



FOGARTY INTERNATIONAL CENTER • NATIONAL INSTITUTES OF HEALTH • DEPARTMENT OF HEALTH AND HUMAN SERVICES

US global health plans are further defined

The U.S. government continues to define how it will implement its Global Health Initiative, announcing new countries to be included, specific goals for USAID and CDC, as well as a fund that will support health projects targeting women and girls.

Eight countries have been selected as the first set of "GHI Plus" countries, including Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal and Rwanda. These countries will receive additional resources to quickly implement GHI's approach, including integrated programs and investments across the spectrum of infectious diseases, maternal and child health, family planning, and health systems activities.

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Photo by Tech Sgt Dennis J. Henry Jr./US Air Force

Dr. Rajiv Shah, the USAID administrator, has laid out a broad plan for reforming his organization. Above, he visits a hospital in Port-au-Prince, Haiti to check on post-earthquake relief operations.

Fulbright joins Fogarty to support fellowships

The Fulbright Program is joining Fogarty to expand clinical research training opportunities in sub-Saharan Africa for U.S. pre-doctoral students.

The Fulbright-Fogarty Fellowships program will encourage innovative evidence-based public health research training, problem-based learning and clinical preceptorships.

It will also encourage collaboration among the Fulbright-Fogarty fellows, who will be mentored by U.S. and African faculty and researchers. Together, the organizations will provide up to \$205,000 per year to support as many as five awards.

"We are grateful for this wonderful support to help channel the phenomenal energy and enthusiasm for global health that exists on U.S. campuses today," said Fogarty director Dr. Roger I. Glass.

"Not only are we building the next generation of global

health leaders, but by matching the skills of these fantastic young people with the critical needs of our African research collaborators, we are helping to save lives and improve health."

Initially, the one-year assignments will be distributed among six sites in Botswana, Malawi, South Africa, Uganda and Zambia. Advanced students in M.D. and Ph.D. programs who are U.S. citizens but do not have doctoral degrees are eligible to apply.

The Fogarty International Clinical Research Training for Scholars and Fellows Program is coordinated by the Vanderbilt Institute for Global Health. The Fulbright Program, part of the Department of State's Office of Academic Exchanges Programs, is administered by the Institute of International Education.

The application deadline is October 18, 2010. The first group will begin their fellowships in July 2011.

FOCUS



PAKISTAN

- Sounding the alarm about a toxic cosmetic
- Improving mental retardation screening and care
- Studying suicide and self-harm

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Indonesian minister calls for increased collaboration

Photo by Jeff Gray



Fogarty Director Dr. Roger Glass greets Dr. Endang, the Indonesian health minister, on her first visit to NIH since her recent appointment.

Indonesia's new minister of health says her country would like to renew its commitment to collaborate with the U.S. on biomedical research. During her first visit to NIH since her appointment, Dr. Endang R. Sedyaningsih expressed optimism about the potential for joint pro-

gress. "We're very excited at the prospect of working with the National Institutes of Health," she said. "Our hope is that our laboratories and researchers in Indonesia can partner with yours here in the U.S."

Her NIH visit was timely, as President Obama is planning to visit Indonesia later this year to discuss the deepening economic relationship between the countries, in addition to shared concerns such as climate change and security. Additionally, a broad science and technology

agreement between the countries was recently signed to expand research collaborations on vaccines and other pharmaceuticals as well as biological lab safety and pathogen security.

The U.S. government has been increasingly focusing on health research and technological development in the Southeast Asian nation, which is the world's third largest democracy and home to the world's biggest Muslim population. The U.S. Agency for International Development recently launched a five-year prevention program targeting HIV/AIDS in eight Indonesian provinces, part of a \$35 million effort to reduce transmission of the disease nationally.

The visit included a meeting with Fogarty director Dr. Roger I. Glass and the leadership of several NIH Institutes and Centers. NIH currently funds several research and research training collaborations in Indonesia. Fogarty is particularly active there, supporting two separate research training programs focused on tobacco control and smoking cessation, as well as projects building research capacity in population science, HIV/AIDS and tuberculosis epidemiology and biodiversity.

Hotez outlines advances and challenges in fighting neglected diseases

By Anne A. Oplinger

Photo by Bill Branson



Dr. Peter J. Hotez

termed neglected tropical diseases, are largely to blame for keeping the bottom billion in poverty. Recent attention to these previously neglected maladies is beginning to pay off, says Hotez, professor and chair of George Washington University's department of microbiology, immunology and tropical medicine.

