

## NEWSLETTER : *International Health Policies 152*

IHPNews 152 - Knowledge Translation in Developing Countries

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## Editorial

Dear Colleagues,

*This week's guest editorial by Joarder Taufique, Emerging voice from Bangladesh, dwells on the difficult knowledge translation process in developing countries. He has a clear message for the Ministries of Health and for WHO. (We might add that KT is not just an issue in LMICs, as our American and UK readers know all too well.)*

### **A Critical Perspective on the Policy Process in a Developing Country**

One year ago I attended the First [Global Symposium on Health Systems Research](#) in Montreux, Switzerland, as an [Emerging Voice](#). I was amazed by the posters that were talking about many problems, and the ways to solve them. I am from Bangladesh and although most posters were not from Bangladesh, the problems seemed surprisingly similar to ours. The same issues related to retaining human resources for health in rural areas, achieving universal health coverage through the most suitable mechanism, tackling child and maternal mortality, integrating NCDs in PHC delivery, achieving equity in health service provision, establishing meaningful health information systems, pay for performance, and many more.

I felt happy and frustrated at the same time. On the one hand, I was glad that I had been selected as an Emerging Voice and could share my thoughts with the most important public health figures in the world (with whom I never even imagined of talking face to face in the first place). I also enjoyed my stay in posh hotels in Antwerp and Montreux, and had a great time sharing a bunch of 'provocative' ideas with a number of vibrant young public health enthusiasts from all over the globe, and traveling through picturesque European landscapes. But at the same time, deep down I felt strangely frustrated and powerless as I did not know how my thoughts, eagerness, and ideas could solve some of the public health problems in my own country.

As I was walking through the poster presentation area of the Montreux Music and Convention Center, a reporter from WHO came up to me and asked what my reflections/thoughts were on the conference. Obsessed with my desire to channel my research findings and thoughts, I reflected on the knowledge translation issues - issues that had been discussed in some of the sessions on knowledge translation, issues that I conveyed during some of the sessions, issues that were bubbling up in my baffled mind. I would like to share some of the concerns that tormented me a year ago, as they continue to haunt me.

In a country like Bangladesh, where the literacy rate is only 56%, the importance of knowledge translation never gets its due consideration. Evidence based policy, as far as Bangladesh is concerned, is something that reads well only in books on most occasions. In my humble opinion, policymakers don't refer to scientific journals as much as they would be expected to do in making informed policy decisions. The Ministry of Health and its organs are largely run by clinicians, many of whom don't have extensive training in public health. Unfortunately, too many Decisions are taken on political consideration only. Eventually when the government is changed, even the successful programs along with their personnel (who were hired by the previous government, and hence believed to be supporters of that party) are gotten rid of, despite evidence of success. One such example is the revoking of a promising Community Clinic program by the new government, as it happened to be established by the former government. But this is by no means the only example.

In summary, in many developing countries, it is not the lack of research, but the lack of a culture of evidence based policy making that hinders the process of deriving effective policies. Far too many policy makers fail to realize the importance of evidence based policy making, however strange it may sound to the readers of the developed world. Policies are not given the due considerations needed and even changed due to mere change in the political government, as exemplified above. Too many prospective policies are not critically scrutinized enough in order to establish their merit in a resource limited setting. In our political environment, it is all too common for the new government to wipe out most if not all policy oriented gains made by the former. Even the formal mechanism to commission evaluation research is lacking.

Therefore, it is imperative that the personnel of MoH and the actions taken by them be independent of the political process and its periodic shifts. Additionally, I strongly believe that WHO or any other related organization should bring this issue to the table of discussion and urge the governments/policy makers to establish a system of meeting the academia/researchers on a regular basis. Policy makers should develop the habit of seeking feedback from the experts before taking decisions on important health issues, e.g. introducing demand side financing programs, starting user fees in PHC centers, introducing some type of health insurance system, providing incentives to the Human Resources for Health in order to serve in rural areas, etc. The MoH should be strongly encouraged to facilitate knowledge translation from the local academia/researchers and be held accountable for doing so. Demands should be created in international meetings, symposiums, conferences in order to put knowledge generation, knowledge translation, and evidence based policy making at the forefront of the policy making process, in every country.

