 20 February 1995.

3. Visit of Dr. Radhika Balakrishnan, Program Officer, the Ford Foundation from New York, on 20 February 1995.

4. A meeting with Program Officers of the Ford Foundation, Asian Regional Office and Health Social Science Programs, Mahidol University, Salaya, 21 February 1995.

5. A meeting with Dr. Scott Halstead, Health Science Division, the Rockefeller Foundation, at Mahidol University, Salaya, Thailand, 16 March 1995.

6. Visit of Dr. Davidson Gwatkin and Ms. Tania Zaman, the International Health Policy Program, on 31 May 1995.

7. Visit of Professor Roger A. Rosenblatt, University of Washington School of Medicine, Seattle on June 21, 1995.

8. Visit of Dr. Pilar Ramos-Jeminez, Coordinator of Task Force on Reproductive Health, De La Salle University, Philippines, on August 28, 1995.

9. Visit of Dr. M.W. Amarasiri de Silva, Department of Sociology, University of Peradeniya, Sri Lanka on September 22, 1995.

A financial statement which follows, was mainly incurred for the activities of the Secretariat. In closing this annual report the Secretary wishes to thank the International Development Research Centre (IDRC) for the valuable support in 1995.

30 January 1996

THE PUEBLA GROUP

**of Networks Collaborating on
Health Research for Development**

An Information Handbook

2nd edition, 1995

INTERNATIONAL FORUM FOR SOCIAL SCIENCES IN HEALTH

The International Forum for Social Sciences in Health (IFSSH) is an international organization whose objectives are to coordinate activities, facilitate regional initiatives, and encourage the sharing of experiences with regard to the application of social sciences in improving people's health. Membership in the IFSSH is open to all those working in or interested in the field of health and social sciences and involved in applying the social sciences to improve people's health.

Background of the IFSSH

The primary aim of the IFSSH is to increase the recognition worldwide of the contributions and benefits of using social science perspectives in broadening the understanding of health problems. Its activities are targeted toward policy planners, donors, students, and experts. The opportunity to found the organization arose in 1988, when social scientists and health specialists from both the South and North gathered at a meeting of the International Clinical Epidemiology Network (INCLIN) in Tarry Town, New York. The interest generated by the perspectives presented by the social scientists and strengthened by the support of people such as Dr. Patricia Rosenfield from Strengthening Human Resources in Developing Countries (a program of the Carnegie Corporation), led to the decision that the time was ripe for creating an organization that included both health experts and social scientists.

The new organization was designated a forum to represent an informal network. The first formal meeting of the IFSSH convened in January 1990 in Puebla, Mexico, in conjunction with the Eighth INCLIN Conference. This IFSSH meeting prepared the documentation to establish the forum and oriented the IFSSH toward promoting health using social science through coordinated initiatives and sharing of experiences among members. Four activities for the forum were specified, namely:

- Providing a clearing house of training and program materials
- Preparing a newsletter to disseminate information about training
- Organizing workshops to create training materials
- Studying the career paths of social scientists to identify problems.

A meeting held in Philadelphia 1990 reoriented the organization toward a network of individual social scientists and discussion focused on functions based on the needs of donor agencies, specifically, the need for

- An inventory of health social scientists to identify leaders in the field worldwide
- An inventory of relevant projects, institutions, and groups for which the IFSSH would serve as a coordinator
- A definition of the field and an evaluation of pertinent concepts and methods
- An identification of consultants and trainers whom donors could use for projects
- A specification of experienced institutional models to provide examples of methodologies that will help further the activities of health social science.

A meeting in Mombassa, Kenya, in January 1991 held jointly with the Ninth INCLIN Conference reaffirmed previous agreement about the urgent need for the application of social sciences to help solve health problems. The goals voiced at the meeting reflected the IFSSH's international emphasis in achieving its goals to build sustainable international capacity to apply social sciences to health research, clinical practice, and policy formation; to identify and help solve high priority health problems that have major social and behavioral aspects; to become a focused international voice for health social scientists who can help formulate and evaluate regional and international health policy; and to help integrate the findings of health social scientists with academic social and health sciences. The meeting's participants decided to set up a steering committee to launch the IFSSH.

