

CENTRE FOR  
INTERNATIONAL  
HEALTH

ASAP HØSLETTEN BERGAVY  
KJELLERGE DANIELSENS HUS



# CIH Strategy

## *To develop*

- strong research clusters within specific health research areas in fields of global importance, and to
- contribute to improvement of health policy (support, care and prevention/health promotion)
- To be achieved through an interdisciplinary research environment and training programmes run in close collaboration with researchers and policymakers in counterpart countries.

# United Nations Millennium Declaration: the 8 Millennium development Goals

- *1: Eradicate extreme poverty and hunger*
- *2: Achieve universal primary education*
- *3: Promote gender equality and empower women*
- *4: Reduce child mortality:*
  - *Reduce <5 mortality by two thirds (1990 and 2015)*
- *5: Maternal mortality:*
  - *Reduce maternal mortality; increase % births attended by skilled HWs*
  - *Universal access to reproductive health*
- *6: HIV/AIDS, malaria and other diseases*
  - *By 2015: Halted and begun to reverse the spread of HIV*
  - *By 2010, achieved universal access to treatment for all those in need*
- *7: Ensure environmental sustainability*
- *8: Develop a global partnership for development*

# Research clusters Centre for International health

(Note: listed in alphabetical order)

## Core Clusters

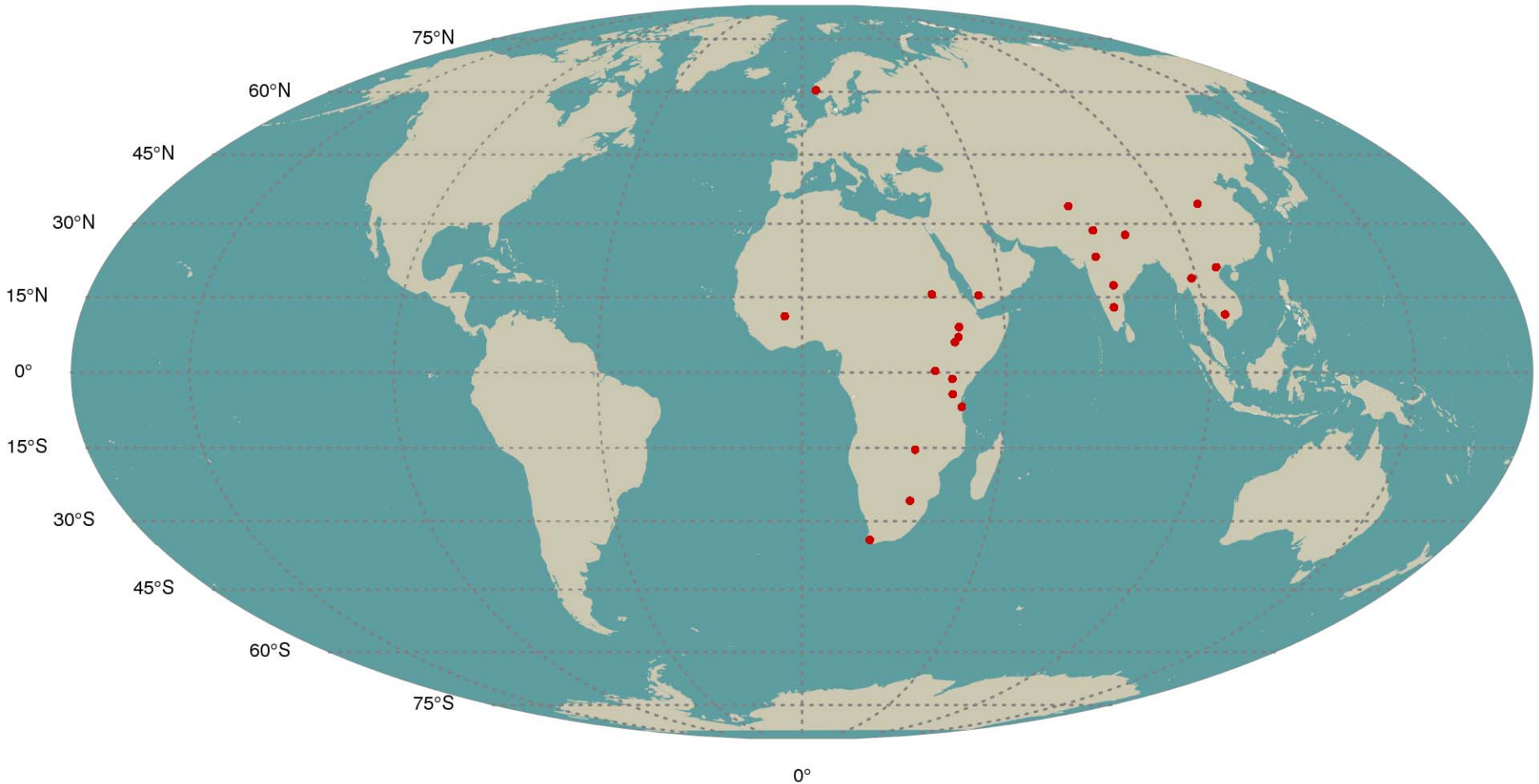
- **Child health and nutrition** (Partner departments)  
(IKM, ISF)
- **Climate and Health** (Bjerknes centre)
- **Ethics, economics & culture;**
- **Health policy and health systems research** (ISF, IKM, CMI)
- **HIV/AIDS** (ISF, HEMIL, NIBR, HIB, CMI)
- **Reproductive health** (IKM, ISF, HIB)
- **Tuberculosis** (Gades, IFI)

