

Meeting Report

UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Diseases (TDR)



Recommendations

Scientific Working Group on Strategic Social, Economic and Behavioural Research

31 May - 2 June 2000
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SCIENTIFIC WORKING GROUP ON STRATEGIC SOCIAL, ECONOMIC & BEHAVIOURAL RESEARCH

Executive Summary

In June 1999, TDR's Joint Coordinating Board approved the creation of a new Steering Committee on Strategic Social, Economic & Behavioural Research (SEB). A Scientific Working Group (SWG) of experts from a range of social, economic and policy sciences met in Geneva (31 May-2 June) to set the overall direction for SEB and identify priority areas for research for the period 2000-2005.

The SWG strongly recommended that the SEB Steering Committee focus its efforts on basic/strategic research that addresses issues and challenges of trans-disease and global concern, and that contributes to increased understanding of the determinants and factors important to the control of neglected infectious diseases.

Recommendations

The SWG recommended that the following **underlying principles and concerns** guide and provide the basis for future work of the Steering Committee:

- Globally, infectious and parasitic diseases remain major contributors to morbidity and mortality, and in many settings are the chief causes of suffering and premature death.
- These afflictions disproportionately affect populations living in poverty.
- In most instances, social, cultural, political and economic inequalities are central to the persistence and spread of these diseases.
- These issues need to be examined within the context of globalization, the changing role of the state, and the emerging role of non-state actors (the private sector, NGOs and civil society).

The SWG further recommended that SEB focus its efforts on **six priority themes** during the period 2000-2005:

1. Understanding the impact of globalization and widening social inequalities on disease persistence, emergence and resurgence (including the socioeconomic impact of disease and the emergence of drug resistance).
2. Understanding and remedying inequality of access to proven therapies, prevention and information.
3. Understanding the linkages between global, national and local level policies and their ability to respond to key health issues.
4. Moving from the epidemiological construct of risk to a social construct of vulnerability (seeing risk in context, and understanding the context of risk).
5. Understanding the implications of changing social, political and civil structures for the health of vulnerable populations.
6. Understanding policy processes, including the role of evidence in policy-making, with the aim of exploring innovative approaches to defining and responding to emerging problems.

Recommendations

The SWG also made a number of recommendations regarding mechanisms for achieving the goals of the Steering Committee:

- The Steering Committee should define clear goals and objectives with regard to research outputs.
- It was felt by some members of the SWG that considerable work had already been done on some topics, and that the Steering Committee should **commission comprehensive reviews** where necessary, in order to identify gaps in knowledge and develop relevant research agendas.
- Basic social, economic and behavioural research will require a different combination of research capabilities, as compared with those needed for more applied research. The SWG felt strongly that SEB research should be carried out by trained social scientists, and that mechanisms need to be developed to both **attract and build social science research capacity**. Small grants programmes and partnerships between institutions and individuals in developed and resource-poor countries are two potential mechanisms that were discussed. It was also recommended that a web page be developed for SEB, which would provide a forum for exchange of ideas, information and experiences relevant to SEB research.
- The SWG recommended that **SEB draw on a range of methodological approaches to achieve the goals of SEB**. In some instances, this may involve the use of participatory research methodologies, but will ultimately depend on the specific research issues being addressed.
- The SWG recommended that SEB develop and support mechanisms to **ensure the effective dissemination of research results** to different target audiences (policy-makers, public health professionals and academics at both national and international levels). Writing workshops to develop policy briefs and other non-academic reports were suggested as one possible mechanism.

The SEB Steering Committee will be formed by July 2000, and a first meeting convened in September 2000 to further develop the research agenda and prepare calls for proposals. A second meeting of the Steering Committee will be held in early 2001 in order to review and recommend new projects for funding.



SCIENTIFIC WORKING GROUP ON STRATEGIC SOCIAL, ECONOMIC & BEHAVIOURAL RESEARCH

BACKGROUND

TDR's new strategy defines the goals and objectives of the programme as:

TDR goals

- *To alleviate inequity and poverty and foster social and economic development in endemic countries through reduction of mortality, morbidity and disability caused by neglected infectious diseases which affect poor and marginalized populations.*
- *To increase research self-reliance in endemic countries for identifying needs and developing solutions to public health problems caused by neglected infectious diseases.*

TDR objectives

- *To improve existing methods and develop new approaches for preventing, diagnosing, treating, and controlling neglected infectious diseases which are applicable, acceptable, and affordable by developing endemic countries, which can be readily integrated into the health services of these countries, and which focus on the health problems of the poor.*
- *To strengthen the capacity of developing endemic countries to undertake the research required for developing and implementing these new and improved disease control approaches.*

Knowledge of how social, behavioural, economic, political and health system factors affect and are affected by disease patterns and disease control efforts is clearly important for identifying future needs and opportunities for improved control of TDR diseases.

