Introduction

This paper reviews the issues addressed at the Asian Forum for Health Research held in Manila, the Philippines, on 17–19 February 2000. The Forum attracted 100 stakeholders from myriad health-related fields who focused on three basic health research concepts:

1. A new paradigm for health research, emphasizing vision and equity, a transition from parochial to regional and global needs, and replacement of technical jargon with layman’s language and consumer orientation;

2. A framework around which to build an Asian regional architecture for health research cooperation and meaningful participation in the evolving global system; and

3. Action required for more effective health research.

The Forum’s focus on these three health research concepts resulted from an innovative approach to the consultative process for international conferences. In the 5 months prior to the Forum, diverse health research stakeholders in Asia used the Internet as an electronic dialogue tool. Coordinated by the College of Public Health, Chulalongkorn University, Bangkok (and with support from World Health Organization Southeast Asia Regional Office (WHO SEARO) and the Western Pacific Regional Office (WPRO), INCLEN Southeast Asia, ENHR country focal points and the Federation for Social Sciences Network), some 350 respondents actively participated in electronic discussions, nurturing the collaboration needed to ensure that research serves as a critical element in building equity in health for development.

Meeting report

The Asian Voice in building equity in health for development – from the Asian Forum for Health Research, Manila, February 2000

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The Asian Forum for Health Research convened in Manila, the Philippines, in February 2000 to determine how best to create a new paradigm for health research in Asia. The forum was organized as an ‘open university of research for equity in health development’ to define the new paradigm and to identify methods for building a dynamic and collaborative architecture to more effectively link the nations and region of Asia with global stakeholders in health research. It was also to: determine Asian actions required to enhance leadership functions for innovative health research management; develop and disseminate tools and methodologies needed to accomplish essential tasks; establish collaborative networks within developing countries/regions to ensure efforts are not duplicated and international inputs are not monopolized; and use new information and communication technologies to integrate the process and contents of health research with equity in health development.

Results of the forum’s review of issues were presented and discussed at the International Conference on Health Research for Development, held in October 2000 in Bangkok, Thailand.

Key words: Asia, forum, health research, equity
This electronic dialogue tool – or distance dialogue, as it is known – continues to provide an active communications network. The dialogue has evolved into the Asian Voice and serves as a vehicle to keep the region’s people abreast of developments. It is intended that the Asian consultative process will directly provide Asia’s input to international conferences, spearheaded by an international organizing committee from WHO, the World Bank, and Global Forum for Health Research, the Council for Health Research and Development, and about 30 other national and international organizations.

The process at Manila

The organizing framework for the Asian Forum for Health Research in Manila was a challenge dialogue process. This process was used to help the diverse stakeholders collaborate in accomplishing complex tasks in an effective manner, and to help organizers create an innovative, interactive dialogue in which stakeholders were challenged and assisted in exploring cooperative approaches to deal with complex topics. Nine key steps were used in the challenge dialogue process:

- Determining the strategic intention of the group, their key challenge and what they wish to accomplish.
- Setting the scene for collaboration.
- Selecting a documentation vehicle.
- Using the alignment process for teaching groups to make timely, quality decisions.
- Identifying options, examining consequences and determining priorities.
- Imagining innovative approaches for implementing the priority option.
- Taking concrete action to implement the priority option.
- Determining the measure, assigning, tracking, and utilizing key performance indicators.
- Sustaining the collaboration.

This dialogue process is based on trust, to create a sense of ownership by all involved, each participant has the opportunity to express ideas and be heard. Furthermore, as it continues, the process is expected to be the genesis of involving Asian groups in a long-term relationship for promoting research and information sharing to realize equality in health for development. Finally, through the dialogue process, participants’ ideas will be incorporated into the Asian Voice and will help create methods for improving the next steps.

The forum was conducted as if it were a 3-day session of an open university of research for equity in health development. This ‘open university’ concept provided stakeholders the opportunity to freely discuss the Asia dialogue and to realize consensus on the important issues of health equity for development or the Asian voice related to each of the themes. Stakeholders were able to discuss the themes and to define the functions and mechanisms that will use health research as an instrument for moving society towards equity in health. In addition, stakeholders were given the opportunity to modify and adopt a declaration on health research.

The forum included major presentations by keynote speakers, table and collaborative group discussions, a marketplace and a Forum Resource Centre. The major presentations described why, despite recent gains in health development, the world still has a long way to go to achieve equity in health for development. The presenters were from developing countries in Asia and their context was not within a particular discipline but rather in the research system as a whole. They shared organizational, administrative, technical and procedural experiences in many aspects of research and demonstrated how to bring government, non-government, national and international agencies in line with corresponding changes in other sectors and with current research developments. Each speaker was instructed to highlight the key challenge related to the topic, to give a concise background on what led to this challenge, to provide examples of breakthrough innovations and to assign one or two questions for consideration. In addition, each speaker acted as a catalyst to stimulate collaborative group discussions.

