

# TEASDALE-CORTI GLOBAL HEALTH RESEARCH PARTNERSHIP PROGRAM

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health worldwide**

## **The Global Health Research Initiative**

The Global Health Research Initiative (GHRI) is a partnership of Canadian government agencies with mandates spanning health, research and international development. GHRI brings researchers and decision-makers together to tackle complex problems that have an impact on the health of people and communities around the world.

GHRI funds a wide range of global health research, capacity building and knowledge translation activities through several programs. Funded projects and programs of work involve Canadian researchers working with researchers and decision-makers in Asia, Africa, Eastern Europe, the Middle East, Latin America and the Caribbean.

### **About this Overview**

This overview presents GHRI's Teasdale-Corti Global Health Research Partnership Program. The program supports global health research projects and programs of work in over thirty countries in Asia, Africa, the Middle East, Latin America and the Caribbean.

#### **For more information about this program, contact:**

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## PROGRAMS

Teasdale-Corti Global Health Research Partnership Program

To learn more about the  
**Global Health Research Initiative,**  
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## Introduction

The Teasdale-Corti Global Health Research Partnerships Program supports global health research teams and individual researchers working with research users in low- and middle-income countries.

The program consists of three components: Team Grants, Global Health Leadership Awards, and Supplementary Grants. These components support research, capacity-building and knowledge translation activities in four thematic areas:

- health policy and systems research;
- prevention and control of pandemics;
- prevention and control of chronic diseases;
- interactions of health, environment and development.

### **Team Grants** (p. 9)

14 grants ~ CA\$20 million (2007-2012)

Team Grants support teams of Canadian researchers working in collaboration with low- and middle-income country researchers as well as research users, such as policymakers, practitioners, non-governmental

organizations and community leaders. The teams developed and are implementing innovative global health research programs of work that combine applied research, capacity development and knowledge translation activities.

### **Global Health Leadership Awards** (p. 24)

13 awards ~ CA\$2.2 million (2008-2012)

Global Health Leadership Awards provide financial and technical support to emerging leaders in low- and middle-income countries in the field of global health. The awards support 13 individuals pursuing individualized professional development programs.

Over a period of four years, the awardees have developed their technical expertise, leadership abilities, and partnership skills while addressing priority health system and policy issues in their countries.

### **Supplementary Grants** (p. 37)

Supplementary Grants provide modest additional funding to Team Grant or Global Health Leadership Award recipients to investigate cross-cutting research themes.

## PROGRAM AT A GLANCE

### Team Grants

Working with small-scale farmers in the Amazon to reduce mercury contamination and Chagas disease linked to poor land use practices (p. 9)

**Brazil** ~ CA\$1,562,100 (2007-2011)

Investigating ways to improve policies and programs to better meet the health needs of vulnerable groups and communities (p. 10)

**Burkina Faso, Mali and Niger** ~ CA\$1,600,000 (2007-2011)

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**Caribbean Region** ~ CA\$1,490,610 (2007-2011)

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**Chile** ~ CA\$1,503,900 (2007-2011)

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**China** ~ CA\$1,568,600 (2007-2011)

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**Honduras** ~ CA\$1,501,300 (2007-2011)

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**Kenya, Jamaica, South Africa, Uganda** ~ CA\$1,599,500 (2007-2012)

Responding to the emerging childhood obesity epidemic in Mexico (p. 17)

**Mexico** ~ CA\$1,554,400 (2007-2011)

Revitalizing 'Health for All': Learning from comprehensive primary health care experiences around the world (p. 18)

**Multiple countries** ~ CA\$1 599 000 (2007-2011)

Mobilizing Nigerian schools and communities in HIV prevention for rural youth (p. 19)

**Nigeria** ~ CA\$1,587,000 (2008-2012)

Investigating equity in access to maternal health services, tuberculosis care and HIV anti-retroviral therapy in South Africa (p. 20)

**South Africa** ~ CA\$1,368,400 (2007-2011)

Building the components of a veterinary public health system in Sri Lanka (p. 21)

**Sri Lanka** ~ CA\$1,331,200 (2007-2011)

Improving management of pediatric pain in urban and rural Thailand (p. 22)

**Thailand** ~ CA\$968,800 (2007-2011)

## Global Health Leadership Awards

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**Argentina** ~ CA\$152,800 (2008-2012)

Promoting a fair and more effective use of health resources in Latin America through Health Technology Assessments and Economic Evaluations (p. 25)

**Argentina** ~ CA\$196,300 (2008-2012)

Building capacity to link research to policy and practice for better health in Central Africa (p. 26)

**Cameroon** ~ CA\$185,100 (2008-2012)

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**Chile** ~ CA\$140,900 (2008-2012)

Strengthening capacity to fight chronic disease in Columbia: Bridging the gap between evidence and action (p. 28)