From the outset, TDR recognized the importance of social science research for its mission, and from 1979-1994, TDR supported a Steering Committee on Social & Economic Research (SER). Since 1994, however, the focus of social science research in TDR became increasingly applied and disease specific in focus. There has been no structure or budget to allow for more basic social, economic and behavioural research on issues of trans-disease and global importance.

In June 1999, TDR's Joint Coordinating Board approved the creation of a new Steering Committee on Strategic Social, Economic and Behavioural Research, to be located with the Basic and Strategic Research Team to emphasize the focus on more basic social science research. The broad mission of SEB is to promote and support research that:

- increases understanding of the role and importance of social, economic and behavioural factors for prevention and control of neglected infectious diseases;
- addresses issues of multi/trans-disease and global importance;
- contributes to identifying needs, opportunities and innovations for improved disease control and prevention; and
- contributes to and supports the overall goals and objectives of TDR.

In its February meeting, TDR's Scientific and Technical Advisory Committee (STAC) gave the following guidelines for the orientation of SEB research within STR, stating that SEB research should;

- focus on strategic, not operational, issues (the latter should continue to be addressed by TDR's Intervention Development and Evaluation Research* (IDE) Team).
- focus on whole populations (that is, not restrict its focus to sub-populations at risk, but also look at patterns and sources of intra-population variation).
- be framed within the broad contexts of inequity and poverty.
- Health sector and systems research should address both demand and supply side issues.
- take into account perspectives on culture, behaviour and values.
- consider both non-health sector as well as health sector issues.
- consider economic perspectives of disease control.
- contribute to anticipating future problems in control of communicable diseases.

Purpose of the SWG

The aim of the SEB Scientific Working Group was to make recommendations to TDR concerning:

- Specific direction for strategic social, economic and behavioural research;
- priority research themes to be pursued by SEB during 2000-2005; and
- mechanisms for achieving the goals of the Steering Committee.

The meeting began with a review of TDR's new strategy in the context of WHO's corporate strategy, and an overview of the history of social science research in TDR from 1979 to the present. Several presentations were also given to familiarize the SWG participants with some related research activities in WHO:

- Evidence for Information and Policy (EIP) cluster perspective on health policy and systems research (David Evans).
- Alliance for Health Policy and Systems Research (Miguel Gonzalez Block).
- Gender mainstreaming in WHO (Claudia Garcia-Moreno).
- Department of Health and Sustainable Development (Yasmin Von Schirnding).
- Determinants of health and ill-health: non-communicable diseases (Ursel Broesskamp-Stone).

Two half-day sessions were then devoted to small working groups. Three groups were formed on the basis of level of 'factors and actors': (1) family/household/community; (2) health systems and services; and (3) non-health sectors and central government. Each group was asked to use the following questions as a framework for identifying priority research themes and questions:

- What are the main challenges of/obstacles to the prevention and control of neglected infectious diseases (focusing on issues of trans-disease or cross-cutting importance)?
- What do we know? What don't we know? What do we need to know in order to contribute to addressing these obstacles/challenges?
- Which research gaps, if addressed, would have the greatest potential for impact on prevention and control of TDR diseases (and be most useful across diseases, regions and contexts)?
- Which research would help achieve TDR's overall goals and objectives?
- Which research areas are not already being dealt with adequately by others?
- Which would TDR be in a strong position to address (TDR's 'comparative advantage')?

* now renamed Intervention Development and Implementation Research

Recommendations: SETTING BOUNDARIES

General

The SWG recommended that the following underlying principles and concerns guide and be the basis for future work of the Steering Committee:

- Globally, infectious and parasitic diseases are major contributors to morbidity and mortality, and in many settings are main causes of suffering and premature death.
- These afflictions disproportionately affect populations living in poverty.
- In most instances, social, cultural, political and economic inequalities are central to the persistence and spread of these diseases.
- These issues need to be examined within the context of globalization, the changing role of the state, and the emerging role of non-state actors (the private sector, NGO's and civil society).