Hotez, who is also president of the Sabin Vaccine Institute and a Fogarty advisory board member, described advances in combating neglected tropical diseases—and outlined the challenges that remain—at the 2010 John Ring

LaMontagne Memorial Lecture at NIH. LaMontagne was deputy director of the National Institute of Allergy and Infectious Diseases.

Unlike HIV, TB or malaria, says Hotez, the seven most common neglected tropical diseases typically do not kill people. These chronic infections, including six caused by parasitic worms, tend to debilitate victims. The effects are both individual and societal.

Aside from causing profound suffering, the neglected diseases also hold back entire economies, says Hotez. In India alone the disfiguring and disabling parasitic disease called elephantiasis is estimated to cause worker productivity losses totaling \$1 billion annually.

"That's the bad news. The good news is we can treat neglected diseases, often at very little cost per treated person," Hotez says. For example, safe and effective anti-worming medications have been successfully used in nationwide mass administration efforts, he adds.

Stirring the pot

It wasn't your typical cooking course, but Dr. Elizabeth Vaughan studied the nutritional reality of HIV patients in Kenya for five weeks last summer. She interviewed home cooks, hospital cafeteria workers, HIV patients and their families for her research thesis, mastering ten traditional recipes and calculating the nutrient value of 10,000 meals.

"From my first day at the Kijabe Hospital cafeteria, I literally stirred the pot, cooking alongside the head cook. I burned a few things but my mistakes were graciously forgiven. The people in Kenya made it easy to build relationships, which allowed open communication," says Vaughan. "The experience of HIV in Kenya is dramatic. I'd say a quarter of the people I met had a close friend or relative who was infected."

She traveled to Kenya from the University of Texas, Galveston, with support from Fogarty's Framework Programs for Global Health. Vaughan earned her bachelor's in nutrition and a medical degree on her way to becoming an internist with a master's in public health.

The main barrier to good nutrition in sub-Saharan Africa is general food scarcity. Kenya also suffers from droughts. "These people eat very little meat, very little protein," says Vaughan. "One of the staples of the Kenyan diet is ugali, a bland grain-based dish with no protein. It's similar to cream of wheat or grits but without the nutrients we add in the U.S."

Logistics were difficult. She took four or five buses a day to see patients, some of whom were illiterate. "Elizabeth's tenacity, ability to roll with the punches and passion for



Photo courtesy: Dr. Vaughan

Dr. Elizabeth Vaughan studied HIV patients' nutrition in Kenya, mastering 10 traditional recipes and calculating the nutrient value of 10,000 meals.

nutrition made her research program a success," says Dr. Philip Keiser, her University of Texas mentor.

Wanting to give something back, and knowing how vital proper nutrition is to HIV patients, Vaughan gave many talks on the importance of a healthful diet and offered individual advice for making realistic improvements.

"The average Kenyan in these circumstances has a poor diet," says Vaughan. "At the beginning of the month when they get paid, they eat fruit, vegetables and some meat, but by the end of the month they eat very little and poorly. One of the basics I tried to impart was spacing out good food through the month."

Poor nutrition contributes to HIV-associated wasting in sub-Saharan Africa

Food scarcity disproportionately affects sub-Saharan Africa, which carries 67 percent of the global burden of HIV. Due to a combination of HIV-associated wasting and poor diet, malnourishment endangers the lives of many with HIV who are being treated with antiretroviral therapy. Increased mortality is likely due in part to malnutrition-induced dysfunction of the immune system and metabolism and a higher incidence of infections.

A recent article published in *The American Journal of Clinical Nutrition* covers the epidemiology of HIV infection and malnutrition in sub-Saharan Africa, potential causes

for accelerated death rates in low-BMI patients, recent studies and clinical trials. The co-authors are Dr. John Koethe, a Fogarty International Clinical Research Fellow working in Zambia, and Dr. Douglas Heimburger, professor of medicine at Vanderbilt's Fogarty-supported Institute for Global Health.

The authors detail hopeful studies and trials regarding nutritional supplements and other interventions. They support stronger emphasis on malnutrition as a component of HIV care, and acknowledge that it will require a shift in policy and funding priorities.