So why not start these discussions at the upcoming [‘Prince Mahidol Award Conference 2012: Moving towards Universal Health Coverage: Health Financing Matters’](#)?

Taufique Joarder

## Global Health Policy and Financing

### 1. Lancet (Comment) – Abortion: what is the problem?

Beverly Winikoff & Wendy R. Sheldon;

[http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(12\)60038-5/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(12)60038-5/fulltext)

New global data on abortion from the Guttmacher Institute and WHO, detailed in a Lancet [Article](#), highlight how the global decline in abortion rate has stalled. Alarming, there is a continuing increase in the proportion of unsafe abortions in developing countries, and higher abortion rates in areas with restrictive abortion laws. Authors of the report state: *“Measures to reduce the incidence of unintended pregnancy and unsafe abortion, including investments in family planning services and safe abortion care are crucial steps toward achieving the Millennium Development Goals.”* The study is assessed in this Comment.

### 2. Lancet (editorial) - Global health in 2012: development to sustainability

[http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(12\)60081-6/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(12)60081-6/fulltext)

*“In 2012 there will be a major strategic shift in global health, away from development and towards sustainability”*, argues this Lancet editorial. *“The health sector has a vital part to play during the next 12 months. We need to make a strong case for health as part of sustainable development and future sustainable development goals—to protect the gains of the past decade and ensure that the unfinished agenda of the past decade is continued. However, we also need to embrace a new and emerging health agenda—one that includes NCDs and climate change.”* So far, the Rio+20 zero draft outcome document doesn't mention health much. So there's still some work to do.

### 3. Lancet (editorial) - Global surgery—the final frontier?

[http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(12\)60081-6/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(12)60081-6/fulltext)

This Lancet editorial urges the global health community to boldly go where no man has gone before: global surgery. *“The role of surgery as a tool for public health needs to gain global recognition. Governments and aid organisations need to ensure that surgery in developing countries receives adequate funding; the unsung volunteer heroes cannot carry the burden of developing surgical capacity alone. Surgical conditions should not be left as the final neglected tropical disease.”*

### 4. KFF – WHO's Chan Urges New Approach To Preventing, Fighting NCDs At Executive Board Meeting

<http://globalhealth.kff.org/Daily-Reports/2012/January/17/GH-011712-WHO-NCDs.aspx>

The WHO Executive Board meeting is still in full swing. If you want to have an idea of what's going on, check out this [Twitter thread](#). In her opening [speech](#), Margaret Chan urged the 34-member board to tackle the root causes of non-communicable diseases.

If you are interested in the ongoing WHO reform you can have a look at this [website](#) from Medicus Mundi. It gives a fairly comprehensive overview of the proposals and debate.

### 5. WHO (news) – Dr Margaret Chan nominated for a second term to be WHO Director-General

[http://www.who.int/mediacentre/news/releases/2012/dg\\_20120118/en/index.html](http://www.who.int/mediacentre/news/releases/2012/dg_20120118/en/index.html)

To nobody's surprise, Chan was nominated for a second term as Director-General.

## 6. Bloomberg – Financial Crisis May Kill in Congo as Global Health Aid Stalls

Simeon Bennett; <http://www.businessweek.com/news/2012-01-18/financial-crisis-may-kill-in-congo-as-global-health-aid-stalls.html>

This article gives a fairly good overview of recent developments in global health financing, and how the current financing problems of Global Health Initiatives already kill people in places like Congo.

Both the [blog4GlobalHealth](#) and [Science Speaks](#) have interesting blog posts on the presentation given by Christopher Murray and Michael Hanlon (from the Institute for Health Metrics and Evaluation) at the University of Washington, in an event earlier this week hosted by the Global Health Council. For the ones who didn't attend the event, essential reading.