## Other active groups

- **Oral Health** (IKO, IBM)
- **Oral cancer** (Gades)
- **ICT and health management** (Infomedia)
- **Occupational health** (ISF)
- **Vaccines and Immunology** (Gades, IBM, IFI)



# CIH major partner institutions in Africa and Asia



# Institutional South partners for CIH

- University of Dar Es Salaam, Tanzania
- Muhimbili University of Health and Allied Sciences, Dar Es Salaam, Tanzania
- Kilimanjaro Christian Medical Centre, Tanzania, Tanzania
- National Institute for Medical Research (NIMR), Tanzania
- Haydom Lutheran Hospital, Tanzania
- University of Zambia
- University of Nairobi
- Kenya Medical Research Institute (KEMRI)
- Makerere University, Uganda
- University of Addis Ababa, Ethiopia
- Debu University, Ethiopia
- Afhad University, Khartoum, Sudan
- Sudan Technical University, Omdurman, Sudan
- All India Institute of Medical Sciences (AIIMS) New Dehli, India
- Society for Applied Studies, New Dehli, India
- St. Johns National Academy of Health Sciences (SJNAHS), India
- Tribhuvan University, Katmandu, Nepal
- Association for Social Development, Pakistan
- National Institute of Public Health, Cambodia
- National Institute of Hygiene and epidemiology, Vietnam
- Centre MURAZ Research Institute, Burkina Faso
- Medical Research Council, South Africa
- University of Western Cape, South Africa

# Research training programmes at CIH

(student/candidate status January 2010)

- **Research School in International Health**
  - PhD-programme
    - January 2010: 70 candidates
- **Master of Philosophy (2 years) – January 2010: 32 students**
  - International health: January 2010: 25 students
  - Oral health: January 2010: 7 students
  - Health Promotion at HEMIL, overlapping courses and supervisors
  - Erasmus Mundus: European Master of Science in International health
  - **The TropEd Network:** Accreditation of courses; students from European Universities in elective courses at CIH, about 30 per year?

