

CHNRI NEWS

INSIDE THIS ISSUE:

<i>Setting priorities</i>	1
<i>CHNR network</i>	2
<i>Information Deficit</i>	2
<i>Lancet Series</i>	3
<i>Recent Papers</i>	3
<i>Conference News</i>	4
<i>New Initiatives</i>	4

One of CHNRI's major efforts in 2005 has been the development of a systematic priority setting methodology to establish priorities in child health and nutrition research.



The Child Health and Nutrition Research Initiative (CHNRI) is a network of interested partners supported by the Global Forum for Health Research in Geneva, Switzerland.

The concepts underlying CHNRI started in 1999 with a movement from research groups aiming to improve child health and nutrition through appropriately targeted research and to strengthen and formalize the interactions between researchers on child health, child nutrition and child development.

CHNRI's major activities include promoting priority setting in research, funding strategic research on priority issues, mapping actors in low- and middle-income countries and improving communication among researchers in child health and nutrition. CHNRI also promotes communication of research findings and their utilization by policy makers and mobilizes additional funds to increase resources for under-funded research activities. CHNRI's efforts also support capacity development among researchers in low- and middle-income countries.

SETTING PRIORITIES FOR CHILD HEALTH AND NUTRITION RESEARCH

A number of initiatives have been undertaken to help countries identify health priorities and effective interventions designed to improve child survival, particularly in developing countries. For example, the Disease Control Priorities Project (DCPP) provides analyses of the cost of specific disease burdens, their treatment and prevention. The Combined Approach Matrix promoted by the Global Forum for Health Research provides a framework to characterize the burden of different diseases, determine why the disease persists, assess the current level of knowledge about the disease, estimate the cost-effectiveness of future interventions, and document the current resource flows devoted to research on the disease (10/90 Report on Health Research 2001-2002).

While these initiatives have made recognized contributions to priority setting, they are limited in their abilities to elicit specific priorities for research.

Thus, one of CHNRI's major efforts in 2005 has been the development of a systematic priority setting methodology to establish priorities in child health and nutrition research.

This methodology will use a range of dimensions which include: potential to reduce the disease burden, effect of proposed research on equity, likelihood of research reaching end points, likelihood of the research endpoints being effective in reducing the disease burden, research cost, affordability, deliverability and sustainability.

The development of the methodology is being assisted by teams of researchers working in the fields of zinc, malaria, child development, diarrhoea, ARI and birth asphyxia, all conditions affecting children in the poorest countries.

This new process hopes to ensure more fairness and equity in achieving a balance between research investments and the gains achievable through these investments.

THE INFORMATION DEFICIT

Important findings in relation to the existing concerns about the '10/90 gap' were presented in a recent paper in *The Lancet* that investigated the geographical dispersion of and time trends in publication for policy-relevant information about children's health and assessed associations between the availability of reliable data and poverty.

The '10/90 gap' refers to a 1990 estimate that less than 10% of global health research funding was spent on diseases and conditions accounting for 90% of the world's disease burden.

The review initially identified more than 17,000 relevant reports but only 232 satisfied the review's inclusion criteria. The review was unable to identify any reliable population-based data from many of the world's poorest countries that account for about a third of all deaths of children worldwide. Data were found to be especially sparse from the world's least developed countries with the highest child mortality. Equally worrying was that the number of new studies was found to have diminished over the last 10 years, suggesting, according to the authors, a reduction in the research investment in this sphere.

Research coverage of causes and geography were examined and considerable variation was revealed. For example, global coverage of information units on mortality from acute respiratory infection was sparse; it was particularly low in Africa and China and in the Middle East there were none. Most of the multi causal studies were carried out on the Indian sub-continent, while one study came from China and none from central Africa. The paucity of information on central and southern Africa was considered striking while no studies relating to Afghanistan or Indonesia were identified. The difficulties of population measurement in countries where there is extreme poverty, political instability and little research capacity and where there are social and cultural reasons for under-reporting of child morbidity and mortality are discussed. The organizational challenges and the potential options for strengthening epidemiological information on children under five years, in the absence of national vital registration systems, are also presented.