Global Health Initiative...

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GHI is a six-year, \$63 billion initiative to help partner countries improve measurable health outcomes by strengthening health systems and building upon proven results.

Through GHI, the U.S. government is pursuing a comprehensive “whole-of-government” approach to global health, led by a committee comprised of the heads of USAID and CDC, and the U.S. Global AIDS Coordinator.

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USAID details four core areas

USAID Administrator Rajiv Shah recently laid out a broad plan for reforming his organization during a town hall meeting in Washington. “This is a time to be bolder, to reach beyond our comfort zone, and to be imaginative about how we can work better, cheaper, and faster in the pursuit of high impact development,” he said.

Shah detailed four core areas for USAID: recommitting to the Millennium Development Goals, investing in successful country-owned models of growth and development, finding new ways to leverage science and technology, and bringing USAID’s expertise to bear on sites of active conflict.

In particular, he called on researchers to redouble efforts to produce vaccines to protect against AIDS, malaria, pneumonia and rotavirus. “We will dramatically accelerate our efforts to solve the major science, technology, and engineering challenges in development and engage the full federal science community in this effort,” he pledged.



Ambassador Eric Goosby, the Global AIDS Coordinator, visited Uganda last year to reaffirm the U.S. commitment to HIV/AIDS efforts as a central part of the Global Health Initiative.



Secretary of State Hillary Rodham Clinton has launched an international fund for women and girls, a public-private partnership that will support health projects and other initiatives.

Fund launched for women, girls

Secretary of State Hillary Rodham Clinton has launched an international fund for women and girls, a public-private partnership that will provide grants to NGOs to develop effective and innovative solutions to benefit women and girls. It will focus on global health, economic empowerment, climate change, violence against women and improved access to education.

“We know that everywhere in the world, on the ground, are groups of people who are taking these issues on,” Clinton said. “We want to be your partners and we want to help you learn what worked somewhere else.”

The Fund will invest in maternal, newborn and child health projects, as well as efforts to prevent and treat fistula.

CDC outlines global health themes

CDC Director Dr. Thomas R. Frieden outlined his organization’s global health agenda during a recent speech to a Washington think tank. The CDC will strengthen the use of data to manage global health programs, he says, while bolstering developing country public health systems.

“By doing those things we will generate data you can trust, data that means something, not simply the best guesses that we have but actually data that is used in programs, and that can be relied on to make decisions, and a public health sector that can get things done,” Frieden said.

Strengthening public health capacity in developing countries will be critical to success, he concluded.

WHA makes progress on health care workers, polio

International health care worker recruitment, polio eradication and infectious disease surveillance were some of the issues emphasized by the U.S. delegation during the recent 2010 World Health Assembly in Geneva.

“We laid the foundation for continuing global progress in areas from expanding access to health care to reducing health disparities, responding to pandemics such as H1N1, preventing and treating non-communicable diseases and reducing the marketing of unhealthy food and non-alcoholic beverages to children,” according to Dr. Nils Daulaire, HHS director of global health affairs and U.S. delegation lead.

Daulaire was also encouraged that the Assembly adopted voluntary guidelines for the international recruitment of

health care workers. “We recognize the critical shortage of trained health professionals in the world’s poorest countries and neediest communities and are committed to addressing that need through a wide range of efforts,” he said.

While in Geneva, HHS Secretary Kathleen Sebelius met with the Organization of the Islamic Conference to discuss ways to improve maternal and child health and to eradicate polio.

In addition, the Secretary signed an agreement with Saudi Arabia’s health minister to strengthen cooperation in disease surveillance, health promotion and biomedical research.

For more information: <http://bit.ly/aSH8LF>

Fogarty awards HIV/AIDS research grants

The U.S.-Mexico border region is currently experiencing a significant rise in documented cases of HIV in high-risk populations. Fogarty has addressed this problem by awarding a new grant to train much-needed HIV/AIDS researchers in the border region. Through the AIDS International Training and Research Program, funds awarded to the University of California, San Diego, and its partner institutions in Mexico will increase expertise in infectious disease prevention.

