

IDRC ON TACKLING GLOBAL CHALLENGES HEALTH

Avian influenza is the latest disease to drive the point home: Health knows no borders. But just as the problems flow freely across the globe, knowledge and solutions should too.

For almost four decades, IDRC has supported research on health that uses a variety of approaches, both local and global, to make a real difference in the lives of people in the developing world. This research works to improve human health and well-being by strengthening both health systems and ecosystems.

Many health problems in a globalized world call for complex, multi-pronged responses. Increasingly, IDRC joins forces with other funders to support international teams of researchers working together with communities and policymakers to tackle global health challenges.

This briefing presents a small sample of the many health-related initiatives IDRC has supported over the years. The record shows that even modest investments can go a long way toward achieving better health outcomes and policies.

David M. Malone
President, IDRC

NURSES ON THE FRONT LINES AGAINST AIDS

In a health clinic in South Africa's Free State, a nurse examines a patient who has a persistent cough and a rash that won't heal. She consults an illustrated guideline that helps her determine whether the patient has bronchitis, tuberculosis, or AIDS, and what other tests and treatments are needed. In this case, she refers the patient to a doctor. Yesterday, the guideline suggested treatment she administered herself.

South Africa has the world's largest HIV epidemic: 5.7 million of its 47 million citizens are infected. But when antiretroviral treatment became available there in 2004, the roadblocks to a successful rollout included a severe shortage of health workers trained to recognize

and manage AIDS — along with everything else they encounter in frontline care.

In response, the University of Cape Town Lung Institute developed a program to equip nurses to assume significant responsibility in diagnosing and treating AIDS and TB. So far, 3 750 nurses in 540 clinics in Free State and Western Cape provinces have received the training, known as PALS Plus.

The program is reducing AIDS mortality rates and slowing the spread of TB. What's more, it is strengthening the whole primary healthcare system by improving nurses' skills and communication among patients, nurses, doctors, labs, and managers.

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IDRC: Jean-Marc Fleury

COUNTRIES UNITE TO BATTLE BIRD FLU

Efforts to control the spread of virulent strains of avian influenza often include culling or restricting the movement of backyard poultry. The impact of these measures on millions of rural families that depend on small flocks for food security and income is among the priority topics being examined by the Asian Partnership on Avian Influenza Research. IDRC helped forge this network of government ministries and research academies in the five Southeast Asian countries hardest hit by avian flu: Cambodia, China, Indonesia, Thailand, and Vietnam. The goal is to better understand how future disease outbreaks are likely to spread and how best to contain them.

www.apairesearch.net

Canada's International Development Research Centre (IDRC) is one of the world's leading institutions in the generation and application of new knowledge to meet the challenges of international development. For nearly 40 years, IDRC has worked in close collaboration with researchers from the developing world in their search for the means to build healthier, more equitable, and more prosperous societies.

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The approach has been so successful that it is being adopted as national policy and adapted for use in Malawi.

Nurses are finally making a difference for AIDS patients, where before they had so little to offer. Free State nurse practitioner Motlagosebatho Soodi says PALSAPlus “makes our work easier. If you follow those steps, you’ll diagnose, you’ll treat — and we’re really saving most of our patients’ lives.”

www.knowledgetranslation.uct.ac.za/palsaplus.htm

MINES OF INFORMATION

Since the 1960s, rich natural deposits of manganese have been the main source of livelihood in Mexico’s Molango district. However, as dust and smoke from mining activities began to affect fruit crops and cattle ranching, local communities became increasingly concerned about the potential health impacts, and relations with the company deteriorated.

In 2002, researchers brought together the various players to study the different components of the ecosystem. They identified a strong link between manganese exposure and damaged motor skills in adults, especially women, and discovered that contaminated air, rather than water, was the main culprit. They traced the pathways of airborne manganese from mine smokestacks and truck routes into homes, and also sought to assess the neurological risks for children.

While the research is continuing, it has already begun to influence policy. Plans include establishing emission standards to reduce manganese in the air, paving roads, and finding ways to limit household dust.

TOBACCO AND TAXES: A WINNING STRATEGY

Jamaica faced a dilemma: Could it follow tax-increase recommendations at the heart of the World Health Organization’s global treaty on tobacco control and curb smoking among its citizens without threatening government revenues?

Research shows that increasing the price of cigarettes is the most cost-effective way to reduce demand. The tobacco industry, however, argues that raising taxes on tobacco products depletes government coffers by reducing the number of smokers and encouraging black-market sales. Although the Ministry of Health wanted to try using economic policy to cut tobacco consumption, the Ministry of Finance sought reassurance about the economic consequences.

IDRC helped team up Ministry of Health officials with an expert whose work had influenced policy in his native South Africa. Their study, using Jamaican data, projected that increasing tobacco taxes from 52% of the retail price to around 72% would cut demand by nearly 40%, while boosting government revenue from tobacco by about 50%. A decline in smoking-related illnesses would also ease the burden on the health system.

The research was well received by the Ministry of Finance, and the government introduced the first in a series of tobacco tax increases in 2005. Legislation planned for 2009 calls for smoke-free indoor public places, along with a ban on tobacco advertising and sales to minors, as Jamaica takes further action to fulfill its commitments under the WHO Framework Convention on Tobacco Control.

Photo: © Curt Carnemark / World Bank



DEADLY DELAYS AND OTHER HEALTH INEQUALITIES

Women in sub-Saharan Africa face one of the starkest health inequalities on the planet: a one in 16 lifetime risk of dying from pregnancy-related complications, compared with one in 2 800 in rich countries.

Maternal mortality stemming from obstetric emergencies is often attributed to “three delays” – the time taken to realize medical help is needed, reach a treatment centre, and receive appropriate care. Health officials in Mali’s Kayes region have taken steps to address the third of these factors, but the role of the first two is less well understood.

Researchers from Mali, Burkina Faso, and Canada have teamed up to investigate these first two “delays” as they study the access to health care of four vulnerable populations in Africa, including pregnant women. When the researchers set out in Kayes to interview survivors of obstetric emergencies and relatives of women who had died, they ran up against the same flooded roads that can prevent women from reaching help in the rainy season. But they also found people eager to talk, even about such sensitive topics.

This is just one of the topics being tackled by the first 14 teams funded under the Teasdale-Corti Global Health Research Partnership Program. This is the flagship initiative of a partnership of five Canadian federal agencies, which is housed at IDRC. The program fosters international research partnerships that aim to boost Canada’s contribution to solving global health challenges. And through the new Global Health Leadership Awards, it supports the career development of emerging health research and policy leaders in developing countries.

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SEE ALSO...

- ▶ *Fixing Health Systems* (2nd edition), by Don de Savigny, Harun Kasale, Conrad Mbuya, and Graham Reid, IDRC (in collaboration with the Ministry of Health and Social Work, Tanzania), 2008
- ▶ *Safeguarding the Health Sector in Times of Macroeconomic Instability*, edited by Slim Haddad, Enis Bari, and Delampady Narayana, Africa World Press/IDRC, 2008

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