Networking to address global health challenges

Translating policy to action to improve health systems

Carel IJsselmuiden, Francisco Becerra Posada

7th IANPHI Annual Meeting
Mexico City, 2 October 2012

The COHRED Group
Findings:

“10/90 Gap”

Recommendations:

1. **ENHR**
2. Increased Global Funding
3. **Research Partnerships**
4. Global Platform
We aim to improve health, equity and development by supporting countries to develop strong research and innovation systems. We work globally, but prioritise low and middle income countries.

We have **two primary goals:**

• to support countries to optimize their research and innovation capacity for the improvement of health, equity and socio-economic progress

• to engage outside agencies whose actions impact on the research and innovation capacity of low and middle income countries – with the aim of ensuring that their actions are system-supportive.
IANPHI

• The International Association of National Public Health Institutes – IANPHI – is a global initiative that aims to develop stronger and more coordinated public health systems through the development and support of national public health institutes – or NPHIs.

IANPHI is also a professional association for NPHI directors, providing a platform for advocacy and collective action in addressing public health challenges and opportunities.

• http://www.ianphi.org/who-we-are/
health research vs research for health

- Social & Political Development
- Economic Development
- Health System
- Health Research

www.cohred.org
• **Research** = generating knowledge

• **Development** (as in ‘R&D’) = translating knowledge into useful products, technologies, methods and tools
  – (also ‘technology’ as in ‘S&T’)

• **Innovation** = scaling up – so the products become available to all who need it anywhere
• **Innovation** = scaling up – so the products become available to all who need it anywhere
  
  – Technical
  
  – Social
Shared Decision Making
In a two-part interview, the Mayo Clinic's Victor Montori explains the concept of shared decision making, describes some free innovative tools, and tells a touching story about an elderly patient.

Also in the Spotlight
- A feature-length file, Escape Fire: The Fight to Rescue American Healthcare, premieres October 5; read more on IHI's Leadership blog
- New hope for mothers and newborns in Africa: Read the Huffington Post blog post by IHI SVP Dr. Pierre Barker
Moving from Policy to Action

They must be put into practice.

[PDF] Turning Policy into Action

[PDF] Putting the Policy into Action
www.oecd.org/investment/
File Format: PDF/Adobe Acrobat
by R Newfarmer - 2005
Action: Next Steps. Richard
Investment ... different stra...

Translating Words into Action – USAID's Gender ... - USAID Impact
blog.usaid.gov/.../translating-words-into-action-usaids-gender-
2 Mar 2012 – USAID Impact Photo Credit: Nancy Leahy/USAID. Where to? ... Still, as we all know, policies must be translated into action and then practice. ... And, we will become a more effective development agency in the process.

The Policy Action > Network | a research/policy nexus
www.pan.org.za/
P>AN supports the policy community by sourcing information on social policy with ... and 'how-to' info on getting research into policy, and getting policy into action. ... Finally, it examined the results of a number of attempts to model the impact of ...

Baltic Climate | Policy makers > Getting into action > Assess ...
toolkit.balticclimate.org/.../policy-makers/getting-into-action/a...
However, you are in luck as planners already have experience in the integration of ... You as a policy maker have the possibility to reduce the impacts on and ...
A gender perspective contributes to a better understanding of the epidemiological trends, social marketing strategies, economic policies, and international actions relating to women and the tobacco epidemic. Evidence is provided in this article for the negative impact of tobacco use by women and of passive smoking on the health of women and children. Use of tobacco by women is increasing and this is related to the tobacco industry’s aggressive advertising, sponsorship and promotion strategies.

Policy directions are proposed in this article. At all levels, a multi-pronged strategy — including changes in legislation and fiscal policies, improvements in gender-sensitive health services, and cessation programmes — should be considered. Much more gender-specific research on tobacco use is needed, particularly in developing countries. Women’s empowerment and leadership should be at the centre of all tobacco control efforts and are essential for the success of national programmes and the recently introduced Framework Convention on Tobacco Control.