A planning meeting supported by the Ford Foundation, the Carnegie Corporation, and the Rockefeller Foundation convened in New York in August 1991 and established guidelines for the IFSSH's functions and organizational structure. The shared image of the IFSSH emerged as a "global collegium" with a goal of building a scientific community to create an identity. A two-phase strategy was developed whereby organizational development would take place through communication and networking on a national or regional basis by a management team, a working group, and an international committee with broad representation. With the establishment of the networking aspect of the forum, the second phase would involve the implementation of new initiatives in research, teaching, and policy formulation by specific interest groups. The interim management team and inter-regional working group set up organizational guidelines, established priorities, selected an international secretariat, and drafted a funding proposal.

The interim inter-regional working group for the IFSSH met at the Tenth INCLEN Conference in Bali, Indonesia, in January 1992. The group presented reports on the formation of the forum as an interdisciplinary organization, designated twelve members for the International Steering Committee, and elected a secretary. A management team was formed to help guide the IFSSH's activities.

The First Steering Committee, funded by the Carnegie Corporation, met in Boston and New York in February and March 1993 to prepare the core agenda for the IFSSH, plan programs, and meet donor representatives to discuss future projects. The meeting resulted in a global core agenda linked to regional activities for the social sciences in health.

The Second Steering Committee, supported by a collaborative effort by four major donor institutions (the Carnegie Corporation, the Ford Foundation, the International Development Research Centre, and the Rockefeller Foundation), convened in Quezon City, Philippines, in May 1994 to approve the forum's global and inter-regional action plans. The committee also outlined its activities in connection with inter-regional networking.

In 1994 the IFSSH launched three regional networks in Africa, Asia and the Pacific, and Latin America and the Caribbean. Plans for 1995 to 1997 are to see the IFSSH move from the first phase of global network development to a second three-year phase of enriching scientific work across regions and disciplines.

Objectives of the IFSSH

The IFSSH is a colloquium of social science and health experts, academics, and planners committed to

- Building a global forum of social and health scientists who will support and encourage their colleagues in the social science and health disciplines
- Advancing social science perspectives, concepts, theories, and methods to broaden the understanding of health
- Bridging theoretical and applied pursuits in the social and health sciences
- Advocating the application of interdisciplinary approaches to solving health problems
- Attracting and sustaining the involvement of social scientists in the study and solution of health-related problems.

Organization of the IFSSH

The IFSSH is organized on both a regional and a global basis in Africa, Asia and the Pacific, Europe, Latin America and the Caribbean, and North America. Two levels of communication and administration exist: (a) the regional networks and task forces; and (b) the global network, which links the regions. The global Steering Committee, the Advisory Panel ("Friends of IFSSH") and the Secretariat administer the IFSSH's activities. Currently the Secretariat is based at Mahidol University, Bangkok, Thailand.

The IFSSH has outlined its global core agenda for regional and global networking activities, which comprise six entry points that will contribute to the organization's development. Regional task forces will select and define entry points and carry out case studies according to the needs of the country and region. The six entry points are networking, capacity building, institutional strengthening, research and action, policy and resource allocation, and promotion. These entry points are the building blocks of the IFSSH's core agenda and offer a diversity of initiatives for advancing the development of social sciences in health.

The IFSSH has two levels of communication and administration. The first, cross-regional and inter-regional communication and administration, are carried out by the Steering Committee, the Advisory Panel, and the Secretariat. The second, regional networking, seeks to improve communication among people with common interests and is promoted by a group of people actively involved in developing the regional networks.

The Steering Committee is responsible for establishing the IFSSH's policy and is represented by people with diverse backgrounds and interests from different geographical regions. Members of the Steering Committee are active members of their respective regional task forces and are committed to serving as information centers in their region. Steering Committee members will therefore work with their regional task force to establish and facilitate networking activities and local initiatives in their regions.

To implement the IFSSH's objectives, regional task forces have been set up in Africa, Asia and the Pacific, Europe, Latin America and the Caribbean, and North America. Each task force consists of members drawn from the social sciences and health fields who live and work in the region. The responsibilities of the regional task forces are networking with other professional networks and relevant institutions in their region and initiating activities in accordance with the IFSSH's core agenda.