**Columbia** ~ CA\$191,800 (2008-2012)

Working with Ecuadoran farmers to reduce the health risks associated with the use of hazardous pesticides (p. 29)

**Ecuador** ~ CA\$198,000 (2008-2012)

Strengthening tobacco control in Georgia (p. 30)

**Republic of Georgia** ~ CA\$62,900 (2008-2012)

Strengthening research ethics capabilities in Honduras (p. 31)

**Honduras** ~ CA\$200,700 (2008-2012)

Scaling up of HIV/AIDS prevention in India: access, affordability and priority setting (p. 32)

**India** ~ CA\$183,200 (2008-2012)

Strengthening health policy and systems research capacity in the Middle East and North Africa and promoting the use of research findings for health systems policy-making (p. 33)

**Lebanon and the Middle East and North African region (MENA)** ~ CA\$218,700 (2009-2012)

An innovative approach to training rural doctors in Senegal in obstetrics and gynecology (p. 34)

**Senegal** ~ CA\$200,200 (2008-2012)

Strengthening the public health care system in the Turks and Caicos Islands (p. 35)

**Turks and Caicos Islands** ~ CA\$199,900 (2008-2012)

Investigating ways to bridge the gap between maternal and child health policies and their implementation (p. 36)

**Uganda** ~ CA\$186,000 (2008-2012)

~ TEAM GRANTS ~

## Working with small-scale farmers in the Amazon to reduce mercury contamination and Chagas disease linked to poor land use practices

Brazil ~ CA\$1,562,100 (2007-2011)

Studies have shown that mercury contamination and Chagas disease both severely harm immune, neurological and cardiac functions in humans. In the Amazon rain forest, these related health problems are closely linked to environmental degradation caused by poor land use practices, in particular 'slash and burn' farming used in the tropical rain forest.

This team sought to reduce mercury contaminated through fish consumption and transmission of Chagas disease through contact with Triatomine insects in small scale Amazon farming communities. To achieve this goal, the team investigated the relationship between land use practices and poor health in three communities with different characteristics located along the Tapajos river, which runs for 2,000 kilo-metres through the Amazon basin in the north-central region of Brazil.

Research activities included defining areas of risk for exposure to mercury and infection with Chagas disease, as well as implementing and assessing better farming practices intended to reduce water and fish mercury levels and contain triatomine insect populations.

### ~ TEAM LEADERS ~

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## Investigating ways to improve policies and programs to better meet the health needs of vulnerable groups and communities

Burkina Faso, Mali and Niger ~ CA\$1,600,000 (2007-2011)

This team carried out research on health policy and program development in Burkina Faso, Mali and Niger. Activities included developing policy and program strategies to better meet the needs of at-risk girls living in urban centers, and assessing the effectiveness of existing policies designed to improve access to services for pregnant women facing a high risk of maternal mortality,

The team carried out an assessment of a policy implemented by the national government of Burkina Faso that removed user fees for maternal health services. By mapping patterns of maternal health service use and maternal mortality over a ten year period before and after implementation, this assessment provided critical information for national decision-makers seeking to ensure that the policy increases access to services for the country's most vulnerable groups and communities.

## Building Caribbean capacity to respond to food and water-borne illnesses

Caribbean Region\* ~ CA\$1,490,610 (2007-2011)

In the Caribbean region, there is a chronic shortage of professionals qualified to run laboratories and oversee the implementation of public health and environmental programs. There are also significant gaps in the regional evidence base available to inform policy and program implementation.

This team worked to establish a cadre of qualified professionals in the Caribbean region with expertise in the interaction between human and environmental health. Research activities included burden of illness studies, research on persistent organic pollutants and microbial contamination of rainwater cisterns, and studies on seafood safety and recreational water quality. The team offered a number of training opportunities, including a field course on coastal waters and human health and a distance education graduate course focused on food safety.

\* Caribbean Community and Common Market countries (CARICOM)

### ~ TEAM LEADERS ~

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## Work-related mental health in Chile: Bringing a gender perspective to research, policy and practice

Chile ~ CA\$1,503,900 (2007-2011)

This team of Chilean and Canadian researchers investigated the impact of paid and unpaid work on the mental health of Chilean workers, paying particular attention to gender issues. The team worked to encourage the implementation of policies and regulations that promote healthier work environments in Chile.

Activities included assessing the impact of working conditions on mental health, documenting workplace mental health risk and protective factors, and developing best practices in healthy workplace policy development and implementation. The team also worked to strengthen the training capacity of research user organizations and to raise public awareness in Chile of occupational mental health issues.

Research findings were used to create tools for inspectors and occupational health and safety committee members. The team worked with research users in Chile to adapt a tool used in Canada to detect mental health risk in the workplace to the Chilean context.

