European science and training for the promotion of health in developing countries: "Networking the Networks"

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Conclusions and recommendations

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On European and North-South networking	
Synergy in science and training is crucial for the European impact on international health. Networking is the most appropriate strategy to improve coordination and collaboration.	• European stakeholders should invest more in joining forces, by making use of existing structures, opportunities and funding, and by removing barriers.
Synergy between networks has proved to upgrade the capacity of stakeholders to reach their objectives and to get research into policies and practices.	 Synergies and collaboration between networks with different objects (research, training and advocacy) but with common objectives should be enhanced to solve the "broker"-function issue, and to get more research results into policies and practices. The EC could organise thematic meetings with relevant networks.
Not only do we need centres of excellence, but also networks of excellence. Relevant European, North-South and South-South networks need sustained support.	 Donors should consider sustained funding to relevant networks, based on performance and evaluation, surpassing the project level approach. Stakeholders should permanently search for the most appropriate mechanisms and coalitions to put forward the agenda. Particular attention should be given to the support to South-South networks.

Networks in the South face difficulties to perform	Capacities (high tech and others) must be
well, even within countries. A few reasons are the digital information gap, the affordability of face to face contacts and the scarcity of qualitative research centres. Networking will follow when the institutional capacities are there and when more training takes place in the South. This approach will probably prevent further brain drain and will be more cost effective.	 Capacities (high teen and others) must be transferred to the South. Long term partnerships between North and South institutes, centres and networks can create a favourable environment for this to be achieved. Strategies for sustainable insititutional capacity strengthening should be reinforced and coordinated.
Members of South networks need stable core funding, as a precondition for their institutional development.	 Donors should provide money for core funding and/or increase project overheads.
On training and capacity building	
Training in international health at Masters level in Europe has reached a sound level of coordination.	 Strengthening quality assurance and delivering joint/multiple degrees are the next step in European integration of higher education in international health. Another next step should be to start linking with partner institutions / networks of the South.
Doctoral training has developed well, but motivation remains generally opportunistic.	• A clear capacity strengthening strategy and co-ordination or collaboration with existing networks will allow progress in making doctoral and post-doctoral training more effective for development.
Individual capacity strengthening is only part of an institutional capacity strengthening strategy. Developing institutional research capacity is a strategy in itself and should not always be linked to particular research issues. Effective networking results in capacity strengthening of <i>all</i> partners.	 Training capacity should shift gradually to the South and include an element of transfer of resources. Funding agencies should redirect their support to strengthening health systems research, training in the South and institutional capacity strengthening initiatives.
There is a huge need to train a critical mass, a large number of new health professionals.	This issue must be advocated for at the level of national authorities and international development actors.

On health policy and health systems research	
There is a lack of balance in the portfolio of health research: biomedical research has the monopoly, there is almost no money for downstream research (the 90/10/1 gap). This situation is still worsening. Health Systems Research does not guarantee a great career path.	 The research community and other key stakeholders should engage more closely with funding agencies and policy makers to convince them of the benefits of increased investment in health systems research and help them to understand within which context research institutions operate. It would be interesting to develop strategic mapping of networks. There should be a follow up of the 90/10/1 balance. The career path for Health Systems Research needs strategic attention. Networks should in the short term understand that they need the health systems. Health system researchers should also improve themselves in terms of communication, productivity and visibility
The health systems approach needs close collaboration between Europe and developing countries in order to get more research findings into policies and practices (GRIPP).	 Networks should move the health systems approach forward internationally. Findings on health systems research should be translated in clear messages. Research and development communities should work together more closely. A variety of instruments is needed to support health systems research, allowing for shortand long-term endeavours and for innovative approaches.
In the South, Health Systems Research and policy are completely separated. Nevertheless, South- South networks have managed to effectively influence national policies.	It is up to the researchers and their networks to approach their politicians.

On research and the development of new tools	
Research should be driven by needs. Networks play a role in identifying those needs. Leadership form the South is crucial.	 Equal access to information and to resources for research is needed. Mechanisms should be set in motion to enable Southern partners to be heard at different levels of decision making.
Some public-private partnerships have made considerable progress in developing new tools and drugs, particularly in the area of neglected diseases.	 Innovative approaches to partnership are needed between public, private not for profit and private for profit partners in networking in the development of new tools. The public interest has always to prevail and to guide decision making.
Most bottlenecks are encountered in making new tools and interventions easily available and affordable for those who need them: lack of political commitment, reasonable financing for health, weak health systems.	 Future affordability and availability should be written into the concept for the development of new tools. More operational research, health systems research, advocacy and capacity building on implementation issues are needed. Networks should play a greater role in patient advocacy.
On the role and quality of networking	
Equitable partnership, transparency and good communication, democratic decision making and trust are key qualities of networking and generate the conditions for effectiveness.	 Networks should further develop their internal democracy and dynamics and should monitor progress.
'Trust' has to be built between actors, e.g. between partners within the networks and between officials and researchers. Trust must built by meeting people face to face. Officials must explain better what they want.	 People must be given the resources to meet each other. Networks should invest in the building of trust: by meeting face to face, by clear and transparent arrangements, by sharing the benefits and the risks of research.