# *External funding*

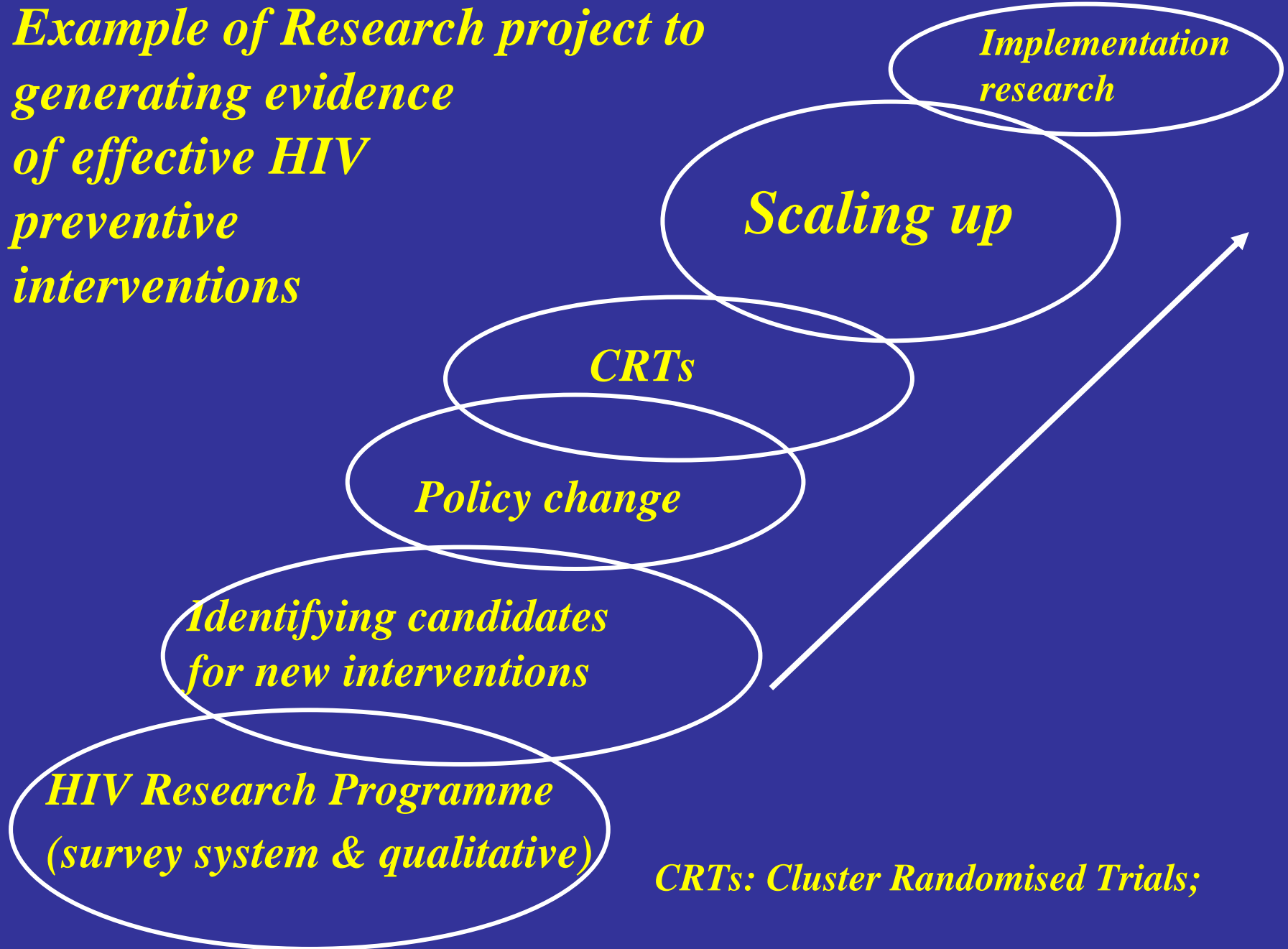
- **NUFU**
  - HIV/AIDS, Reproductive health, health systems research, child health and nutrition, microbiology, pathology
  - Total 9 programmes: Zambia, Tanzania, India, South Africa, Uganda, Ethiopia, Sudan
- **NFR**
  - HIV/AIDS, Reproductive health, health systems research, antibiotics, vaccination, nutrition intervention studies, mobile data collection tools for vaccination and health research
- **NOMA**
  - Establishing/running Master programmes in developing countries (3, Zambia, Tanzania; Uganda/Ethiopia)
- **EU**
  - Priority setting in the district health system, promotion of exclusive breastfeeding in the era of HIV
- **EDCTP and NFR together**
  - Prevention of postnatal mother-to-child transmission of HIV
- **Regional AIDS Team Southern Africa**
  - Cluster randomised trial (in Zambia)
- **NORAD**
  - Smaller programmes and consultancies
  - **Total funding 2008-2013: 150 mil NOK**



# CIH Staff ....

- **Core staff:**
  - Professors 8
  - Administrative 2.5
- **Temporary**
  - Researchers 4
  - Postdocs 6
- **Affiliated permanent scientific staff** (other departments) **14**
- Professor Emeritus 1
- **Project linked administrative staff** 4
- PhD candidates with teaching agreement 4
- PhD candidates, enrolled January 2010 70