## Prevention, care and support for vulnerable populations at risk for HIV and other sexually transmitted diseases in Shanghai, China

China ~ CA\$1,568,600 (2007-2011)

This team focused on prevention sexually transmitted diseases (STDs) among high-risk, vulnerable populations in Shanghai, China's largest city.

The team carried out research to better define the extent and characteristics of disease transmission and risk behaviours, and to better understand health care and HIV test seeking behaviour and the impact of stigma and discrimination. The team worked to develop, implement and evaluate a series of preventive and supportive interventions intended to reduce risky sexual behaviours and decrease sexual transmission of HIV and other STDs.

As part of their capacity building activities, the team provided training for health care providers, community stakeholders and government officials in a number of areas, including treatment, surveillance and prevention of HIV/AIDS and other sexually transmitted diseases, legal and ethical issues, laboratory diagnosis, as well as community outreach and policy development.

### ~ TEAM LEADERS ~

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## Developing more context-sensitive responses to the mental health impacts of political violence and natural disasters

Guatemala, Nepal, Peru and Sri Lanka ~ CA\$1,578,000 (2007-2011)

Trauma and mental health interventions carried out in the context of international relief and post-conflict stabilization efforts are generally informed by clinical and psychosocial theories and practices developed in Europe and North America. However, the cultural relevance and therapeutic effectiveness of these approaches remains uncertain when applied in other regions of the world.

This program of work combined graduate studies, continuing education and knowledge sharing on the social and cultural dimensions of mental health. The goal was to contribute to a rethinking of established humanitarian responses to trauma by moving beyond Western psychological theories and practices to a wider perspective of the social and cultural contexts in which people and their communities recover from traumatic experiences.

## Developing Honduran capacity to combat infectious diseases

Honduras ~ CA\$1,501,300 (2007-2011)

Honduras is burdened with high rates of HIV/AIDS, tuberculosis and malaria—three infectious diseases that are the focus of the sixth UN Millennium Development Goal. Honduras must also contend with a number of lesser known infectious diseases, including zoonotic diseases transmitted between humans and animals. The country has limited resources and capacity to combat these diseases, especially among the large segment of the Honduran population living in poverty.

This team worked to increase the number of Honduran researchers with expertise in zoonotic and other infectious diseases and to broaden national and regional support for multi-disciplinary approaches to infectious disease research.

The team helped launch a multi-disciplinary Master's level program at the Universidad Nacional Autónoma de Honduras, one of the largest universities in Central America. The program now provides a platform for researchers, policy-makers and civil society organizations working to strengthen infectious disease policies and practices in Honduras and across the Central American region.

### ~ TEAM LEADERS ~

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## Strengthening the capacity of nurses and midwives to contribute to HIV/AIDS policy development

Kenya, Jamaica, South Africa, Uganda ~ CA\$1,599,500 (2007-2012)

Health professionals need research and policy skills to create programs that respond effectively to the HIV/AIDS pandemic. In response to this need, this team is carrying out innovative, multi-country comparative studies and capacity-building activities to improve HIV/AIDS policies and practices in sub-Saharan Africa and the Caribbean.

The program team is working to build a sustainable platform to support HIV and AIDS research and leadership by nurses and midwives seeking to contribute to health systems strengthening in these two regions.

The objectives of this multi-disciplinary program are to improve the quality of HIV/AIDS nursing care, support the scaling-up of innovative HIV/AIDS programs and practices, and foster dynamic and sustained engagement of researchers and research users in the policy development process.

## Responding to the emerging childhood obesity epidemic in Mexico

Mexico ~ CA\$1,554,400 (2007-2011)

Childhood obesity is now a significant public health issue in many low- and middle-income countries. This is a result of a series of changes in health, diet, nutrition and physical activity known as the 'nutrition transition'.

This program developed the capacity for a sustainable, multi-disciplinary research program in Mexico to study childhood obesity and healthy body weights. The specific purpose of the program was to develop an international team of researchers with the combined expertise required to address the problem.

The program informed the development of health programs and policies that respond to the growing burden of obesity in Mexico and in other low- and middle-income countries in the context of the nutrition transition.

### ~ TEAM LEADERS ~

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## Revitalizing 'Health for All': Learning from comprehensive primary health care experiences around the world

Multiple countries (see below) ~ CA\$1,599,000 (2007-2011)

The principles and practices of comprehensive primary health care were first codified in the 1978 Alma-Ata Declaration on Primary Health Care. Sidelined during much of the 1980s and 1990s, comprehensive primary health care has been gaining prominence in international policy circles in recent years.

This program supported research teams in South East Asia, Africa, Latin America as well as in indigenous communities in Australia and New Zealand. The teams carried out in-depth studies of comprehensive primary health care experiences in eighteen countries. These studies showcase different ways in which comprehensive primary health care can positively impact health equity in communities around the world.

