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Targeting Basic Health Problems

by Roushan Zaman, Chief News Editor of United News of Bangladesh (UNB) in Dhaka

Within Bangladesh's overburdened health sector, a group of young researchers have set about charting a new course to address the country's neglected basic health problems. They have been spurred into action by the Essential National Health Research (ENHR) strategy, which unites researchers, communities and policy and decision makers to establish research priorities and pursue solutions to health problems.

Bangladesh is one of those developing countries in Asia where little research has occurred in the health sector. The small amount of research that has been done in this impoverished nation of about 112 million people, has taken place in biomedical fields that largely neglected the socio-economic aspects of peoples' lives that are so crucial for promoting health. It is these socio-economic aspects of health that policy makers must take into consideration if they are to respond effectively to the critical needs of the country. Against such a backdrop, the ENHR concept augurs well for the country. There has now been a national response to the international initiative conceived by the Commission on Health Research for Development and promoted by its successor organization, the Council on Health Research for Development (COHRED).

Leading the ENHR movement in Bangladesh have been a national non-governmental organization (NGO) known as the Bangladesh Rural Advancement Committee (BRAC) and a Dhaka-based international medical research institute -- the International Centre for Diarrhoeal Diseases and Research, Bangladesh (ICDDR,B). The initiative has received active support from UNICEF and a host of other NGOs.

"The NGOs play an essential part in development, particularly in health," says Dr. Sadia A. Chowdhury, the national coordinator of ENHR in Bangladesh and deputy chair of COHRED. "The structure and commitment that typify these organizations allow them to try out new ideas on a small scale, quickly and flexibly, which governmental organizations often cannot do because of bureaucratic, legislative and financial constraints. In this context, it's not in the least unusual that implementation of ENHR in the country should be an NGO initiative." She hastened to add that ENHR must have active government support to become an effective movement.

An example of the type of research inspired by ENHR in Bangladesh is that of Golam Azom, a university lecturer who is probing the impact of drug addiction on families in northern Rajshahi town. Based on the analysis of 145 cases selected by sampling techniques, he is trying to determine the socio-economic characteristics of drug addicts, including the factors responsible for their addiction, the nature and type of drugs used by them and the impact of addiction on their families. The study should help explore possible measures for curbing drug abuse as well as suggesting the specific services that can be offered to the affected families.

In Dhaka, Dr. Shafinaz F. Chowdhury, a microbiologist, has been working on diagnostic procedures for the rapid diagnosis of Falciparum Malaria. Instead of conventional slide examination for diagnosis of malaria -

- a tedious and time-consuming process -- Dr. Shafinaz is using the serodiagnostic method for rapid diagnosis of the disease. Malaria is endemic in Bangladesh: in 1993, nearly 150,000 people suffered from the disease. Dr Shafinaz's study also aims at evaluating the immune status of people with falciparum, the most deadly strain of malaria, which has been rampant in Bangladesh since the early 1970s.

Two teachers of statistics at Jahangirnagar University, near Dhaka, have been probing the determinants of maternal and child health care in urban slums. Ali Ahmed Howladar and co-investigator Ajit Kumar Majumdar worked laboriously to discover the socio-economic and demographic characteristics of the urban slums. Their inquiry centred on the common maternal and child health problems as well as the most common sources of health care delivery for the slum dwellers. The study, based on a sample survey of nearly 1,800 households at different shantytowns in Dhaka, revealed the extent of health problems being faced by the slum-dwellers.

Other on-going research projects include assessing primary health care interventions in coastal Bangladesh, examining the efficiency of health care delivery at hospitals and assessing the distribution and utilization of water-seal latrines in rural areas. When completed, the ENHR secretariat plans to disseminate its research findings through seminars and workshops with top-level academics, administrators, planners and policy makers. The secretariat also wants to "sensitize" policy makers and the media about the health problems as they emerge from the researchers.

The young health professionals are working under ENHR's Research Award Scheme (RAS), supported by IDRC. Begun in 1991, the RAS has supported six research projects in the first phase of the scheme, now nearing completion. At the moment, the ENHR Working Group in Bangladesh is reviewing another 20 research proposals for the second phase of the RAS, which will soon get underway. Eventually, the ENHR Working Group plans to provide financial grants to at least 30 potential researchers annually.

Since the ENHR concept was first proposed in Bangladesh in early 1989, a series of meetings and workshops resulted in the formation of a 15-member ENHR Working Group and a 21-member ENHR National Forum, both of which include representatives from NGOs and government. And over the past three years, the ENHR Working Group has carried out a number of activities. A 10-year prospective plan has been drawn up; an inventory of selected research institutions and investigators has been prepared; a list of research priorities formulated; and a national ENHR coordinator appointed.

These activities have been initiated to act as catalysts in the process of implementing ENHR in the country. The overall objective is to develop national capabilities to carry out research in the health sector and disseminate the results for the use of researchers, policy makers, planners and administrators. Although an ENHR secretariat was established in August 1991, it is still hosted by BRAC and largely dependent on other organizations for research facilities.

"I believe in our own capacity ... each institution should have its own research facilities and capabilities. ENHR is hosted by other organizations, but it should emerge as an independent institution," said Dr. Halida Akhter Khanam, a member of the ENHR Working Group. She said that ENHR should help improve the environment of health research in Bangladesh while focusing on such fields as mother and child health, epidemic areas, health care seeking behaviour, and the quality and availability of health care. "Besides creating a national capability for research, we should also try to establish a linkage between research and policy formulation," says Dr. Halida.

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