**Keywords:** smoking, epidemiology; tobacco, adverse effects; tobacco industry, economics; tobacco smoke pollution, adverse effects; women’s health; women’s rights.
Implementation of Programme and Policy Initiatives
Making implementation matter

Better Practice Guide  October 2006
THE ART OF MOVING POLICY TO ACTION

LESSONS LEARNED FROM THE USAID HEALTH POLICY INITIATIVE

TAKING THE PULSE OF POLICY: THE POLICY IMPLEMENTATION ASSESSMENT TOOL

Moving Policy to Action

- Data Analysis and Use
- Policy and Strategy Development
- Leadership and Governance
- Resource Mobilization
- M&E and Accountability
- Policy Formulation
- Policy Implementation
- Implementation of Strategies
- Scale Up & Sustainability
- Action Planning
- Addressing Barriers
- Policy Dialogue & Advocacy

Individual and Institutional Capacity

Planning and resource mobilization

Stakeholder engagement

Operations and services

Feedback on progress and results
DELIVERY AGREEMENT

FOR OUTCOME 2: A Long and Healthy Life for All South Africans

More broadly, Government has gone a step further by taking practical measures to ensure that by 2014 the Department of Health would have contributed positively to improving the status of all South Africans. In the government programme of action, health and education are given particular importance. To this end, the government has identified four strategic outputs which the health sector must achieve. These are:

- **Output 1:** Increasing Life Expectancy
- **Output 2:** Decreasing Maternal and Child mortality
- **Output 3:** Combating HIV and AIDS and decreasing the burden of disease due to Tuberculosis
- **Output 4:** Strengthening Health System Effectiveness
Decision-making processes for effective policy implementation

Hunter, D.J. and Marks, L.: 2002

This background paper is concerned with the implementation of policy and with how decisions do, or do not, get made. The government insists that the policy framework is clear and unambiguous and that what is required is effective implementation. ‘Delivery, delivery, delivery’ is the mantra, not lack of sound policy. A first question, therefore, is how far national policy aspirations (including the two national inequalities targets) translate into clear policy guidelines which are meaningful at a local level. This provides the context in which local decision-making takes place.

Decision-making processes for effective policy implementation

(160.1Kb 01min 56sec @ 28.8Kbps)

Adobe Acrobat reader required.
Example in business: execution is everything
• Narrower problem is easier to do – but impact may be less
• No agreed process: it is messy – but will benefit from clarity of objectives
• Strategize – identify and involve all players
• Leadership: to act across institutional mandates
  — Pick the battles/issues you want to win
• Has to be country-specific, industry specific, problem-specific
• Need to be a strong learning & sharing component
development of health systems thinking

- **mid 1960’s** - Alma Ata: linking health systems to social action
- **Early 1970’s** - Prioritising the ‘Possible’: selective primary health care
- **The 1990’s** - globalisation, marketization, the rise of AIDS and the reconceptualisation of health systems
- **From 2000 onwards**: systems performance, new actors and engaging complexity

Obesity Policy Action framework and analysis grids for a comprehensive policy approach to reducing obesity.

Sacks G, Swinburn B, Lawrence M.
School of Exercise and Nutrition Sciences, Deakin University, Melbourne, Australia. gary.sacks@deakin.edu.au

Abstract
A comprehensive policy approach is needed to control the growing obesity epidemic. This paper proposes the Obesity Policy Action (OPA) framework, modified from the World Health Organization framework for the implementation of the Global Strategy on Diet, Physical Activity and Health, to provide specific guidance for governments to systematically identify areas for obesity policy action. The proposed framework incorporates three different public health approaches to addressing obesity: (i) 'upstream' policies influence either the broad social and economic conditions of society (e.g. taxation, education, social security) or the food and physical activity environments to make healthy eating and physical activity choices easier; (ii) 'midstream' policies are aimed at directly influencing population behaviours; and (iii) 'downstream' policies support health services and clinical interventions. A set of grids for analysing potential policies to support obesity prevention and management is presented. The general pattern that emerges from populating the analysis grids as they relate to the Australian context is that all sectors and levels of government, non-governmental organizations and private businesses have multiple opportunities to contribute to reducing obesity. The proposed framework and analysis grids provide a comprehensive approach to mapping the policy environment related to obesity, and a tool for identifying policy gaps, barriers and opportunities.