To complement the presentation process, six collaborative teams were created, based on subjects derived from the 5-month e-mail or distance dialogue. The subjects were considered as entry points for team members to discuss the conceptualization of health research and issues related to health research functions, action plans and architecture. The teams were asked to integrate ideas about solving problems in a manner that would result in equity in health for development. They were to avoid traditional methods of using scientific evidence for analyzing disease or promoting health. The purpose was to connect scientific approach with political process, to reorient researchers in dealing with and addressing evolving political, technical, resource and human or social realities.

As a third component, a physical marketplace was established at the forum to allow participants to share information on the existing countries or on the activities of government health ministries, medical schools, academic institutions, and organizations such as COHRED, INCLEN and WHO. The marketplace served as an informal, interactive environment and comprised an information and general resource centre, an enabling technology centre and speaker’s corner.

Ultimately, the forum represented an effective application of the SHARED approach, realizing a vision of providing a democratizing force to the developing world by equipping participants with state-of-the-art technology to allow data-based driven communication. The process before, during and after the forum was and remains both an end unto itself and a means to an end; an end consisting of a new paradigm, architecture and course of action to ensure equity in health for development.

Framework

The new paradigm

The Asian Consultative Process that evolved from the distance dialogue established basic concepts, procedures and recommendations upon which to base future work. The results of this Asian Dialogue contributed to the International Conference on Health Research for Development (Bangkok, October 2000) the process of organizing that
meeting itself. These results emanated from a set of dialogue derived assumptions:

- Asia wants to make its voice heard loud and clear;
- a new type of regional meeting will be required to capture the ideas and ideals of health research in Asia;
- the knowledge-based economy and its implications will influence how Asia approaches health research for equity;
- Asia will need to think about new leaders or re-orientation of existing leaders;
- new thinking, tools and ethics are critical for research towards equity in health for development; and
- new functions and a new architecture are needed for more meaningful collaboration in effecting health research that efficiently and productively promotes equity.

Participants at the Manila meeting (including basic researchers and various types of medical and health scientists, non-governmental organizations, policy-makers, and private enterprise and donor representatives) discussed each assumption. They concluded that the Manila meeting would provide Asian input to the International Conference on Health Research for Development and beyond, and that electronic dialogue topics would be the basis of face-to-face deliberations about the Asian Voice. Regarding the new type of regional meeting, it was decided only highly innovative, stimulating and collaborative conferences which allow participants to adopt ‘out-of-the-box’ thinking and to make quick, quality team decisions would be conducive to further dialogue. The participants recognized that the new knowledge-based economy is global, fast changing, highly competitive and significantly affects health and equity. Participants also resolved to provide understanding and capacity development to produce new, innovative health and research leaders with knowledge-based thinking skills, ability and quality-based execution skills, and honourable, ethical values. There was consensus that new thinking, tools and ethics for research are needed to drive the concept of equity in health, and that Asians need to examine their historic assumptions about thinking, tools and ethics to determine what shifts might be useful. Finally, it was concluded that improved performance is predicated on innovative collaboration based on new functions among diverse stakeholders concerned with issues around equity in health for development.

**Architecture for health research cooperation**

With a paradigm shift towards research for equity in health, more cooperation among national, regional and global institutions will be needed. The architecture for this increased cooperation can be a range of structures, support systems and networks. Therefore, countries may decide to reorient existing structures, support systems and networks or develop new architecture to support research in equity for health under the new paradigm. The nature and extent of the evolved architecture will be country specific to simultaneously meet idiosyncratic, indigenous needs while coordinating national efforts with regional and international partners.

There are many operating principles for an effective architecture at the national level. These include political commitment to support equity; the capability to set priorities and direct research policies; the ability to identify and mobilize private and public institutions, researchers and the community for effective networking and partnership; the willingness to support decentralized autonomy with central and multi-sectoral cooperation; the desire to be inclusive and interactive; responsiveness and relevance to needs; and collaborative spirit and receptiveness to feedback, including accountability and transparency. A transparent national work plan should be developed in consultation with national researchers and other stakeholders. The ability to retain and support capable manpower must be an important component of the work plan. Finally, capacity building for leadership development is essential if innovative approaches to leadership are to replace traditional thinking.

At the regional level, a clear statement of vision, mission and political commitment is needed. In addition, supportive organizational structure, work plans, regional agenda setting, resource mobilization and allocation according to regional priorities, relevant one-to-one partnerships, and a regional clearing house of institutions and researchers for networking, interaction, collective leadership and operation in support of national and regional objectives is required.

The global level can support equity by responding to developing country needs to balance the current research emphasis on solving the health problems of developed countries. The global architecture must create strategies to empower national research communities in developing countries, with explicit and clear work processes accessible to all.