The authors conclude by calling for

- clear leadership at global, regional and country levels to catalyze the development of national health information systems
- additional strategies and mechanisms to build capacity, sustainability and relevance at regional, country and local levels
- support for the development of national child health research capability in the least developed countries
- the establishment of centres of excellence in child health epidemiology in the less developed countries

Gaps in policy-relevant information on burden of disease in children: a systematic review. Rudan I, Lawn J, Cousens S, Rowe A, Boschi-Pinto C et al The Lancet 2005; 365: 2031-2040



CHNR NETWORK

Mapping of individual researchers and organizations and their roles in the field of child health and nutrition is critical to stimulate and support the expansion of research into priority child health and nutrition problems.

In 2002 CHNRI began its efforts in this area by funding three regional initiatives in Africa, Asia and Latin America to describe institutions and researchers working on child health and nutrition research in their regions. Following from these projects CHNRI is now developing a web-based

network that will support researchers, government policy makers, institutions, donor agencies and interested persons working in the field of child health and nutrition research (CHNR). Its objective is to link professionals working in this field and provide the opportunity for collaborative research, discussion, information exchange and access to resources such as funding opportunities, and current reports and articles.

CHNRI aims to provide an on-line platform to initiate and maintain

debate on the importance and direction of research, to provide up-to-date scientific information on child health and nutrition issues, to bring together scientists and implementing bodies to discuss issues relevant to the current status of knowledge and the requirements for the future, and to equip researchers and research institutions in low- and middle-income countries with the resources and tools needed to carry out research.

THE LANCET CHILD SURVIVAL AND NEONATAL SERIES

In June and July 2003, the Lancet (www.the-lancet.com) published a series of articles on child survival by a group of experts in child health who had met in Bellagio, Italy earlier that year. The series provided up-dated information on the major causes of under - 5 child mortality in the 42 countries where 90% of all deaths occur. The most important causes identified were diarrhoea, pneumonia and neonatal disorders, while malaria, AIDS and measles also cause a significant number of deaths in those countries. The causes of deaths differ substantially from one country to another, so it is very important that we understand the child health epidemiology at country level rather than in geopolitical regions. A major factor that was identified as an underlying cause of child deaths associated with infectious disease was under nutrition. The series reviewed feasible child survival interventions for delivering at high cover-age in low-income settings. It showed that existing coverage with cost effective interventions is unacceptably low although interventions with sufficient evidence of effect is available to achieve the millennium goal of reducing child mortality by two -thirds by 2015.

The series also put special emphasis on delivery systems. Priority should be given

to identify effective ways to scale up interventions of known effectiveness. Unfortunately most of the research focuses on development or small-scale implementation of new interventions. It is very important to tailor delivery strategies according to local epidemiological profile and existing health services programs. Inequalities in child health are very wide and becoming wider in many places. These must be addressed when designing child survival inter-ventions and delivery strategies.

The last paper of the series was a call for action to leaders, governments and citizens to translate knowledge into action for child survival. The authors call on different donor agencies to put child survival at the top of their list of priorities and on worldwide initiatives to expand their strategies and guidelines for support. They also call on all governments, ministries of health and their bilateral and multilateral technical partners to make child survival a priority both in their own countries and in their work with low-income and middle income countries.

This year Lancet launched another series devoted to the health of newborns. The series provided powerful data to help reduce deaths of newborns in countries



where most of these deaths occur. Every year 4 million babies die in their first 4 weeks of life, mostly from preventable causes. The major causes identified were infections, premature birth and asphyxia. The series emphasized combining interventions into packages which will be more cost effective. The series also addressed the need to increase the health budget of many of the poorest countries of the world in order to save the lives of newborn children and their mothers. The authors state that the cost of saving newborn babies is low but it will require strong political commitment and leadership both at the national and international level.