PMID: 18761640 [PubMed - indexed for MEDLINE]
• A health system is defined for the purposes of this report as consisting of four core elements:
  – personal health care services
  – public or population health services
  – health research systems
  – health in all policies.

• Effective health systems strengthening requires attention to all four of these elements.
A systems science perspective and transdisciplinary models for food and nutrition security

Fig. 1. A systems framework for food and nutrition security.
## Mandates of NPHI members of IANPHI

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www.cohred.org
example: High Income Countries

Economic Impact of the Human Genome Project

How a $3.8 billion investment drove $796 billion in economic impact, created 310,000 jobs and launched the genomic revolution

Prepared by Battelle Technology Partnership Practice
May 2011
IMPACT OF RESEARCH ON ECONOMIC GROWTH AND WELLBEING

- KNOWLEDGE
- SERVICES
- POLICY
- ECONOMIC & WELL BEING
Insecticide-treated nets made in Tanzania exported to other African countries.

30,000,000 olyset nets (50% of the world's production) made by A-Z company Tanzania.

Tanzania’s worth of export of nets have increased from Tsh 65bn in 2008 to 105bn in 2010.

7000 people employed in the industry.
November 2, 2011
Bill Gates lists Dr. Cyrus Poonawalla as one of the seven most influential Vaccine Heroes. [more...]

August 5, 2011
Serum & Merck Announce Collaboration to Develop and Expand Global Access to Pneumococcal Conjugate Vaccine. [more...]

July 11, 2011
WHO lauds Serum Institute’s efforts at BRICS meeting in China. [more...]

One out of every two children immunized in the WORLD is vaccinated by one of Serum Institute's Vaccine
### Table 3.1. Leading Indian vaccine manufacturers

<table>
<thead>
<tr>
<th></th>
<th>Revenue 2010–11 (US$ millions)*</th>
<th>Selected licensed vaccines (bold if WHO PQ)**</th>
<th>Selected vaccines in pipeline (bold if in trials)***</th>
<th>Ownership</th>
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<td>Serum Institute of India</td>
<td>226</td>
<td>BCG, DTP, MMR, Penta, Men. A conj., H1N1 Flu</td>
<td>Rota, Pneumo, Seasonal Flu, Rabies, Acellular Pertussis, HPV</td>
<td>Private</td>
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<td>Panacea Biotech</td>
<td>201</td>
<td>Hep B, Penta, OPV, IPV</td>
<td>Dengue, anthrax, JE, Flu</td>
<td>Publicly traded</td>
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<tr>
<td>Bharat Biotech</td>
<td>65</td>
<td>Hep B, Penta, OPV, rabies, H1N1 flu, Typhoid</td>
<td>Rota, JE, Typhoid conj., malaria, HPV, Chikungunya</td>
<td>Private</td>
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<tr>
<td>Indian Immunologicals</td>
<td>62</td>
<td>Rabies, MMR, Hep B</td>
<td>HPV, Chikungunya, JE</td>
<td>State-owned</td>
</tr>
<tr>
<td>Shantha Biotech</td>
<td>59</td>
<td>Hep B, Tetanus, Cholera</td>
<td>Rota, Penta, Hexavalent with IPV, HPV, Typhoid conj.,</td>
<td>MNC -owned</td>
</tr>
<tr>
<td>Biological E</td>
<td>55</td>
<td>Penta, Tetanus, DTP, IPV, JE</td>
<td>Men. conj., IPV combinations</td>
<td>Private</td>
</tr>
</tbody>
</table>

Sources: *Biospectrum/ABLE 2011 Survey except Biological E: Mahima Datla, Senior Vice President, personal communication to PW

**Company websites, WHO prequalification list


Notes: PQ: prequalified; DTP: diphtheria-tetanus-pertussis combination; MMR: measles-mumps-rubella combination; Penta: pentavalent; Men. A conj.: Meningitis A conjugate; Flu: influenza; Rota: rotavirus; Pneumo: pneumonia; OPV: oral polio vaccine; IPV: inactivated polio vaccine; JE: Japanese encephalitis; HPV: human papillomavirus; MNC: multinational corporation
"To create a world-leading scientific base for health science nutrition"

We create and deliver world class excellence in biomedical research to better understand chronic human diseases and ageing as influenced by metabolism, genetics and environment.