Countries by region ~ Canada; Australia and New Zealand; Argentina, Brazil, Bolivia, Columbia, Ecuador, El Salvador, Nicaragua, Uruguay; Democratic Republic of the Congo, Ethiopia, Kenya, South Africa, Tanzania and Zimbabwe; India.

## Mobilizing Nigerian schools and communities in HIV prevention for rural youth

Nigeria ~ CA\$1,587,000 (2008-2012)

This team developed and evaluated HIV prevention programs for Nigerian youth. Team members worked with local educators in 24 communities in the Nigerian state of Edo to improve the effectiveness of existing school-based HIV prevention programs for junior secondary students.

The team applied a social-ecological approach to HIV prevention that considers individual risk of acquiring HIV the social and cultural context of interpersonal and community networks. Their program of work involved Nigerian and Canadian researchers, NGO partners, and representatives from the Ministry of Education of the state of Edo.

### ~ TEAM LEADERS ~

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**Stephen Birch**

McMaster University,  
Hamilton (Canada)

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McMaster University,  
Hamilton (Canada)

## Investigating equity in access to maternal health services, tuberculosis care and HIV anti-retroviral therapy in South Africa

South Africa ~ CA\$1,368,400 (2007-2011)

In collaboration with health care providers, managers, policy-makers and communities, the program team followed the experiences of individuals receiving tuberculosis care, HIV anti-retroviral therapy, and maternal health services in four sub-districts of South Africa.

By mapping people's ability to access health services and the specific barriers they face in the process, this program of work supported policy-making and service provision in the four sub-districts as well as at the national level. The team worked in collaboration with the Society of Midwives of South Africa and the departments of health at the national level and in two municipalities.

## Building the components of a veterinary public health system in Sri Lanka

Sri Lanka ~ CA\$1,331,200 (2007-2011)

The global public health community now recognizes that the control of disease in animals is an important means to reduce human exposure to emerging infectious diseases. While veterinary public health is well suited to the task, many low- and middle-income countries do not have sufficient veterinary public health capacity.

This team developed the components of a veterinary public health system in Sri Lanka. Activities included networking with national, South Asian and Southeast Asian stakeholders, identifying targets for leadership and removing obstacles to training and retaining veterinary public health leaders, and creating a model for governance of veterinary public health programs.

The team also developed new methods to engage communities in infectious disease detection and prevention and evaluated the effectiveness of a multi-disciplinary veterinary public health approach to preventing emerging infectious diseases.

### ~ TEAM LEADERS ~

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See the  
**FEATURE STORY**  
about this project  
on **page 39**

~ TEAM LEADERS ~

Somboon

Thienthong

Khon Kaen University,  
Khon Kaen (Thailand)

G. Allen Finley

Dalhousie University,  
Halifax (Canada)

## Improving management of pediatric pain in urban and rural Thailand

Thailand ~ CA\$968,800 (2007-2011)

Children are more at risk than adults for untreated pain from surgery, cancer, injury, infection and other disease, and children in low- and middle-income countries have even less access to pain care.

This team worked with staff at seven provincial and regional hospitals in Thailand to develop standardized approaches to improve pain prevention and treatment for children in care. The team explored ways to encourage nurses and physicians in the participating hospitals to make greater use of existing and new knowledge relating to pain management for children.

This program of work has contributed in a global effort to develop accreditation standards for hospitals on the protocols and policies they use to recognize and treat pain in children.

~ GLOBAL HEALTH LEADERSHIP AWARDS ~

~ AWARDEE ~

Raul Mejía

Centro de Estudios de  
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## Mentorship for tobacco control research in Argentina

Argentina ~ CA\$152,800 (2008-2012)

In Argentina, more than a third of adults are smokers, making tobacco use the most significant public health problem in the country. In this context, a growing number of Argentine researchers are interested in pursuing tobacco control research, although developing a group of well-trained researchers in this multi-disciplinary field faces significant challenges.

While the concept and practice of mentoring is not widespread in Latin America, the idea of a “role model” is familiar. Dr. Raul Mejía believes that mentorship can be used to develop research capacity and influence policy and decision-making for tobacco control in Argentina and the region.

With the support of the Global Health Leadership Award, Dr. Raul Mejía established the Argentine Tobacco Research Program. Putting an emphasis on mentorship, the program aims to develop a new generation of researchers and policy leaders in the field of tobacco-control research in order to strengthen the evidence-base for tobacco control policies in Argentina.

# Promoting a fair and more effective use of health resources in Latin America through Health Technology Assessments and Economic Evaluations

Argentina ~ CA\$196,300 (2008-2012)

A large proportion of the Latin American population has little to no access to basic and highly cost-effective care, while a small minority continues to access costly health technologies. Given the constant evolution of new and more expensive health care treatments and diagnostics, the unfair distribution of health care is likely to increase.