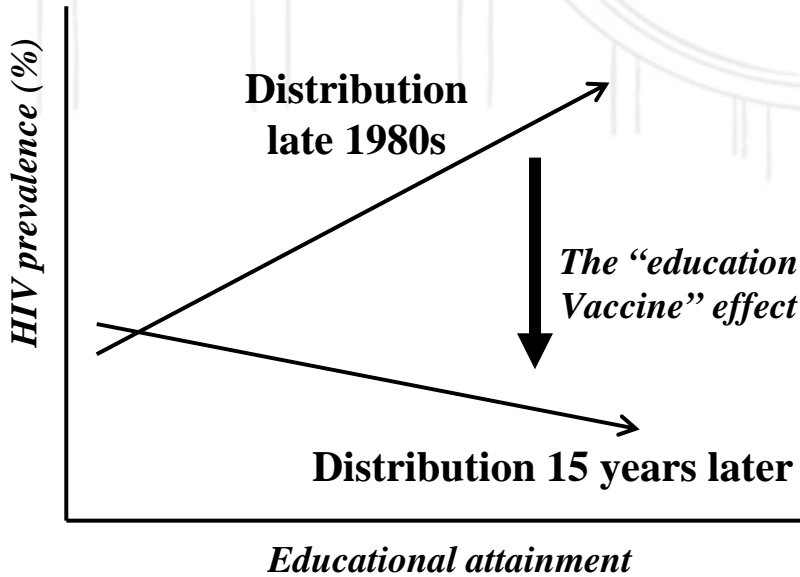
*Example of Research project to  
generating evidence  
of effective HIV  
preventive  
interventions*



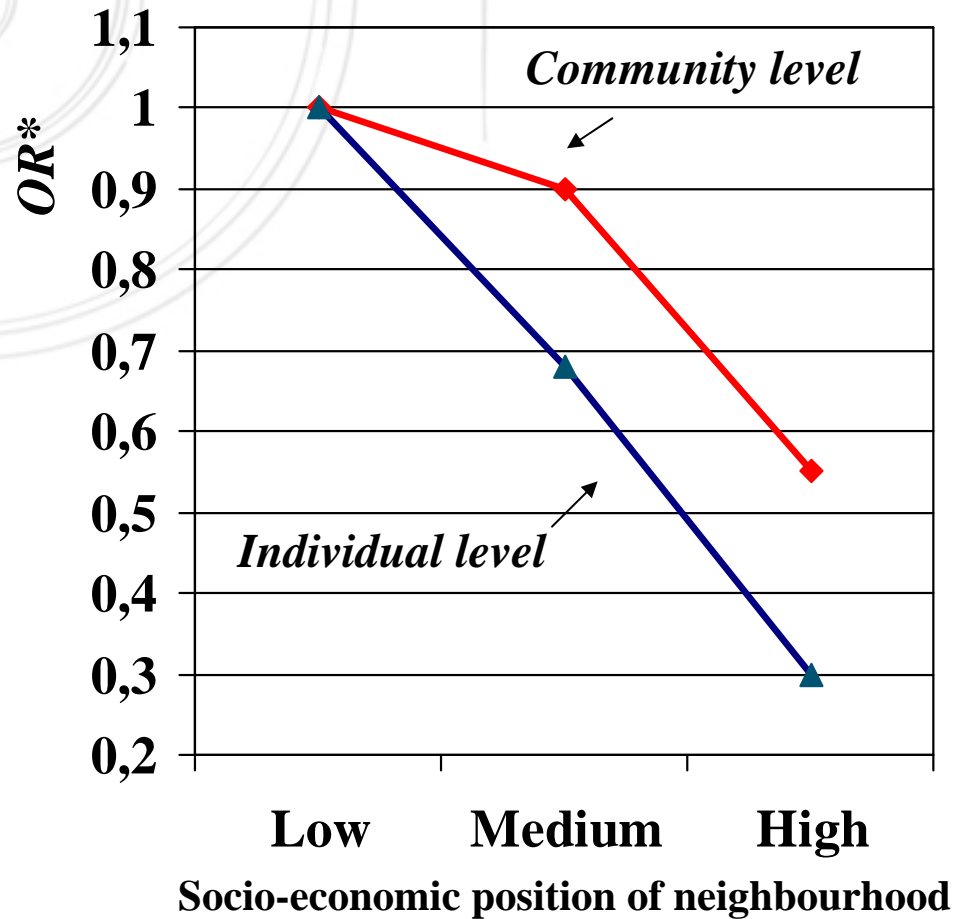
*CRTs: Cluster Randomised Trials;*

# *Generated knowledge on socio-economic determinants of HIV transmission in SSA*

## **The individual level**



## **The structural level**



*\*OR: Contrasts in HIV among young women in Zambia*

# Cluster Randomised Trials initiated by CIH and partners generating evidence for improving HIV prevention and child health survival

- **Child health/nutrition & survival**
  - Zinc for treatment of diarrhea: Nepal and India - part of the evidence-base leading to new recommendations on the management of diarrhea (completed)
  - ROMISE-EBF: Safety and Efficacy of Exclusive Breastfeeding Promotion in the Era of HIV in Sub-Saharan Africa (completed)
- **HIV prevention**
  - Acceptability, feasibility, preventive impact, and cost-effectiveness of home-based voluntary HIV counselling and testing in Zambia (ongoing)
  - PROMISE-PEP: Comparison of Efficacy and Safety of Infant Peri-exposure Prophylaxis to Prevent HIV-1 Transmission by Breastfeeding (ongoing)