A molecular understanding of health and disease processes will allow us to devise personalised nutritional strategies as a means to help people to stay healthy rather than to manage disease.

We follow a multidisciplinary, integrated systems approach to investigate genetic predisposition and metabolic progression of human diseases. This knowledge is then translated into nutritional strategies and medical applications to improve and maintain overall health. We will perform and leverage fundamental biomedical research to find new routes to nutrition-based disease prevention and, possibly also medical disease treatment.
COMMENTARY

Health systems, systems thinking and innovation

Rifat Atun

Professor of International Health Management, Imperial College Business School and Faculty of Medicine, Imperial College, London, UK.
E-mail: r.atun@imperial.ac.uk

Accepted 17 August 2012
Keywords Health systems, dynamic complexity, systems thinking, innovation
IANPHI in support of NPHIs

- **Focus on health equity**

- **Priority setting**: making sure local problems make it to global relevance *and* vice versa

- **Communication / sharing / learning**
The developing world has met the United Nations’ first Millennium Development Goal, to halve extreme poverty from 1990 levels by 2015, the World Bank said on 29 February on the basis of preliminary 2010 data. By 2008, some 1.3 billion people (22% of the developing world’s population) were living on less than $1.25 per day, down from nearly 2 billion (43%) in 1990, said the organization, in Washington DC. The trend has continued to 2010, although much of the fall is due to China’s growing wealth.
Social progress in Latin America

Good tidings from the south
Less poor, and less unequal

Dec 3rd 2011 | from the print edition

POVERTY may be rising in Europe and the United States, places that thought they had conquered it, but in Latin America it continues to fall. In its annual estimate released this week, the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) reckons that 30.4% of the region’s population is living below national poverty lines. This not only maintains a steady fall (from a peak of 48.4% in 1990), but is the lowest figure since more or less reliable statistics began to be collected in the 1970s—and probably ever (see chart).

True, population growth means that in absolute terms the numbers in poverty have not fallen as far: 174m in 2011, down from 225m in 2002 but up from 136m in 1980. But ECLAC also confirms another positive trend detected by other researchers: although Latin American remains the world’s most unequal place, income inequality in the region has begun to decline, too. Of the 18 countries for which there are data, only in the Dominican Republic (DR) and (especially) Guatemala did inequality widen between 2002 and 2008; since 2008, only in the DR, Ecuador and Paraguay has it done so.
CMH critique – president AfDB

• Alongside this positive legacy of the CMH report, it might, however, have put too much emphasis on the global story at the expense of country-specific circumstances.

• More aid could have contributed to less ownership and less accountability from recipient governments.

• Africa’s economic emergence will transform the way we think about global health. Tomorrow’s agenda will be domestic.

*The Lancet v 378 December 3, 2011, 1904-5*
IAINPHI in support of NPHIs

• Focus on health equity

• Priority setting: making sure local problems make it to global relevance and vice versa