Health Technology Assessments and Economics Evaluations have been used in some low- and middle-income counties to make more equitable health investments. However, their influence on policy and decision-making in Latin America has so far been limited. Dr. Andres Pichon-Rivière believes that these decision-making tools can help make health systems in Latin America more equitable.

With the support of the Global Health Leadership Award, Dr. Pichon-Rivière is offering training on how to carry out Health Technology Assessments and Economic Evaluations. He is developing a regional network to contribute to strengthening health policies in participating countries.

~ **AWARDEE** ~

**Andres Pichon-Rivière**

Institute for Clinical Effectiveness and Health Policy,  
Buenos Aires (Argentina)

~ AWARDÉE ~

Pierre Ongolo-Zogo

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Yaoundé (Cameroon)

## Building capacity to link research to policy and practice for better health in Central Africa

Cameroon ~ CA\$185,100 (2008-2012)

In 2004, the World Health Organization (WHO) launched the Evidence Informed Policy Networks, known as EVIPNet. The initiative is working to bridge the gap between research evidence and public health action in developing countries, a priority for development actors striving to achieve health-related UN Millennium Development Goals (MDGs).

A Cameroonian medical doctor, Dr. Pierre Ongolo-Zogo's program aims to link research to policy and practice in the health system, particularly in health organizations. The goal is to strengthen capacities of the health care system in Cameroon to respond effectively to the growing burden of chronic illness in the country, including non-communicable diseases and HIV/AIDS. Dr. Ongolo-Zogo has witnessed the insufficient use of Health Technology Assessments resulting in uneven distribution of health technologies to poorer populations. As EVIPNet leader in Cameroon and Director of the Division of Health Operations Research for the Ministry of Public Health, he gained extensive experience developing health policy and undertaking monitoring and evaluation.

As part of his program activities, Dr. Ongolo-Zogo has established a knowledge translation centre to facilitate the use of research findings promoting better health in the Central African sub-region.

## Strengthening capacity for evidence-informed health policy in Chile and Latin America

Chile ~ CA\$140,900 (2008-2012)

The persistent gap between what is already known about how to respond to particular health problems and what is actually done in practice is a major challenge facing efforts to improve health in low- and middle-income countries. One of the reasons for this is the failure of the policy-making process to take into account research evidence about effective technologies and optimal governance, financial and delivery arrangements within health systems.

Dr. Tomás Pantoja's program aims to strengthen the capacity to carry out and make use of health policy and systems research to support the development and implementation of effective health systems policy and practice in Chile and other countries in Latin America, particularly Bolivia and Paraguay. The program focuses on the production and packaging of high-priority systematic reviews of health policy and systems research and the evaluation of evidence-to-policy partnerships.

As part of his program activities, Dr. Pantoja plans to establish a Regional Centre for Evidence Informed Policy-making that builds on an existing Methodology Centre for Systematic Reviews in health policy and systems research in low- and middle-income countries. The center will support knowledge translation platforms to improve the use of research evidence in policy-making.

~ **AWARDEE** ~

Tomás Pantoja

Pontificia Universidad  
Catolica de Chile,  
Santiago (Chile)

~ AWARDEE ~

Diego Lucumí  
Cuesta

Fundación para la Educación  
y el Desarrollo Social,  
Bogotá (Columbia)

## Strengthening capacity to fight chronic disease in Columbia: Bridging the gap between evidence and action

Columbia ~ CA\$191,800 (2008-2012)

Chronic diseases are the leading causes of death in Colombia, a result of demographic and epidemiological changes that have occurred in a number of low- and middle-income countries in recent decades.

While the influence of socio-economic factors on rates of chronic disease and the role of environmental and policy interventions in reducing the disease burden is now well recognized, insufficient attention is being paid to chronic disease in the developing world. Dr. Diego Lucumí Cuesta is working to establish links between researchers, practitioners and policy-makers; improve access to training in the area of chronic disease; and to generate knowledge of socio-economic determining factors and policy and environmental interventions to prevent chronic diseases.

Dr. Cuesta's program of work is contributing to national chronic diseases prevention efforts by providing a context for the development of sustainable skills, structures and resources for chronic disease prevention and control in Columbia. He is also contributing to organizational planning and supporting effective policy development in three Colombian municipalities.

## Working with Ecuadoran farmers to reduce the health risks associated with the use of hazardous pesticides

Ecuador ~ CA\$198,000 (2008-2012)

With previous experience as a researcher in agriculture and human health, Dr. Fadya Orozco is exploring the factors that account for increasing hazardous pesticide use among small-scale Ecuadorian Andean farmers.