Several renewal grants supporting ongoing HIV/AIDS projects were also issued. The University of Maryland, Baltimore, will use its funding to bolster mentor-to-mentor training in Nigeria. A grant to Brown and Tufts Universities will help establish a pilot training site in Ghana. Columbia University’s award will fund ongoing HIV and TB research training in South Africa, Swaziland, Namibia and Lesotho. Finally, SUNY Downstate Medical Center will continue to focus on the rapidly increasing HIV epidemic resulting from intravenous drug use in Central Europe and Russia.

The new border region project will include the creation of an interdisciplinary education program by researchers at the University of California, San Diego. The funding will also allow the primary partner institution, the Autonomous University of Baja California, to provide advanced training in prevention of HIV, other sexually-transmitted infections and tuberculosis. Additionally, training will be offered via distance learning.



Fogarty grantee Dr. Steffanie Strathdee counsels an intravenous drug user who lives in an open sewer in the Tijuana River canal.

Photo by Bob Ross, courtesy of UCSD

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US-Pakistan research collaborations improve health

Pakistan, the world's sixth most populous country, is one of the fastest growing economies in Asia.

But one-third of its citizens live in poverty, unable to access quality health care and other basic amenities, contributing to an average life expectancy of only 65. Pakistan has one of the world's highest child mortality rates and is one of only four countries that has not yet eliminated polio.

To address these and other health needs, Fogarty and several other NIH Institutes and Centers have formed productive research and research training collaborations with Quaid-i-Azam University in Islamabad; Aga Khan University in Karachi; and King Edward University and University of the Punjab, both in Lahore.

These ventures are making scientific discoveries to improve health, in addition to adding to the country's research capacity by providing advanced training for Pakistani scientists. Funds from the U.S. State Department are helping to support several projects that are investigating genetic hearing loss, studying environmental toxins and occupational health issues (see story on page 7) and supporting training to develop and implement ethical research practices.

Of the millions of yearly neonatal deaths and stillbirths, 98% of the burden is in Pakistan and other developing countries where home delivery is common. The Eunice Kennedy Shriver National Institute of Child Health and Human Development is supporting a program that teaches Pakistan's rural birth attendants about newborn resuscitation and routine infant care, significantly reducing deaths.

Respiratory infections cause about a quarter of deaths in Pakistani children under five. NIH-funded research is helping determine the role viruses play, advancing diagnostic capacity and informing an effective vaccine strategy.

Research projects like these require well-trained scientists. Pakistan had almost no formal training program in infectious diseases before a Fogarty initiative enrolled its first trainee in 2006. The project has helped Pakistan to recognize pediatric infectious diseases as a distinct sub-specialty, while also helping to establish a pediatric infectious diseases research laboratory.

Other NIH-supported collaborations are studying the genetics of stuttering and hearing loss among several large



Photo by Khalid Raja, courtesy of Photoshare

Fogarty and other NIH institutes are forming research collaborations with Pakistani institutions to make scientific discoveries that save lives and improve health.

families in Pakistan, where intermarriage is common. This work, supported by the National Institute on Deafness and Other Communication Disorders and the National Human Genome Research Institute, may add to better understanding of the brain's neural structure and functions that generate speech.

Mental retardation is also prevalent in Pakistan, where Fogarty-supported researchers have studied methods to better screen children for disabilities so they can receive special care earlier (see story on page 8). The scientists hope to implement their screening tool and educational outreach nationwide.

Another mental health issue in Pakistan is suicide, considered both a sin and a crime in this Muslim country. NIH-funded researchers studied risk factors and causes by reviewing hospital records and police reports, the only data available (see story on page 9). Further support could be used to investigate effective interventions and provide training for emergency department staff.

Chronic kidney disease is a growing public health problem in Pakistan, where testing kidney function is a laborious procedure performed in health care facilities. Kidney disease often goes undiagnosed until dialysis is required or death occurs. A Fogarty grant is supporting the first population-based study using markers to detect the disease.



Traditional eye makeup poses lead risk

Many Pakistani women use surma, an eye makeup also known as kohl, following centuries of cultural, religious and cosmetic traditions. They are unaware the black eyeliner may contain lead, a toxin that can be absorbed through the eyes or via hand-to-mouth contact.



Surma, an eye makeup that contains lead, is popular in Pakistan.

Photo by Rolf Klamm, Photostore

Surma, an ore that is mined and ground into a powder, has been used for centuries as a cosmetic and to ward off evil. Manufacturing is not regulated and lead content varies greatly, from 16 to 70 percent. Many women also apply surma to their infants' faces, uninformed about its potential to damage every system in the body.