## 7. AFGH (blog) – looking ahead through 2012

<http://www.actionforglobalhealth.eu/blog/?p=1577>

This AFGH blog looks back on the achievements and trends of 2011 and looks ahead to 2012 (in the second part of the blog). On AFGH's wish list, you find for example: *“In 2012 we hope to ensure that universal health coverage goals are included in the agenda of international fora, such as World Health Assembly, the Rio+20 UN Conference on Sustainable Development and the G20 processes. We want to see the GF, including the Health Systems Strengthening Platform, WHO and United Nations Population Fund being fully funded and delivering improved results for better health outcomes. We will be working towards an FTT to be implemented and mobilizing additional resources for development and global health to ensure MDGs commitments are fulfilled.”*

Meanwhile, in China philanthropy is on the rise – as Bill Gates himself noted in the [China Daily](#). Will China overtake the US also in this respect? (Newt & Mitt, watch out)

## 8. Plos – A United Nations General Assembly Special Session for Mental, Neurological, and Substance Use Disorders: The Time Has Come

Judith K. Bass et al. ;

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001159>

Vikram Patel, Judith Bass, and other global mental health leaders call for a special session of the UN General Assembly to discuss and debate action needed on mental health, which has been left off the international NCDs agenda. We couldn't agree more. (Whether it will materialize, is however, a different matter, given all the economic insanity in the world right now ).

This week, the Lancet also has a [Comment](#) on the need for empowerment of mental health patients and partnership between patients and professionals (aka 'Mentalists').

## 9. MLI – Voices on Ownership

John Donnelly ; <http://www.ministerial-leadership.org/blog/shah-%E2%80%9Cwe%E2%80%99re-starting-see-vision%E2%80%9D>

This is the first of a series of perspective pieces on country ownership from the “Advancing Country Ownership for Greater Results” roundtable organized last week by the Ministerial

Leadership Initiative for Global Health (MLI), a program of Aspen Global Health and Development. It attracted 50 people, including senior officials from developing countries, the US government, development partners and NGOs.

Other pieces in the same series include the view from the Ethiopian [Minister of Health](#) and [several participants and development leaders](#).

## 10. Global Public Health – The Global Fund and the re-configuration and re-emergence of ‘civil society’: Widening or closing the democratic deficit?

Anuj Kapilashrami et al.;

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2011.649043>

The authors wonder whether the GF governance decreases or actually widens the democratic deficit, by involving the civil society.

In another new Global Public Health article, Just Haffeld [wants](#) to transform global health through complexity theory. We already know one fan.

## 11. Lancet correspondence - Non-communicable disease priority actions and social inclusion

H. Mannan et al. (including the EquiTable consortium);

[http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(12\)60106-8/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(12)60106-8/fulltext)

There is an urgent need to assess what health policies actually say, and commit to, in terms of social inclusion and human rights. *“The EquiAble consortium has developed a policy analysis framework—EquiFrame—through consultation with more than 100 stakeholders across Sudan, Malawi, Namibia, and South Africa. This framework has been used to assess 49 country health policies in terms of their commitment to 12 vulnerable groups. These findings indicate that much work needs to be done to make our health policies more inclusive.”*

A Lancet viewpoint [wonders](#) why the public health community places negligible emphasis on collection, analysis, and making greater use of the world's public health laws.

Some more articles you should probably explore this weekend:

- Science Speaks has an [article](#) on a new report from the Foundation for AIDS Research and the Johns Hopkins Bloomberg School of Public Health. *“The goal of an AIDS-free generation stands to fail unless critical changes are made to address stigma and discrimination against gay men and men who have sex with men (MSM).”*
- CFR features two lengthy transcriptions of recent roundtable series meetings: [one](#) on Brazil and Russia’s engagement in global health; the [other one](#) on how to get to Universal Health Coverage.