Future Activities

To achieve the advancement of the social sciences in health three conferences/workshops will be held during the IFSSH's second phase. The intent is to help develop new approaches and methods and to encourage the comparison of findings from studies in different parts of the world. Each event will include both junior and senior scholars so that the mentoring process will generate new ideas. The conferences/workshops are

- Case studies of the application of social sciences to health problems (1996)
- Development of a curriculum for health social sciences (1997)
- A conference on bioethics, biotechnology, and the political economy of health (1997).

Sources of Support

Current support for implementing the IFSSH's activities and action plans has been provided by four main contributors: the Carnegie Corporation of New York, the Ford Foundation, the International Development Research Centre, and the Rockefeller Foundation.

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Dr. Ellen Hardy	Brazil
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Professor Raymond Illsley	United Kingdom
Dr. Peter Kunstadter	United States

Professor T.N. Madan	India
Dr. Paul Nkwi	Cameroon
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Dr. Santhat Sermsri	Thailand
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Members of the Advisory Panel (Friends of IFSSH)

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Dr. Robert Lawrence	The Rockefeller Foundation
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International Forum for Social Sciences in Health (IFSSH)

Mission

IFSSH is a network of individual social and health scientists and of affiliated organizations who are working to improve human health through cross-disciplinary research, training, policy development and community action. The IFSSH's mission is to build health social science capacity through coordinated initiatives among its members and by promoting linkages between health social science activities and the resources required to carry them out. In essence, the IFSSH aims to strengthen the field of social sciences applied to health at local, regional and global action levels. The network's principal orientation is to advance multiple methodologies and cross-disciplinary perspectives that members can apply to fully comprehend health problems. Such an understanding enables members to identify points where the most effective and realistic forms of intervention can be applied to break the processes governing illness and to help create conditions that will restore and maintain human health.

Values and Goals

Although professional bodies and programs for individual science disciplines addressing health are in existence, a sense of isolation, and poor connection predominates among the community of scholars applying social sciences to health problems. Underpinning the lack of identity is the absence of communication channels, especially among and within developing world regions. A lack of funds for training in a field of health social sciences is critical. A development of weak career structure and the absence of role models available for the people entering into the area are also predominant.

A common concern among colleagues in social sciences and health is the need of a critical mass of social scientists working on health. The lack of social science contributions to health can be remedied through formation of a networking agency which would aid to mobilize social science resources. It is also observed that there is a need to see potential young researchers, who would like to be willing to conduct research on social sciences in health. But these young social scientists are working outside established research institutes or academia arena. They are alone, isolated, in the peripheral situations and excluded from a center of activities in a city and nation. Their potential is promising. These young social scientists need support particularly from established organization who are responsible to promote collaborative coordination in the country. Moreover, teachers and researchers do not have adequate information about resource people,

research funds, program support, training opportunities, funder's priorities and materials for teaching social sciences related to health.

Importantly, information flows from South to North, neighboring Southern researcher with common interests often do not know about each other's work, except through contact with Northern colleagues. The conceptual and methodological bases for applying social sciences to health research and contributing social science solutions to health need substantial development. Explicitly, case studies of successful application need to be translated into teaching materials and disseminated to other health circumstance in order aid towards to better understand health models.

The signs of these constraints call for an interdisciplinary and holistic mode of treatments in social sciences applied to health. In a climate of increasing complexity and under the pressure of time, an individual science discipline can not succeed alone. The establishment of an International Forum for Social Sciences in Health will help increase the effectiveness of applying social sciences to health in both developed and developing countries. IFSSH is placing particular attention on how to network, facilitate and enhance the capacity of social sciences applied to health. The cooperation and coordination to strengthen IFSSH members and partnership should represent IFSSH functions. IFSSH is therefore committed to 1) build a global forum of social and health scientists, who will provide support and encouragement to colleagues in social science and health disciplines, 2) advance social science perspectives, concepts, theories and methods to broaden the understanding of health, 3) bridge theoretical and applied pursuits in the social and health sciences, 4) advocate the application of interdisciplinary approaches in solving health problems, and 5) attract and sustain the involvement of social scientists in the study and solution of health and health-related problems.

Strategies

Two basic strategies are considered for the IFSSH' initiatives. The first strategy emphasize building regional and international networks through promoting a collaboration among health and social scientists to share experiences and initiatives. This strategy includes the facilitation of local/regional networks and the strength of communication including newsletters, scientific journals, meetings and workshops, among institutes, groups and individuals. The second strategy emphasizes the development of work on substantive activities of common interests among the members. These activities should benefit from the collaboration and strengthen the improvement of social sciences contributions to health field.