In the first-ever study of prenatal lead exposure in Pakistan, researchers found an association between high lead levels in the umbilical cord and the use of surma. This work was supported by Fogarty's International Training and Research in Environmental and Occupational Health program.

Umbilical cord lead levels in Pakistan are very high in comparison to those in developed countries. Prevention or reduction in fetal lead exposure could yield significant public health benefits.

In adults, lead is stored in bones and competes for absorption with calcium. During pregnancy and lactation, when there is an increased demand for the retention of calcium, lead is released from the bones and transfers to the fetus or nursing infant, potentially affecting the child for decades.

Dr. Naveed Janjua and a team of scientists from Aga Khan University, the University of Utah and the University of Alabama at Birmingham examined many factors that contribute to high lead levels in Pakistan. In addition to surma, lead is also present in paint, gasoline, water pipes and smog produced by burning coal and furnace oil.

The researchers have been advocating for action on lead exposure through various groups and initiatives, and are encouraged by coverage of studies on lead in the Pakistani media. Because not all surma is commercially made, they say regulation will be difficult but should be a goal along with efforts to increase public awareness.

Health and education in Pakistan	
• Life expectancy:	65 years
• Child deaths	Before age five: 1 out of every 10
• Child deaths	Each day due to diarrheal diseases: 1,100
• Infants born with low birth weight:	32%
• Births attended	By skilled health care provider: 39%
• GDP spent on health care:	2%
• Average years of schooling:	7
• Adult literacy rate:	Males 65%, Females 38%

These and other NIH-supported research and research training collaborations between U.S. and Pakistani partners are strengthening the biomedical research enterprise in Pakistan, with the long-term goal of saving lives and improving health.

International collaboration improves screening and care for mentally retarded

Photo courtesy of The Human Development Research Foundation



Fogarty-supported researchers are developing tools local health workers can use to screen Pakistani children for intellectual impairment.

Pakistan has one of the highest reported rates of childhood mental retardation in the world. As many as 65 in every 1,000 children are mildly to severely impaired. Stigma keeps these children and their families from participating in community life. At home, children with mental retardation are often physically restrained. Caregivers are stressed and ashamed.

In the past few years, an international collaboration led by Dr. Ilyas Mirza first assessed and researched the needs, existing resources in the health care system and barriers to care for these children and their families. The team then developed culturally-appropriate mental health interventions—sustainable in this low-resource setting—that include diagnostic screening; programs that address challenging behavior, nutrition and intellectual stimulation; education to reduce stigma; stress management for caregivers and community resources such as support groups.

“We hope to improve the quality of life of children with mental retardation and reduce the caregivers’ burden,” says Mirza, who is on staff at the Institute of Psychiatry in Rawalpindi. He also serves on the advisory board of the Human Development Research Foundation in Islamabad, which received funding for this work from Fogarty’s Brain Disorders in the Developing World program.

One obstacle to care is the lack of awareness that effective

interventions for mental disabilities exist. Some parents blame themselves, poverty or spiritual forces—both positive and negative—for their child’s impairment.

“The doctors at the hospital said that the girl was all right,” said the mother of a toddler with mental retardation. “We never went to a doctor after that. I took her to a spiritual healer. I have faith in Allah.”

The researchers found that because Pakistani children do not get routine medical checkups, it is not uncommon for three to four years to pass between initial concerns and presentation to a health care provider. In this culture, taking a child to a medical appointment is no simple errand. Women need a male chaperone, who often loses pay.

To achieve earlier detection of mental retardation, the researchers tested a ten-question screen for developmental disabilities on almost 1,800 children. They coordinated their efforts with the Lady Health Workers, the front line of primary care for women and children. The program’s 100,000 members—one for every 1,000 Pakistanis—are trained to provide preventive maternal and child care and education. They found it easy to incorporate the questionnaire into their day-to-day practice.

Mirza and his co-investigators, Dr. Amina Tareen, a colleague at the Human Development Research Foundation, and Dr. Atif Rahman of the University of Liverpool, published their findings in the *Journal of Intellectual Disability Research*. They have raised awareness by conducting workshops for 150 school teachers and discussing child mental health on television.