## Infectious Diseases

### 12. CGD – Nice Job on Polio, but Don’t Forget the Other Diseases

Victoria Fan; <http://blogs.cgdev.org/globalhealth/2012/01/nice-job-on-polio-but-don%E2%80%99t-forget-the-other-diseases.php>

Fan applauds India for its polio commitment and achievement, but emphasizes that this recent success shouldn’t obscure the sorry state of vaccination in India.

In Foreign Policy, Charles ‘The Optimist’ Kenny also had a [piece](#) on polio eradication. He’s less upbeat than usual.

### **13. Lancet (World Report) – India reports cases of totally drug-resistant tuberculosis**

Samuel Loewenberg; [http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(12\)60085-3/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(12)60085-3/fulltext)

Mismanagement of tuberculosis in Mumbai has led to the emergence of India's first known cases of a totally drug-resistant form of the disease, say doctors. Samuel Loewenberg reports.

In the Global Post, John Donnelly [puts](#) the Indian TB news in international perspective. The situation is worrying in many parts of the world, not just in India.

Check out also the WHO [FAQ page](#) on TDR-TB.

## **Malaria**

### **14. BBC : Fake malaria drugs could 'put millions at risk'**

<http://www.bbc.co.uk/news/health-16588153>

Fake and poor quality anti-malarial drugs are threatening efforts to control the disease in Africa and could put millions of lives at risk, scientists say. The Guardian’s Sarah Boseley [agrees](#).

A Plos [article](#) finds that targeted mass vaccination with a pre-erythrocytic malaria vaccine RTS,S in low-transmission settings might have better health effects than vaccination through national EPI programs.

Earlier this week, the New York Times [reported](#) on Mao’s contribution to artemisinin research. ( the great helmsman has a somewhat mixed Public Health track record, not unlike George Bush Jr. )

In related news, Science [reported](#) on a scientific breakthrough that should make malaria drugs less expensive in the near future.

## **Research**

Always good to know for many of our readers: what are the [key Global Health journals](#), according to Andrew Harmer? Editors who feel that their journal is being ignored, can update the list.

### **15. Guardian - Academic publishers have become the enemies of science**

[http://www.guardian.co.uk/science/2012/jan/16/academic-publishers-enemies-science?CMP=tw\\_t\\_gu](http://www.guardian.co.uk/science/2012/jan/16/academic-publishers-enemies-science?CMP=tw_t_gu)

The US Research Works Act would allow publishers to line their pockets by locking publicly funded research behind paywalls, argues Mike Taylor in the Guardian. You can oppose the law, by signing this AVAAZ [petition](#).

In a related article, the New York Times [focused](#) on social media, innovative peer reviewing mechanisms and interesting discussion fora for scientists.

## Development & aid

### 16. ODI – Big thinking and big ambition: but a rocky road to Rio

Claire Melamed;

<http://www.odi.org.uk/opinion/details.asp?id=6256&title=big-thinking-big-ambition-but-rocky-road-rio>

The environment and development agendas are edging closer to each other. This is a good thing, in principle, argues ODI's Claire Melamed, but there are some dangers to this approach.

Finally, a few other articles for on the plane to Bangkok:

- A new Oxfam [report](#) dwells on the increasing inequality in G20 countries. The report comes timely, as the G20 finance ministers are meeting. Oxfam's Max Lawson [provides](#) the 'take home messages' in the Guardian.
- Development Policy review has a [Special Issue](#) on Tracking Development in South-East Asia and sub-Saharan Africa. What are the similarities, what are the differences?
- A Foreign Policy 'argument' [zooms in on](#) the race to lead the World Bank, a race that is heating up (no mention of 'open marriages' so far, though).
- Dave Algoson wrote this [piece](#) on his blog, a 'must read' if you want to learn more about cash on delivery and conditional cash transfers (and their detractors.)
- Aidspeak features a [post](#) on the divide between what people in rich donor countries get to hear about aid and real aid.