The architecture at all levels should avoid bureaucracy, centralized decisions, prescriptive or donor domination, exclusivity, restrictive networks that lead to isolation and inbreeding, artificial boundaries, collaboration without technology transfer, excessive profit or market driven forces, closed operations and over-reliance on high technology. The creation of new institutions or structures to coordinate existing institutions should be undertaken only where significant efforts to refocus existing mechanisms are ineffective. Missions and plans of all levels will require periodic self and independent evaluation, including periodic review of interaction between levels.

Information technology should be capitalized to nurture the new collaborative effort. First, government and local agencies must initially develop the basic infrastructure for communication. Secondly, the collaborative network has to produce high quality content to put into the infrastructure. Finally, the market must be able to invest in areas, activities and quality products that will make a profit. Over the next few years the market is expected to play a major role in the new architecture because of increased utilization of the high quality products resulting from the new basic infrastructure. The emerging organization and infrastructure should not attempt to become a new neutral global institution for health research coordination. Rather, collaboration should focus on ideals of equity in health for development to be achieved by developed...
and developing countries using the new technology to initiate and report on real content and the different processes by which to collaborate. The potential of the evolving information and communication technology in this new architecture will be further developed with the creation of a new website and expansion of the Asian dialogue process.

**Action for more effective research**

Key factors for transforming research into action include:

- Ownership of the relevant questions by policy-makers.
- Reorientation of research and research institutions to make research products accessible to potential users.
- Identification of research products in terms of both publications and transformation into action.
- Inclusion in research proposals of effective plans for dissemination of results.
- Incorporation into policy or a change in physician behaviour must, in itself, be seen as an output of research.

Capacity building for transformation of research into action must involve both users and producers of research. The former will need skills to look for essential research and to seek appropriate interpretation of results; the latter must be attentive to potential users when undertaking research and disseminating the findings.

The new framework must also involve ethical standards in conducting research, including priority setting, resource allocation, assessment of the burden of diseases, accessibility to biomedical research and international cooperation in clinical research. Of special concern is the weakness of ethical review capacity in developing countries and the weakness of existing ethical guidelines. The forum in Manila strongly endorsed the need for a code of practice for international collaborative research. International organizations such as WHO should have a definite role in developing and standardizing guidelines to foster a normative context for scientific investigations. In addition, these international organizations should advocate and monitor such a code of practice to protect developing countries, most of which have no bargaining power.

**Outcome**

The Asian Forum for Health Research meeting in Manila endorsed the following fundamental principles of research for equity as representing the Asian Voice.

- The Asian Voice reaffirms the commitment to a health research enterprise defined by the values of equity and ethics.
- The Asian Voice reaffirms a commitment for health research to uphold the principle of equity. This is a reaffirmation of social and distributive justice in health. Equity in health will be the definitive goal for Asian health research efforts, which will help create the opportunity for all people in Asia to optimize their health development.
- The Asian Voice also reaffirms a commitment to an ethical base for health research. All elements of the health research enterprise – generation, conduct and utilization – will be consistent with ethical guidelines. These guidelines refer to elements that define ethical health research in the Asian region and are developed by Asians for Asian people.

It was agreed these principles would guide the actions and goals of Asian health research.

**Evaluation and sustainability**

To track progress towards the goal of equity in health requires appropriate tools for measuring inequity and change over time and for measuring national and global research resource flows.

The Asian Regional Health Forum is supporting the development of a Leadership Network which is working collaboratively to create a Knowledge Network (on equity in health). These networks will be supported by a Technology Network to serve as an enabling tool. The forum meeting in Manila operated a pilot Enabling Technology Centre to explore how electronic tools might best be utilized to support the vision and mission of the forum. A prototype Electronic Resource Centre gathered, synthesized, organized and stored all the input from the forum electronically to make it available for quick, flexible, inexpensive access by interested stakeholders. The intention is to launch an interactive Electronic Resource Centre for the Asian Voice on Health Research (ERC Asian Voice). The centre will provide information about knowledge, processes, leadership development initiatives and tools on research for equity in health.

**Conclusion**

The Asian Voice is intended to serve as an exploratory prototype for understanding the elements of building a useful knowledge management system and how appropriate new information and communications technologies might best be used in such a system to support the improvement of an organization’s performance. In the final analysis, sustaining the Asian Voice will be critical if the commitment to health research enterprise defined by the values of equity and ethics is to be realized. If left to market forces alone, an intervention technology to ensure essential research with these values might never be developed.

The use of a common website to contact Asian stakeholders in health research, to involve them in structuring the context and agenda of the Manila conference, and to collect input and results from conference presentations, group discussion and marketplace exchanges represents an innovative synthesis of traditional methods and new technology. Through it, technology instantaneously unites all interested parties, allowing them to participate in establishing an agenda, developing plans and objectives, building mutually supporting strategies and sharing resources and responsibilities. Further, it continues to sustain cooperative partnerships for future development of the process and the consensus created for furthering the goals of health research.

**Endnote**

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