At Pakistan’s leading training institution in mental health, the Institute of Psychiatry in Rawalpindi, they helped establish a department of child and adolescent psychiatry. The team is also training researchers at the Human Development Research Foundation.

With additional support, they would like to expand their study of the screening tool across the country and implement interventions that are determined to be the most effective. “Given the high level of intellectual disabilities in Pakistan, there is an urgent need for rigorous testing of interventions,” says Mirza. “It is critical that these work in low-income settings and are compatible with our existing health care system.”

Researchers find suicide and self-harm on the rise

In Pakistan, a predominantly Muslim country, suicide is considered a sin and a crime. There is no official data on suicide, which is underreported due to social, cultural and religious stigma. The most reliable information, found in police evidence, shows an increase in suicide as well as deliberate self-harm, which affects more women than men and is putting a heavy financial burden on Pakistan's health care system. Poverty, unemployment, corruption, human rights violations, discrimination, violence and reduced cohesion in society are considered contributing factors to the increase.

With support from Fogarty, Dr. Muhammad Shahid of Aga Khan University embarked on a study of suicide and self-harm with guidance from his mentor, Dr. Adnan Hyder of Johns Hopkins University. A long-term collaboration between the researchers' institutions has been partially funded through a Fogarty trauma and injury research and training grant.

In the absence of government statistics, the team relied on studies of suicide and deliberate self-harm that are descriptive and almost exclusively based on reviews of hospital records, newspaper reports and police data.

"Only by measuring, studying and researching issues like suicide do we uncover some of the important public health problems affecting a country like Pakistan," says Hyder.

Their systematic review yielded a consolidation of risk factors and causes. Interpersonal conflict is the most commonly reported reason for both deliberate self-harm and suicide. Pakistanis at greatest risk of self-harm are poor married housewives under 35. Risk factors for suicide differed only in gender; it is more prevalent for males.

The gender imbalance for self-harm may be attributed in part to the concept of *izzat* or honor, a major influence over some Pakistani women who are taught to be submissive and even accepting of harsh behavior from their husbands. Acts of self-harm may be one way to cope with hopelessness and helplessness.

Deliberate self-harm most often involves overdosing on medication, which is inexpensive and readily available in Pakistan. Sedatives are sold over-the-counter. Firearms, hanging and pesticide poisoning are the most frequent suicide methods. More males choose violent methods.

In a recent article, Hyder and Shahid say that although prosecution is rare, laws should be changed. "The criminalization of attempted suicide leads to stigma,



Photo by Curt Carnemark/World Bank

Fogarty-supported researchers are studying the causes of suicide, a major public health problem in Pakistan, a Muslim country where that act is considered a sin and a crime.

avoidance of seeking help, lack of involvement of health professionals and limitations in developing innovative programs of suicide prevention."

To raise awareness of this growing public health problem, Shahid organized the country's first national seminar on suicide prevention, sponsored by the Aga Khan-Johns Hopkins collaboration. A subsequent workshop covered the epidemiology of suicide; suicidal behavior in children, adolescents and women; and identification and management of suicide risk.

After studying emergency room dynamics, the researchers found that effective medical and psychological management of these patients could have a positive impact in reducing future related acts.

Shahid and Hyder would like to see additional funding support the development of training and educational programs for emergency room personnel, and increased attention to suicide and deliberate self-harm in general, with sound prospective and interventional studies and research into prevention and care. They suggest that community institutions and intervention centers that work well in similar cultures, such as India and Sri Lanka, might be implemented in Pakistan.

Deliberate Self-Harm and Suicide: a Review from Pakistan. Muhammad Shahid and Adnan A. Hyder. International Journal of Injury Control & Safety Promotion, Vol. 15, No. 4, December 2008, 233-241.

Making research count by influencing policy

By Dr. Fred Carden

Photo courtesy of Dr. Fred Carden



Dr. Fred Carden

When research is well designed and executed—and skillfully communicated—it can inform policy that is more effective, more efficient and more equitable. But in all the confusions and frustrations of making policy in developing countries, research frequently fails to register any apparent influence whatsoever. What explains those successes and failures? And how best can researchers and policymakers bring timely, relevant and reliable new knowledge to bear on policy decisions in developing countries?