Using a health promotion framework that emphasizes social accountability of health and agricultural actors, Dr. Orozco Terán's program of work focuses on the social determinants of health and their application to social change. The program aims to empower farmers as food producers and citizens, assert farmers' rights and promote a stronger governance process for pesticide use.

Dr. Orozco Terán's goal is to help reduce the health impacts associated with hazardous pesticide use and inappropriate management of pesticides in Carchi's agro-ecosystem.

~ **AWARDEE** ~

Fadya Orozco  
Terán

National Agriculture and  
Livestock Research Institute,  
Carchi (Ecuador)

~ AWARDEE ~

Kakha

Gvinianidze

L. Sakvarelidze National  
Center for Disease Control  
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Tbilisi (Georgia)

## Strengthening tobacco control in Georgia

Republic of Georgia ~ CA\$62,900 (2008-2012)

Roughly one third of Georgian adults are smokers—an important risk factor of cardiovascular diseases and some types of cancer. Though Georgia's tobacco control legislation is moving in a positive direction, enforcement remains weak.

A medical doctor, Dr. Kakha Gvinianidze has long been an advocate for tobacco control in the country. His program aims to link research to policy and practice by improving his knowledge and leadership skills related to tobacco control. Alongside studying mortality and morbidity associated with tobacco consumption in Georgia, Dr. Kakha Gvinianidze will analyze the efficiency of current tobacco control legislation, and will conduct a needs assessment to better understand how to strengthen tobacco control in Georgia.

As part of his project, Dr. Kakha Gvinianidze will also develop an advocacy plan, which includes working with various stakeholders and mass-media, to help ensure that the results of his research strengthen tobacco control in Georgia.

## Strengthening research ethics capabilities in Honduras

Honduras ~ CA\$200,700 (2008-2012)

The increasingly global nature of research in health and other sectors highlights an urgent need to address power issues, particularly when research is carried out in low- and middle-income countries under the scientific and financial control of high-income nations.

Trained in microbiology and bioethics, Dr. Vilma Espinoza's program aims to strengthen research ethics capabilities at the National Autonomous University of Honduras, one of the largest universities in Central America. Currently, the university's Directorate of Scientific Research does not have a research ethics policy and a mandatory ethics review process in place relating to research involving humans and animals.

Through the development and implementation of a program of knowledge translation and capacity building, Dr. Espinoza is working to strengthen the ethics competencies of researchers and research users at the university and to empower individuals and groups selected as research participants. Dr. Espinoza's longer term objectives are to contribute to the implementation of mandatory ethics review policies at the university and to promote their adoption by other Honduran research institutions.

~ **AWARDEE** ~

**Vilma Espinoza**

National Autonomous  
University of Honduras,  
Tegucigalpa (Honduras)

~ AWARDEE ~

Sudha  
Chandrashekar

St. John's Research Institute,  
Bangalore (India)

## Scaling up of HIV/AIDS prevention in India: access, affordability and priority setting

India ~ CA\$183,200 (2008-2012)

India faces growing rates of HIV/AIDS. While there are a number of government and donor initiatives in India responding to the HIV epidemic, there are limited resources to implement interventions for prevention and treatment.

In this context, there is an urgent need to understand both health system and cultural and social barriers to service access, particularly for marginalized groups, such as sex workers, who are often the intended beneficiaries of these programs.

Dr. Sudha Chandrashekar's research focuses on economic and health system analysis of HIV prevention programs and services in India. With the support of the Global Health Leadership Award, Dr. Chandrashekar' is working to better understand how costs and other aspects of priority-setting influence access to programs and services. She is also expanding her research to look at broader access issues among intravenous drug users in North Eastern India.

## Strengthening health policy and systems research capacity in the Middle East and North Africa and promoting the use of research findings for health systems policy-making

Lebanon and the Middle East and North African region (MENA)\* ~ CA\$218,700 (2009-2012)

The goal of Dr. Fadi El-Jardali's research program is to increase health policy and systems research capacity in the Middle East and North Africa and promote its use for health systems policy-making in the region.

As part of his program of research, Dr. El-Jardali has undertaken a survey of policy-makers, key researchers and directors of applied health research institutions in fourteen Eastern Mediterranean countries to learn more about how policy-makers, researchers and research institutions understand the role of health systems research in the policy-making process.

Program activities include research on how researchers, policy-makers and stakeholders talk in the media about policy priorities in the health sector, health research evidence and health systems issues. Other activities include dissemination of reports, briefs and packaged summaries and the organization of a regional policy workshop to discuss findings on national and regional health priorities.