References: Lancet 2003; 361: 2226-34, 362: 65-71, 361: 159-64, 362: 233-41, 362: 323-27, Lancet 2004; 364: 399-401, Lancet 2005; 365: 891-900, 365: 977-88, 365: 1087-1098, 365: 1189-1197

RECENT PAPER

MAINTAINING HIGH VITAMIN A SUPPLEMENTATION COVERAGE IN CHILDREN: LESSONS FROM NIGER

Aguayo V M, Baker S K, Crespin X, Hamani H, Mamadou Taibou A.

Food Nutr Bull. 2005 Mar; 26(1): 26-31

This report details how the combination of National Immunization Days (NIDs) and National Micro nutrient days (NMDs) has increased the over-all Vitamin A coverage among children in Niger.

The reduction of child mortality became a policy priority for the Government of Niger because the child mortality rate was the highest in the world. In 1997 Niger became one of the first countries in Africa to effectively integrate Vitamin A supplementation into NIDs for polio eradication. The combination of NIDs and NMDs has ensured that over 80% of children 6 to 59 months receive

two Vitamin A doses annually. The success of NIDs/NMDs has relied on leadership and ownership by the Ministry of Public Health, district – level planning and implementation, effective training and delivery mechanisms, effective social information, communication, and mobilization; and responsiveness and flexibility of government and development partners.

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advancing the health and nutrition
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NEW INITIATIVES

MotherNewBornet is a new initiative to facilitate the translation of research into action. This new initiative was launched in April 2005 with the goal to move research to practice to improve maternal and neonatal health at the community level. MotherNewBornet is hosted by ICDDR,B in Dhaka, Bangladesh and supported through the Global Research Activity of Johns Hopkins Bloomberg School of Public Health and a range of cooperating agency projects. For more information please contact: malay@icddr.org



CONFERENCE NEWS

TRACKING PROGRESS IN CHILD SURVIVAL COUNTDOWN TO 2015

13-14 December 2005

Beveridge Hall, Senate House, University of London, London, UK

This conference is the first in a series of two-yearly rolling reviews of progress in child survival as called for in the Bellagio / Lancet Child Survival series published in 2003. Among the objectives of this first conference are to review progress towards the achievement of high and equitable coverage with essential child survival interventions and reduction in child mortality in countries, identify barriers to progress, share new knowledge and information needs relevant to scaling up and agree on indicators for monitoring coverage outcomes. The conference further seeks to foster and coordinate institutional commitments to child survival efforts and agree on mechanisms to hold governments and partners accountable for progress. Speakers include: Elizabeth Mason, Child and Adolescent Health and Development, WHO; Mushtaque Chowdury, Bangladesh Rural Advance Committee; Robert Black, Johns Hopkins School of Public Health; Joy Lawn, Saving Newborn Lives/Save the Children; Shams El Arifeen, ICDDR,B, Bangladesh; Betty Kirkwood and Sir Andrew Haines, London School of Hygiene and Tropical Medicine; Jennifer Bryce, New York, USA and Davis Sanders, University of the Western Cape.

THE ROLE OF NGOS IN CREATING A WORLD FIT FOR CHILDREN

17 to 20 November 2005

Santo Domingo, National District, Dominican Republic

Web site: <http://lwango.org/2005>

LINKAGES BETWEEN POPULATION AND MILLENNIUM DEVELOPMENT GOALS: AN ASIAN PERSPECTIVE

29 November to 1 December 2005

Islamabad, Pakistan

Web site: <http://www.pap.org.pk>

8th COMMONWEALTH CONGRESS ON DIARRHOEA AND MALNUTRITION

6-8 February 2006

ICDDR,B Centre for Health and Population Research

Dhaka, Bangladesh

Web site: www.icddr.org

INTERNATIONAL CONFERENCE ON PRIORITIES IN HEALTH CARE

20-22 September 2006

Metro Toronto Convention Centre

Toronto, Canada

www.utoronto.ca/cpsrn

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