The overarching objective of development research is to improve the lives of people in developing countries. More often than not, public policy is an indispensable instrument for converting new knowledge into better lives and futures. The urgency is equally pressing for the policy community. After all, systematic access to evidence-based research advice can dramatically improve the chances of deciding and carrying out policy that achieves intended results and attracts durable public support. Researchers and policymakers do not always speak the same language. But they can find a common cause in the pursuit of development policy that is just and sustainable.

To work at making research count is to act on the powerful logic that propels and justifies development research anywhere. This is research that informs stronger policy, engages citizen participation in accountable government, releases a country's economic energies and inventions and fosters the capacity of marginalized people in poor countries to discover new choices for growth and change. This is research for better governance.

Challenges greater in developing world

In any country there are gaps between the stated aims of a policy and its outcomes; design and implementation can never fully anticipate all contingencies. But the gaps open more deeply in developing countries for three reasons. First, policy design capabilities may be weak, and policy designed by international agencies may fail to reflect local conditions and government priorities. Second, good policy can be defeated by inadequate administrative, legal or management capacity in execution. And third, implementation can be undercut by graft or incompetence.

New opportunities can spur progress

Circumstances arise even in the most unpromising conditions that can suddenly create new opportunities for researchers to influence policy and achieve real development progress. History points to three critical moments when research can become exceptionally influential.

First, economic crisis, unambiguous policy failure or radical political change can inspire policymakers to seek research advice that they would previously have ignored or dismissed. These abrupt attitudinal swings reward researchers who are prepared to present specific and practical solutions.



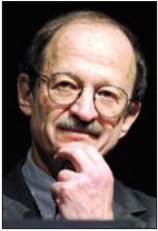
Second, societies and political systems in transition have generated new and unexpected opportunities for researchers to influence policies in the making. Settings as different as South Africa and Vietnam have proven hospitable to evidence-based policy guidance in the midst of turbulent change.

Third, the advent of new and pervasive technologies encourages policymakers to explore new questions and try new answers. The revolutions in information and communication technologies—from cellular phones to web-based commerce and education—have caused policymakers to seek advice. When a problem or solution is obviously unprecedented, policymakers can safely admit ignorance. Again, researchers with helpful findings in hand are best placed to answer policymakers' questions with prompt and reliable advice.

The purpose of development research is to improve the lives of poor people in poor countries. This takes time. And it requires the building of relationships between members of the research and the policy communities—relationships of trust, strengthened by reliable, helpful work on both sides of the research-policy partnership.

Dr. Fred Carden is evaluation director at the International Development Research Centre in Ottawa, Canada. His new book, "Knowledge to Policy: Making the Most of Development Research," is available for free download or purchase at <http://bit.ly/SYttL>

PEOPLE

Global
HEALTH Briefs**Varmus appointed NCI director**

President Obama has appointed Dr. Harold Varmus, president of Memorial Sloan-Kettering Cancer Center in Manhattan, to serve as director of the National Cancer Institute beginning in mid-July. Varmus, a former director of the NIH, won a Nobel Prize for his work on the genetic basis of cancer.

**Lake appointed UNICEF director**

Dr. Anthony Lake, a foreign policy advisor to several U.S. presidents, has been appointed executive director of UNICEF, which works to advance children's rights around the world. The National Security Advisor under President Bill Clinton, Lake served for nine years on the board of the U.S. Fund for UNICEF, and chaired it from 2004 to 2007. Immediately prior to this appointment, Lake served as distinguished professor of diplomacy at Georgetown University.

**Alexander honored by American Academy of Pediatrics**

Dr. Duane Alexander, Fogarty's senior scientific adviser for global maternal and child health research, has received the American Academy of Pediatrics President's Award for Outstanding Service. As director of The Eunice Kennedy Shriver National Institute of Child Health and Human Development, he helped cut sudden infant death syndrome cases in half and virtually eliminated a type of meningitis in the U.S. with a new vaccine.

**Chockalingam is new director, NHLBI global health**

Dr. Arun Chockalingam is the new director, Office of Global Health at the National Heart, Lung and Blood Institute. Author of more than 150 papers and 11 book chapters, he comes to NIH from Canada's Simon Fraser University, where he served as director of continuing public health education. In addition to a career in cardiovascular epidemiology, Chockalingam has worked in global health research, policy, training and administration.