• Communication / sharing / learning
## Health Research Priority Setting

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<tr>
<th>Disease</th>
<th>2007 (US$)</th>
<th>2008 (US$)^</th>
<th>2009 (US$)^</th>
<th>2010 (US$)^</th>
<th>2010 Nominal (US$)</th>
<th>2007%</th>
<th>2008%</th>
<th>2009%</th>
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<td>HIV/AIDS®</td>
<td>1,083,018,193</td>
<td>1,164,882,551</td>
<td>1,138,511,159</td>
<td>1,073,033,520</td>
<td>1,119,699,939</td>
<td>42.3</td>
<td>39.4</td>
<td>35.9</td>
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<td>Tuberculosis®</td>
<td>410,428,697</td>
<td>445,927,582</td>
<td>550,853,747</td>
<td>575,361,902</td>
<td>602,741,600</td>
<td>16.0</td>
<td>15.1</td>
<td>17.4</td>
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<td>Malaria®</td>
<td>468,449,438</td>
<td>541,746,356</td>
<td>593,860,744</td>
<td>547,042,394</td>
<td>547,199,115</td>
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<td>Dengue</td>
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<td>126,752,203</td>
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<td>177,643,516</td>
<td>187,384,693</td>
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<td>4.3</td>
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<td>Diarrhoeal diseases</td>
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<td>132,198,981</td>
<td>180,426,679</td>
<td>158,918,128</td>
<td>166,319,515</td>
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<td>Kinetoplastids</td>
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<td>162,258,988</td>
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<td>150,150,863</td>
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<td>4.7</td>
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<td>Bacterial pneumonia &amp; meningitis</td>
<td>32,517,311</td>
<td>90,844,284</td>
<td>68,988,629</td>
<td>92,866,038</td>
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<td>Helminths (worms &amp; flukes)</td>
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<td>79,414,264</td>
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<td>Salmonella infections</td>
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<td>5,253,880</td>
<td>8,612,816</td>
<td>9,374,424</td>
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<td>2,885,148</td>
<td>2,215,853</td>
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<td>Core funding of a multi-disease R&amp;D organisation</td>
<td>110,921,673</td>
<td>101,097,348</td>
<td>74,094,564</td>
<td>76,884,279</td>
<td>76,807,824</td>
<td>4.3</td>
<td>3.4</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Unsolicited disease®</td>
<td>51,619,120</td>
<td>74,707,997</td>
<td>75,667,744</td>
<td>47,485,474</td>
<td>51,441,520</td>
<td>2.0</td>
<td>2.5</td>
<td>2.4</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Disease total®</strong></td>
<td><strong>2,560,068,749</strong></td>
<td><strong>2,955,964,344</strong></td>
<td><strong>3,168,940,958</strong></td>
<td><strong>3,062,669,973</strong></td>
<td><strong>3,172,754,136</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
India's Role in Global Health R&D

Paul Wilson and Aarthi Rao

RESULTS FOR DEVELOPMENT INSTITUTE
SHIFTING PARADIGM

How the BRICS Are Reshaping Global Health and Development
Priority Setting

A MANAGEMENT PROCESS FOR COUNTRIES

Understand the environment in which priority setting takes place

Define the focus and scope of the priority setting process

Use methods best suited to local context and needs

Develop a management framework to ensure best use of resources

Implement the plan of work

Ensure action after priority setting, and continuous review of progress
IANPHI in support of NPHIs

• Focus on health equity

• Priority setting: making sure local problems make it to global relevance and vice versa

• Communication / sharing / learning
examples badly needed

• feedback yesterday’s sessions

• complexity and locality of action

Large-System Transformation in Health Care: A Realist Review. The Milbank Quarterly, Vol. 90, No. 3, 2012 (pp. 421–456)
VTV 2010 Van gezond naar beter

Kernrapport:
Van gezond naar beter

Deelrapporten:
Tijd en toekomst
Gezondheid en determinanten
Effecten van preventie

Volksgezondheid Toekomst Verkenning 2010
‘Van Gezond naar Beter’
The development community is facing new experiences as learning opportunities. Admitting Failure knows that one that's repeated, for those who are willing, is a community and a resource, created to enable the development sector. Read more.

**Understand Why Failure Matters**

**Browse Failures**

- **Most Recent**
- **Most Comments**

**READER REACTIONS**
- Insightful
- Courageous
- Widely applicable
- Funny
- Informative
- Persuasive
- Fascinating
- Surprising
- Bold
- Complex
- Reflective
- Intelligent
- Dignified

**SECTOR**
- Agriculture
- Business Development
- Community Infrastructure
- Disaster Relief
- Education and Youth
- Energy
- Environment
- Governance
- Health and Safety
- Water and Sanitation
- Other

**PROFESSIONAL DESIGNATION**
- Academia
- Donor
- Local NGO
- Government
- NGO
- Personal Endeavor
- Social Enterprise
Senegal

Regional pages of relevance for your country: Africa

Sections
- Gouvernance et politiques
- Priorités nationales en matière de recherche sur la santé
- Institutions / Réseaux clés
- Revue d'éthique de Health Research
- Réglementation en matière de recherche
- Financement et partenariat de la recherche
- Civil Society Organisations
- Projets de recherche sur la santé et publications
- Ressources d'information
- Country Report