~ **AWARDEE** ~

**Fadi El-Jardali**

Issam Fares Institute  
for Public Policy and  
International Affairs,  
American University of Beirut,  
Beirut (Lebanon)

~ AWARDEE ~

Isabelle Valérie  
Moreira

Centre de formation et  
de recherche en santé  
de la reproduction,  
Dakar (Senegal)

## An innovative approach to training rural doctors in Senegal in obstetrics and gynecology

Senegal ~ CA\$200,200 (2008-2012)

Maternal mortality can be attributed in part to a lack of access to emergency obstetrics care, this is particularly acute in remote rural areas. Senegal has introduced a strategy for delegating obstetric care to general practitioners in remote areas. This strategy faces a number of challenges due to the uncertain career prospects for many physicians in these areas. To breathe new life into this strategy, the Ministry of Health has partnered with the Center for Training and Research in Reproductive Health to offer general practitioners training that will qualify them as gynecologists and obstetricians.

As part of this effort, Dr. Isabelle Valérie Moreira's program is developing and evaluating an innovative approach to medical education that combines in-class and distance training to enable general practitioners working in under-served rural communities in Senegal to acquire emergency obstetric skills without disrupting the day to day provision of care. The training aims to increase the responsiveness of health services to specific population needs, as well as encourage the retention of skilled health service personnel in rural areas.

With the support of the Global Health Leadership Award, Dr. Moreira is strengthening her capacity to develop, monitor and evaluate innovative health policies that will improve the quality and quantity of maternal and child health human resources in Senegal.

## Strengthening the public health care system in the Turks and Caicos Islands

Turks and Caicos Islands ~ CA\$199,900 (2008-2012)

The Turks and Caicos economy depends heavily on tourism and fisheries. Fishing provides the main source of local food for the population, reportedly consumed at least three times a week. Population growth on the islands has accelerated the pace of environmental, demographic and social change. Without sound management this could have serious ecological and public health consequences for the country. In this context, there is a need to develop necessary skills and expertise within the Ministry of Health in response to these issues.

Through research, training, collaboration and networking with national and international partners, Dr. Terese Maitland's program of work is developing local research evidence and technical expertise to support development and implementation of policies that safeguard the health of Turks and Caicos Islanders and ensure the continuing viability of the fishing industry.

This program is also contributing to the development of local fishing and natural resource management laws and policies and is supporting the implementation of international conventions on environmental pollution and fishery management.

~ **AWARDEE** ~

**Terese Maitland**

Ministry of Health and Human  
Services, Cockburn Town  
(Turks and Caicos Islands)

~ AWARDEE ~

Jerome

Kabakyenga

Mbarara University of  
Science and Technology,  
Mbarara (Uganda)

## Investigating ways to bridge the gap between maternal and child health policies and their implementation

Uganda ~ CA\$186,000 (2008-2012)

Uganda continues to see consistently high rates of maternal and infant mortality. Implementing national policies designed to improve maternal and child health for the most vulnerable is a significant challenge, particularly in rural communities.

Dr. Jerome Kabakyenga is strongly committed to improving maternal and newborn health in Uganda. Dr. Kabakyenga's research is investigating ways to bridge the gap between Ugandan maternal and child health policies and their implementation. Dr. Kabakyenga is also mentoring researchers working to apply research findings effectively as a means of improving both health services and the training of health professionals who play a vital role in maternal and child care and survival.

Dr. Kabakyenga is Dean of the Faculty of Medicine at Mbarara University of Science and Technology and co-director of child health and HIV/AIDS projects. His experience has enabled him to take a leadership role in education, research and program implementation in maternal and child health and HIV/AIDS. Dr. Kabakyenga is a strong advocate for innovative research to develop and test community-based interventions, particularly with respect to the identification and management of high-risk obstetrical complications.

## Supplementary Grants

Supplementary Grants are intended to encourage collaboration between Teadsale-Corti program grantees and other organizations and to increase the capacity of decision-makers to access and make use of research to inform policies, programs and practice.

### Grants

Learning from capacity-building experiences in Teasdale-Corti Team Grant projects

Ethical issues and challenges in global population health research partnerships

Training and workshops on effective researcher/research user partnerships: sharing experience and drawing lessons from teams carrying out Comprehensive Primary Health Care research

BRAZIL

Concertation interdisciplinaire et intersectorielle en santé environnementale

BRAZIL AND THAILAND

Building global partnership in paediatric pain management

JAMAICA, KENYA, SOUTH AFRICA AND UGANDA

A strategy for scaling-up and sustaining a research internship and mentoring roles

JAMAICA, KENYA, SOUTH AFRICA AND UGANDA

Enhancing the function and impact of nursing leadership hubs: a knowledge transfer and exchange strategy for HIV policy development in sub-Saharan Africa and the Caribbean

CHILE

Linking health policy and system research to policy-making in the Chilean health system

GUATEMALA AND NEPAL

Linking research with mental health policy and practice

SRI LANKA

Veterinary Public Health Professional Social Networking in Sri Lanka

~ FEATURE STORY ~

## Launch of the Sri Lanka Wildlife Health Centre

A team of Canadian and Sri Lankan researchers supported by a Teasdale-Corti Team Grant played a key role in the creation of the Sri Lanka Wildlife Health Centre in June 2011.