Structure of Network

The structure of IFSSH network consists of two levels of communications and administration, i.e., regional and global networks.

A prime networking activity is in a regional level which ties communication among local networks, academic communities, research institutes and individuals. Regional communication and administration presently flows through the Regional Task Force (RTF) where its constitution includes a group of country coordinators (8-12 persons) drawn from the social and health sciences living and working in the region. The responsibilities of the RTF are networking in its region, as stated earlier, in association with existing professional networks, research institutes, academic groups and individuals working on health social science in either an affiliated institutes or isolated settings. In other words, the active involvement and multi-disciplinary perspectives of regional coordinators will enhance towards the improvements in networking among health and social scientists. In its capacity, IFSSH has now operated the active networks in Africa, Asia-Pacific, Europe, Latin America-Caribbean, and North America.

Cross-regional and international communications are promoted by a global steering committee who are nominated by regional networks. The global Steering Committee is responsible in establishing the policy of IFSSH and represented by a diversity of disciplines, substantive interests and geographical regions. The SC members are therefore active members of their respective RTFs and committed to serving as an information node in the region. The SC will therefore work with their RTF to facilitate and build network and sustain the initiatives in social sciences applied to health developments. This global SC initiative is administered through the capacity of Secretariat in which the Secretary who is selected by the global SC, is taking responsibilities to synthesizing the policy guidelines into practical activities.

Planned Activities

In order to achieve conceptual advancement in social sciences in health in the second phase of IFSSH strategies, three working conferences/workshops have been defined. The intent is to aid in developing new paradigms and methods, and to encourage the comparison of finding from studies throughout the world. Each event will include both junior and senior scholars so that the mentoring process will generate new ideas. The conferences/workshops are :

1. Case studies of the application of social sciences to health problems for September 1996 in United Kingdom, to be organized by collaborative efforts of three regional task forces in developing countries, i.e., Africa, Asia-Pacific and Latin America-Caribbeans. Contact persons of the respective regions are Drs. Higginbotham, N., Briceno-Leon, R., and Wang'ombe, J.

2. Curriculum of health social sciences for 1997, to be organized by five regional task force committee of Africa, Asia-Pacific, Europe, Latin America-Caribbeans and North America. Contact persons are Drs. Higginbotham, N., Briceno-Leon, R., Nugens, Y., Wang'ombe, J., and Willms, D.

3. Bioethics, biotechnology and the political economy of health for 1997, to be organized by Drs. Good, M.D., and Hardy, E

Biography of the global Steering Committee

1. Dr. Roberto Briceno-Leon, Sociologist

Institute : Laboratorio de CIENCIAS Sociales, Universidad
Central de Venezuela, Caracas, Venezuela

Research Interest : Tropical Diseases

2. Dr. Mary-Jo Devecchio Good, Anthropologist

Institute : Department of Social Medicine, Harvard Medical School,
Boston, U.S.A.

Research Interest : Bioethics

3. Dr. Ellen Hardy, Sociologist

Institute : Department of Obstetrics and Gynecology, State
University of Campinas, SaoPalo, Brazil

Research Interest : Maternal and Child Health

4. Dr. Nick Higginbotham, Psychologist

Institute : Centre for Clinical Epidemiology & Biostatistics,
University of Newcastle, Newcastle, Australia

Research Interest : Transdisciplinary Health

5. Dr. Paul Nkwi, Anthropologist

Institute : Association Pan Africaine de l' Anthropologie, Yaounde,
Cameroon

Research Interest : Health Policy

6. Dr. Yvo Nuyens, Sociologist

Institute : Council on Health Research for Development, Geneva,
Switzerland

Research Interest : Health System

- sociologist and*
7. Dr. Santhat Sermisri, Demographer

Institute : Department of Social Sciences, Mahidol University, Bangkok
Thailand

Research Interest : Urban Health

8. Dr. Joseph Wang'ombe, Economist

Institute : Social Science and Medicine Africa Network, Nairobi, Kenya

Research Interest : Health Policy

9. Dr. Dennis Willms, Anthropologist

Institute : Centre for Health Economics and Policy Analysis,
McMaster University, Ontario, Canada

Research Interest : AIDS