* Regional pages of relevance for your country: Africa
Other notable efforts to enhance accountability and access to information about human subjects research are also underway. For example, “Health Research Web”, initiated by the Council on Health Research for Development, an international nongovernmental organization whose primary objective is to strengthen research for health and innovation, compiles information on studies taking place around the world, as well as information about IRBs and research ethics committees, countries’ governance policies, and other useful data. P49-50
RHInnO

Watch our Video to learn more about RHInnO

watch it now

Research for Health and Innovation Organiser

The overall objective of the RhInnO is to provide research ethics committees, governments, researchers and medicines regulatory authorities with a web-based information and management system that makes available quick and reliable 'near real-time' data, tables and graphs which can be used to monitor, evaluate and communicate.

Intuitive admin tools

For research management, research submissions and ethics review processes.

Build your own indicators

Readily available analysis, data and tools to promote evidence-based decision making.

Intuitive admin tools

Web-based information and management system

Access it from anywhere
RHInnO Research embedded in the COSTECH’s website

Tanzania

Sections
- Governance and Policies
- National Priorities for Research
- Key Institutions / Networks
- Research Ethics Review
- Medicines Regulation
- Research Financing and Partnerships
- Civil Society Organisations
- Research Projects and Publications
- Information Resources
- Country Report

Regional pages of relevance for your country: Africa
Research
- Summary
- Research projects per status
- Research projects per field of science
- Research projects per research topic
- Research projects per year
- Research projects per PI institution
- Research projects per principal investigator

Disclaimer: 1547 out of 1547 projects answered this question
<table>
<thead>
<tr>
<th>Research projects per PI institution - Top 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>State University of Zanzibar</td>
</tr>
<tr>
<td>University of Minnesota</td>
</tr>
<tr>
<td>University of Copenhagen</td>
</tr>
<tr>
<td>University of California</td>
</tr>
<tr>
<td>University of Florida</td>
</tr>
<tr>
<td>Kyoto University</td>
</tr>
<tr>
<td>University of Edinburgh</td>
</tr>
<tr>
<td>London School of Hygiene and T...</td>
</tr>
<tr>
<td>Duke University</td>
</tr>
<tr>
<td>Harvard University</td>
</tr>
<tr>
<td>Stanford University</td>
</tr>
</tbody>
</table>

Disclaimer: 1501 out of 1547 projects answered this question
RHInnO Research embedded in the COSTECH’s website

- Summary
- Research projects per status
- Research projects per field of science
- Research projects per research topic
- Research projects per year
- Research projects per PI institution
- Research projects per principal investigator

Disclaimer: 1543 out of 1547 projects answered this question
RHInnO Ethics

1. Preferred manner to receive protocols

- Hard Copy, 62%
- Email, 18%
- Both, 20%

2. How often a REC convenes to review protocols

- Monthly: 40%
- Quarterly: 35%
- Every two months: 15%
- Fortnightly: 10%
- On Demand: 5%
Africa

Sections
- Governance and Policies
- Regional Priorities for Research
- Key Institutions / Networks
- Research Ethics Review
- Research Regulation
- Research Financing and Partnerships
- Civil Society Organisations
- Research Projects and Publications
- Information Resources
- Country Report

Click on country of interest
HRWeb/INDEPTH Network

This is a web-based management system that links INDEPTH members to the Secretariat. It provides a real-time multi-centre analysis and stimulates interactions between/among INDEPTH members.

INDEPTH Member Centres

INDEPTH currently has 30 member Centres running 43 Health & Demographic Surveillance Systems (HDSSs) in 20 countries in Africa, Asia and Oceania. 30 HDSSs in Africa, 12 in Asia and 1 in Oceania.

The data provided in this platform are updated annually in July.

INDEPTH Member Centre Audit (Entry Form)

The purpose of this audit is to create a detailed database of INDEPTH member centre information.

User manual: Low Bandwith | High Bandwith

Cross-Centre Analysis & Indicators

Select an INDEPTH member

Select an indicator

Powered by COHRED