Relation to IDE

Since 1994, social science research in TDR has become increasingly applied and disease-specific in focus. In recognition of this fact, STAC (22) recommended that SEB be located within the Basic and Strategic Research Team (STR) in order to address the need for more basic social science research.

The recommendations of the SWG are illustrated in the chart below. It is important to note that while the core types of research to be supported by SEB and IDE are clearly distinguished, there are areas of common interest and potential collaboration, namely research that aims at generating probable ideas for improved disease control. It is clear that SEB will need to communicate and collaborate with IDE (as well as with other TDR teams) to ensure that SEB research contributes to and supports the overall goals and objectives of TDR.

Type of Research						
Basic Research			Applied Research			
Brings understanding of fundamental nature of phenomena	Generates possible ideas for improved control	Develops probable ideas for improved control	Determines efficacy of interventions	Determines effectiveness of interventions	Identifies conditions for scale-up	Operational research
			IDE			
SEB						

Specific objectives, outputs, and targets

The SWG strongly recommended that the first task of the SEB Steering Committee should be to **develop a focused set of research themes and questions, and define specific objectives, research outputs and targets** to be achieved by the end of the period 2000-2005.

While the SWG acknowledged the benefit of allowing for some investigator initiated innovative research, the group recommended that this should constitute only a small part of SEB work. The SWG strongly recommended that SEB should not be considered a source of support for social science projects that do not fit within IDE workplans.

Recommendations: RESEARCH TOPICS BY THEME

During the small group deliberations and two plenary sessions, it became evident that there are global issues and trends that have major influences across the different levels and that some of the greatest research challenges relate to these issues and trends.

Below are the **6 general research themes** identified by the groups, and the results of a relatively brief brainstorming session by each group with regard to **possible research topics within each of these general themes**. Because the groups did not restrict their brainstorming to the 6 themes, not all of the topics fit neatly under the thematic headings. However, an attempt has been made to list research topics under the most relevant themes.

This list should only be considered illustrative of the types of research that SEB might undertake. **The SWG recognized that the SEB Committee, once formed, would need to develop a much more focused set of research themes and questions, before calls for proposals can be made.**

Theme I

Understanding the impact of globalization and widening social inequalities on disease persistence, emergence and resurgence (including the social and economic impact of disease, and the emergence of drug resistance)

- What are the large-scale social and economic determinants of drug use patterns, and what are the implications of these, e.g. for drug resistance?
- How can positive aspects of globalization be harnessed to reduce inequality and vulnerability with regard to control and prevention of TDR diseases?
- What are the forces and conditions promoting or retarding the development and equitable distribution of effective preventive, diagnostic, and therapeutic technologies?
- What are the impacts (positive and negative) of large-scale economic processes and policies (e.g. neo-liberal trade agreements, globalization, and widening social inequalities) on the production and availability of effective drugs and diagnostics?

Theme II

Understanding and remedying inequality of access to proven therapies, prevention and information

- What are the barriers to/opportunities for effective dissemination of health information and how could different approaches, e.g. social marketing, be best utilized to contribute to improved disease control and prevention?
- What factors influence household decision-making patterns and what are their implications for disease control and prevention?
- What are the most effective and equitable models for public-private partnerships for communicable disease control and prevention? What have we learned from existing or past partnerships, and how might we best assess efficacy of such strategies? To what extent are the needs of vulnerable populations being met through such partnerships? Examples might include:
 - Medicines for Malaria Venture
 - Roll Back Malaria
 - River blindness eradication efforts
 - Polio eradication in the Americas
 - How can equitable systems be set up for sharing costs of health care in poor countries?

Theme III

Understanding the linkages between global, national and local level policy-making and their ability to respond to key health issues

- What are the underlying values, comparative advantages and implications of different conceptual frameworks (e.g. vulnerability, burden of disease) used in health policy?
- What are the characteristics of policies and government actions that effectively address issues of inequity?
- What are the characteristics of countries that have policies that promote equity/equality?
- Identifying and differentially weighting the factors responsible for recent public health reversals. Examples might include:
 - Resurgent tuberculosis in eastern Europe and central Asia
 - Schistosomiasis in China
 - Dengue in Latin America
 - Malaria and Sleeping sickness in sub-Saharan Africa.