The launch of the Sri Lanka Wildlife Health Centre in 2011 is an important milestone for the South Asian nation. The first of its kind in the country, the national centre is an essential step on the way to establishing comprehensive emerging disease detection and prevention in Sri Lanka. The Sri Lanka Wildlife Health Centre is a joint venture of two Sri Lankan government partners and the University of Peradeniya, located in the central region of the country. The Centre will support wildlife health, management and conservation activities and will be a hub for networking between the diversity of players in wildlife health in Sri Lanka and across the South Asian region.

The Centre will be housed at the University of Peradeniya's Faculty of Veterinary Medicine and Animal Science and will be an equal collaboration between the university and the two government partners. The location of the centre is a reflection of the strength of the faculty's Veterinary Public Health Program, which has grown significantly over the last several years thanks to the work of a team of Sri Lankan and Canadian researchers supported by the Global Health Research Initiative.

The participation of the Sri Lankan government—both the Department of Wildlife Conservation and the Department of Animal Production and Health—will mean that the Centre will be well positioned to provide valuable research input to the development of government policies and programs aimed at emerging infectious diseases detection and prevention.



**Sri Lanka**

“At first, the local administrators had their doubts about what we were trying to accomplish. But the innovative approach we were testing turned out to be very beneficial to them. They liked what we were doing, which led to further cooperation.”

Dr. Sam Daniel  
Team Leader

Source: Interview with Sam Daniel Schull, GHRI. 2011.

The university will play an important role in translating wildlife health research findings into useful public health information.

With the support of a CA\$1.3 million Teasdale-Corti Team Grant, the team worked with university, government and community stakeholders in Sri Lanka to develop a prototype for a veterinary public health system designed to work in the Sri Lankan context. The team was co-led by Dr. Sam Daniel, a senior official in Sri Lanka’s Ministry of Estate Infrastructure and Livestock Development and Dr. Craig Stephen, a professor of Ecosystem and Public health at the University of Calgary and Clinical professor of Public Health at the University of British Columbia. Dean Abeynayake served as a member of the grant’s executive committee.

One of the team’s accomplishments was the successful implementation of an innovative frontline animal health surveillance system. The team trained and equipped local field veterinarians to report animal health and disease information using mobile phones. The team published their results, which showed that mobile phone-based surveillance of animal populations is an effective and low cost alternative to more expensive systems. While technology often gets the credit for innovation, the human factor was crucial to the success of the project. Mobile phones provided the necessary tool for the project, but implementation of the idea depended a great deal on their efforts to build support for the new surveillance methods among local administrators.

The Sri Lankan government is now continuing the project using the phones and network set up by the team. “At first, the local administrators had their doubts about what we were trying to accomplish. But the innovative approach we were testing turned out to be very beneficial to them,” said Dr. Daniels. “They liked what we were doing, which led to further cooperation.”

Although early detection and control of disease outbreak among domestic and farm animals was an important focus of their efforts, team members also recognized the need to strengthen capacity in Sri Lanka to detect and manage wildlife disease risks. As part of a range of research and capacity-building activities, the team organized a number of cross-disciplinary workshops that brought researchers from the wildlife sector and the veterinary and public health sectors together.

While the five year grant from the Global Health Research Initiative is coming to a close, the team is preparing a submission to the World Organization for Animal Health to establish a long-term collaboration between the Sri Lanka Wildlife Health Centre and the Canadian Cooperative Wildlife Health Centre. The Canadian organization's executive director Dr. Ted Leighton, who joined the GHRI Sri Lanka team with the support of additional funds from the University of Saskatchewan, has been instrumental in leading this effort.

Dr. Daniel, Dr. Stephen and other team members have a larger vision of increasing human capacity for expertise and infrastructure to allow Sri Lanka to promote and protect human health through healthy relationships with animals and our shared environments. "We want to learn from this experience to determine how to best build wildlife capacity elsewhere," said Dr. Stephen. "Bolivia, for example, is already interested in doing something similar." Other members of the team are now working in Nepal through IDRC funded research on Japanese encephalitis and see this as an excellent opportunity to extend their lessons in veterinary public health to other parts of South Asia. The team's experiences in collaborative veterinary public health have also informed additional work on avian influenza policy in China.

July 2011

"We want to learn from this experience to determine how best to build wildlife capacity elsewhere. Bolivia, for example, is already interested in doing something similar."

Dr. Craig Stephen  
Team Leader

Source: Interview with Craig Stephen, GHRI. 2011.

## Acknowledgements

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## Notes

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