**Blander receives educational leader award**

Dr. Jeffrey Blander, a past Fogarty Clinical Scholar, was honored with an Emerging Educational Leader Award by Olympus, a precision technology company known for cameras as well as medical and surgical products. The award recognizes Blander for inspiring students to think innovatively and as an individual with potential to make important contributions to his field. Blander teaches global health technology in a Harvard-MIT program.

World Bank opens access to data

For the first time, the World Bank is providing open access to all the information in its databases, most of which had previously been available only to paying subscribers. The open data initiative is intended to stimulate more evidence-based policymaking in developing countries and to encourage them to increase their capacity to generate such data.

New site: <http://databank.worldbank.org>

US announces malaria strategy

As part of its Global Health Initiative, the U.S. has released a six-year plan for the President's Malaria Initiative, with the goal of reducing preventable malaria deaths to near zero by 2015.

Full report: <http://bit.ly/drivsvz>

NIH details climate research needs

The NIH interagency working group on climate change and health has issued a report highlighting health consequences of climate change in 11 categories including asthma and cancer. It identifies research needed to better understand and mitigate the health effects of climate change.

Full report: <http://bit.ly/cSZvgh>

African brain drain continues

Africa's contribution to the global body of scientific research is very small and does little to benefit its own populations, according to a new report from Thomson Reuters. Many of Africa's brightest citizens study abroad and fail to return. Part of the problem is chronic lack of investment in research and teaching facilities despite substantial resources in some countries, the study says.

Full report: <http://bit.ly/cgPJL6>

Newborn health Web site debuts

The Healthy Newborn Network, a global online community of newborn health professionals and organizations, has been launched to address critical knowledge gaps in newborn health. Resources include country-specific statistics, news and events.

New site: www.healthynewbornnetwork.org

GHC issues position paper

The Global Health Council has published a new position paper on maternal, newborn, child and reproductive health.

Full report: <http://bit.ly/blaa4mn>

Funding Opportunities

Program	Contact	Receipt Date	Eligibility
Brain Disorders in the Developing World (BRAIN - Non AIDS) (R01) PAR-08-112	Kathleen Michels, Ph.D. michelsk@mail.nih.gov	August 23, 2010	Applications must build on research, resources and collaborations developed in a Brain Disorders in the Developing World R21 grant. At least two investigators, one from an institution in a high-income country and one from an institution in a low- or middle-income country (as defined by the World Bank) must collaborate on the application; either can be the contact PD/PI.
Brain Disorders in the Developing World (BRAIN - AIDS) (R21) PAR-08-113	Kathleen Michels, Ph.D. michelsk@mail.nih.gov	August 23, 2010	At least two investigators, one from an institution in a high-income country and one from an institution in a low- or middle-income country (as defined by the World Bank) must collaborate on the application. The contact PD/PI may be from either institution. The R21 allows planning and preparation for an R01 grant application.
Fogarty International Research Collaboration - Basic Biomedical Research Award (FIRCA-BB) (R03) PAR-08-222	Kathleen Michels, Ph.D. FIRCA@nih.gov	Sept. 28, 2010	Scientists with an active NIH-funded research grant and who want to initiate or extend international research collaborations in biomedical research in a low- or middle-income country (as defined by the World Bank) should apply. NOTE: Applications for research collaboration with investigators in sub-Saharan African countries are especially encouraged.
Fogarty International Research Collaboration - Behavioral and Social Sciences Research Award (FIRCA-BSS) (R03) PAR-08-223	Xingzhu Liu, M.D., Ph.D. liuxing@mail.nih.gov	Sept. 29, 2010	Scientists with an active NIH funded research grant who want to initiate/extend international research collaborations in behavioral and social sciences research in a low- or middle-income country (as defined by the World Bank) should apply. Former FIRCA LMIC collaborators with grants awarded. NOTE: Applications for research collaboration with investigators in sub-Saharan African countries are especially encouraged.

For more information, visit www.fic.nih.gov/funding

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Fogarty board members speak out for global health funds

Photo by Jeff Gray



The U.S. government should devote more resources to global health research, according to two Fogarty advisory board members. Speaking on Capitol Hill recently, Dr. Sten Vermund, director of the Vanderbilt Institute for Global Health (above) and Dr. Peter Hotez, president of the Sabin Vaccine Institute, spoke out for more spending on health research in developing countries. The briefing was convened by Research!America.