Theme IV

Moving from epidemiological construct of risk to a social construct of vulnerability (see risk in context and understand the context of risk)

- How do households/communities manage their health and well-being?
- What factors influence communities' capacities to manage and sustain health programmes and interventions?
- Does empowerment of communities lead to sustainability of disease control and prevention?
- How can the health system be more proactive with regard to intersectoral collaboration to redress vulnerability? What are the barriers and potential?
- How do diseases affect fertility, pregnancy, sexuality and violence against women?

Theme V

Understanding the implications of changing social, political and civil structures for the health of vulnerable populations

- What are the impacts of economic policies and health sector reform (including trade liberalization, decentralization and privatization of health services, and the introduction of user fees) on infectious disease prevention and control?

Example topics include:

- Impact of such policies on prudent and equitable use of antibiotics and other drugs.
- Access to basic services by vulnerable populations.
- Ability of the state to perform its traditional role as guarantor and regulator of services.
- What are the implications of changing health service delivery systems for health service utilization patterns? (e.g. what are the effects of multiple or vertical government health interventions versus integrated programmes at the community level?)
- What are the implications of population mobility (such as migration, trans-cultural movements, and circular migration) for the control and prevention of TDR diseases?

Theme VI

Understanding policy processes (including the role of evidence in policy-making) with the aim of exploring innovative approaches to defining and responding to emerging problems

- What are the barriers to and opportunities for effective dissemination of research results?
- How is the notion of 'stewardship' relevant in the context of communicable disease control?
- How can government budgets be channelled to reduce vulnerability and respond to vulnerable circumstances?
- How can policy-makers be convinced to see health as a public good?
- How can the priorities of health systems and those of poor populations be brought closer together?
- How can the notion of 'healthy public policies' be promoted, in contrast to a more narrowly conceived 'health policy'?
- What are the assumptions underpinning influential paradigms of communicable disease treatment and control? What are their impacts both globally and locally? Examples might include:
 - Health policies relevant to tropical disease research and control.
 - Formulation, promotion, and dissemination of global health policies.
 - Role of community, local, and state participation in the formulation of policy to control communicable diseases.

Recommendations: How to Achieve the Goals of SEB

Considerable discussion was devoted to issues of research capacity building. It was generally felt that the research to be undertaken by SEB would be difficult and complex to conduct, in particular in light of its inter-disciplinary nature. A long-term commitment will be needed to build adequate research capacity in disease endemic countries. Mechanisms to attract, support and develop such capacity will be key to achieving the goals of SEB.

The SWG also discussed the need for SEB to develop criteria for evaluating its efforts (e.g. defining concrete objectives, outputs and targets). Related to this concern, the group felt that the research agenda and priorities to be developed further by the Steering Committee should be clearly relevant to prevention and control of TDR diseases, and support the overall goals and objectives of TDR.

Specifically, the group recommended the following:

- It was felt by some members of the SWG that considerable work had already been done on some topics, and that the Steering Committee should **commission comprehensive reviews** where necessary, in order to develop relevant research agendas.
- Basic social, economic and behavioural research will require a high level of research capability. The SWG felt strongly that SEB research should be carried out by trained social scientists, and that mechanisms need to be developed to both **attract and build social science research capacity**. Small grants programmes and partnerships between institutions and individuals in developed and resource poor countries are two potential mechanisms that were discussed. It was also recommended that a web page be developed for SEB that would provide a forum for exchange of ideas, information and experiences relevant to SEB research.
- The SWG recommended that SEB **draw on a range of methodological approaches to achieve the goals of SEB**. In some instances, this may involve the use of participatory research methodologies, but will ultimately depend on the specific research issues being addressed.
- The SWG recommended that SEB develop and support mechanisms to **ensure the effective dissemination of research results** to different target audiences (policy-makers, public health professionals and academics at both national and international levels). Writing workshops to develop policy briefs and other non-academic reports were suggested as one possible mechanism.

NEXT STEPS

The Steering Committee will be formed and a first meeting convened in September 2000. The main purpose of this first meeting will be to develop a prioritized research agenda and corresponding calls for proposals for 2000-2001. A second meeting of the Steering Committee will be held in the spring of 2001 in order to review and recommend new projects for funding.

ANNEX

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