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Gesundheit der Kinder

The role of ICDDR,B Centre for Health and Population Research in Dhaka, Bangladesh

Transform Child Health Research Findings into Action

Von Jacques Martin

"Increased scientific knowledge has accounted for much of the dramatic improvement in health that has occurred in this century - by providing information that forms the basis of household and government action and by underpinning the development of preventative, curative and diagnostic technologies. Because the fruits of science benefit all countries, internationally collaborative efforts, of which there are several excellent examples, will often be the right way to proceed." (World Development Report "Investing In Health", World Bank 1993) - For sure the authors of this quoted article had ICDDR,B in mind when highlighting existing valuable examples of international institutions active in research and results dissemination.

ICDDR,B, Centre for Health and Population Research**, was established in 1978 as the successor to the Cholera Research Laboratory, which had been created in 1960 to study the epidemiology, treatment, and prevention of cholera. The Centre is an independent, international, non-profit organisation for research, education, training, and clinical service. Its mission is to develop and disseminate solutions to major health and population problems facing the world, with an emphasis on simple and cost-effective methods of prevention and management.

Over the years the work of the Centre has been supported by over 50 nations and organisations that share the Centre's concern for the health problems of developing countries. Major donors for 1998/99 included almost all major aid agencies and international organisations, private foundations, but also sponsors from the private sector. The Swiss Agency for Development and Cooperation (SDC) is one of the major donors since 1980. Over the last 20 years, SDC has supported the Centre with more than CHF 25 millions in total. Several young Swiss researchers have undertaken their research at the Centre in Bangladesh, in various fields. ICDDR,B also cooperates with the Swiss Red Cross and is part of a cooperative agreement with the University of Basle (several Centre's Bangladeshi researchers have been trained in Basle). The Centre is governed by a multinational Board of Trustees comprising

distinguished researchers, educators, public health administrators, and representatives of the Government of Bangladesh The author has the honour to act on the Board since 1994 and to chair it since 1997. The Board appoints a Director and four Division Directors who head the Centre's four scientific divisions. The Centre's main asset is its staff: currently there are over 200 researchers from more than ten countries and a 1000 support and other field staff working at the Centre.

ICDDR,B's activities with regards to Child Health

ICDDR,B conducts research in a wide field of child health and many of these findings are now being used world-wide. The most widely known research result is the development of the oral re-hydration solution (ORS), which has prevented the deaths of millions of children.

Research results are also translated into training programmes for manpower development in research field, increasing capabilities to manage programmes for the control of diarrhoeal diseases and population increase. Recently the training programmes have been redesigned to enhance the potential of developing countries to promote Essential National Health Research (ENHR). The Centre has shared knowledge by training more than 17,000 health professionals from over 73 countries. Both research and training also include outreach activities and clinical services. Millions rely on the Centre's hospitals in Dhaka and Matlab, where well over 100,000 patients are treated each year for diarrhoeal diseases and related problems.

The Centre has strong support services, that allow office staff to have access to extensive library and information technology. A web server hosts the Centre's homepage (http://www.icddrb.org). The dissemination of experience and information plays a crucial role. The Centre publishes the renowned quarterly Journal of Diarrhoeal Diseases Research and a large number working papers, scientific reports, monographs, and special publications. There are also two quarterly newsletters ("Glimpse" in English and "Shasthya Sanglap" in Bangla).

Future research will continue to be directed towards finding cost-effective and sustainable answers to the health and population problems of the most disadvantaged people in the world. The current strategic plan of the Centre outlines the following two key areas:

Child Survival: As despite many advances, diarrhoeal diseases are responsible for 3 million child deaths every year and since acute respiratory tract infections (ARI) remain the other leading cause of child death in developing countries (it is estimated that ARI kills 3.6 million children each year), activities are continuously undertaken aiming at the improvement of the case management of diarrhoea, acute respiratory infections, risk factors for low birth rate and potential interventions, nutritional deficiency states (including micronutrients) and immunisation-preventable infectious diseases. The common thread that links these infectious diseases is the nutrition of the mother and child. Malnutrition predisposes children to disease, and diseases often result in worse nutritional status, and consequently a vicious cycle of cause and effect is established. Strategies are thus designed for prevention, including modifications in

personal and domestic hygiene behaviours, provision of appropriate water supply to and sanitation for the households. The development of effective vaccines is given more and more importance too.

Application and Policy: The Centre has always given a high priority to transform research findings into actions by replicating successful interventions piloted in its projects and through its research and training activities in other settings. A good cooperation with the Government of Bangladesh should be mentioned in this respect, but much remains to be done, particularly at the regional and global levels.

"When the poor need food, who needs research

Recently the Council on Health Research for Development has raised the question: "When the poor need food, who needs research?" I hope that the present article has shown that health research as ICDDR,B carries it, is important. There is no doubt that the Centre has played a crucial role in reducing infant mortality. It has a strong multidisciplinary basis and is organised to answer the new challenges of Child Health problems, as well as of reproductive health to take into account the necessary integrated approaches (leading to a better women's health and status; as well as taking into account the role of men!). To translate knowledge into applicable policies remains the essential, but difficult part of the exercise. The Centre has a long tradition of work in both urban and rural areas. The collaboration with Governments and with NGOs ensures the dissemination of know how, through appropriate policies and related human and financial means, for the benefit of children and women. Such measures are likely to help the world becoming a better and healthier place and ICDDR,B can and should continue to serve this cause as a pacesetter in its fields of competence.

*Jacques Martin, Head Human Resources, Swiss Agency for Development and Cooperation (SDC), Chairperson of ICDDR, B's Board of Trustees.

ICDDR,B stands for "International Centre for Diarrhoeal Disease Research, Bangladesh", its form	ıal
name, now know as "Centre for Health and Population Research, Bangladesh".	

Kontakt

DeutschschweizMedicus Mundi Schweiz

Suisse romande
Medicus Mundi Suisse

Bankverbindung

Basler Kantonalbank, Aeschen, 4002 Basel

Murbacherstrasse 34

kue de varembe i

CH-4056 Basel

Tel. +41 61 383 18 10 info@medicusmundi.ch

CH-1202 Genève

Tél. +41 22 920 08 08

contact@medicusmundi.ch

Medicus Mundi Schweiz, 4056 Basel

IBAN: CH40 0077 0016 0516 9903 5

BIC: BKBBCHBBXXX