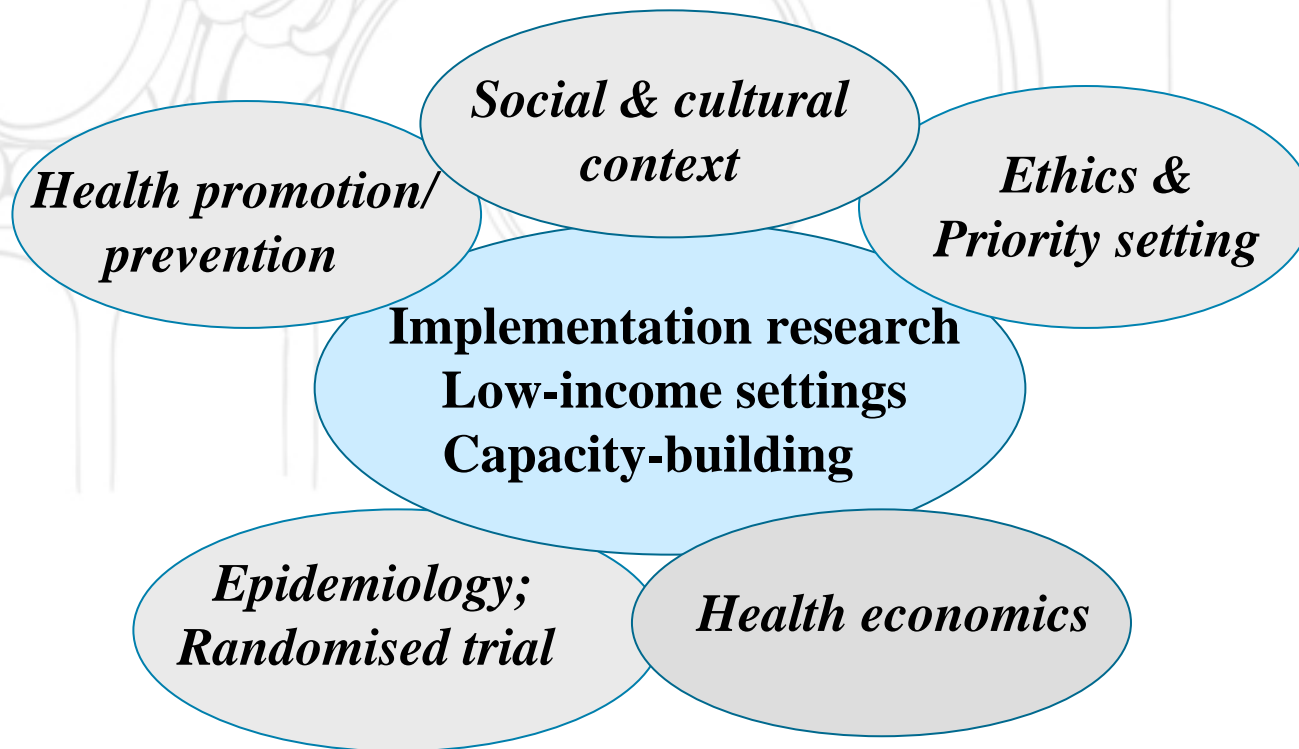
## *Intended research focus in a SFF: Implementation research*

- *Despite global efforts to improve health/welfare in low-income countries, avoidable diseases and deaths are overwhelming*
- *Feasible & affordable interventions exist – but do not reach the most needy*
- *The knowledge-implementation gap is standing out as the key global health challenge*
- *The overall objective of implementation research is to substantially reduce this gap - to improve access to efficacious interventions by developing practical solutions to critical problems in complex and context dependent interventions*

# *Implementation research cont.*

- *Defining implementation research*
  - *The scientific studies of methods or strategies to promote the systematic uptake of research findings or other evidence-based practices into routine practice to improve the quality and effectiveness of preventive and care activities*
    - *Source: Eccles MP, Mittman BS: Welcome to Implementation Science. Implementation Science 2006,1:1)*
- *Implementation research*
  - *must be locally based*
  - *must put priority on capacity building – since a prerequisite for sustainability*
  - *Is inherently interdisciplinary and has to address contextual issues to guide the development of sound implementation strategies requires the involvement of many diverse disciplines - sees interdisciplinary cooperation and partnership building as essential*



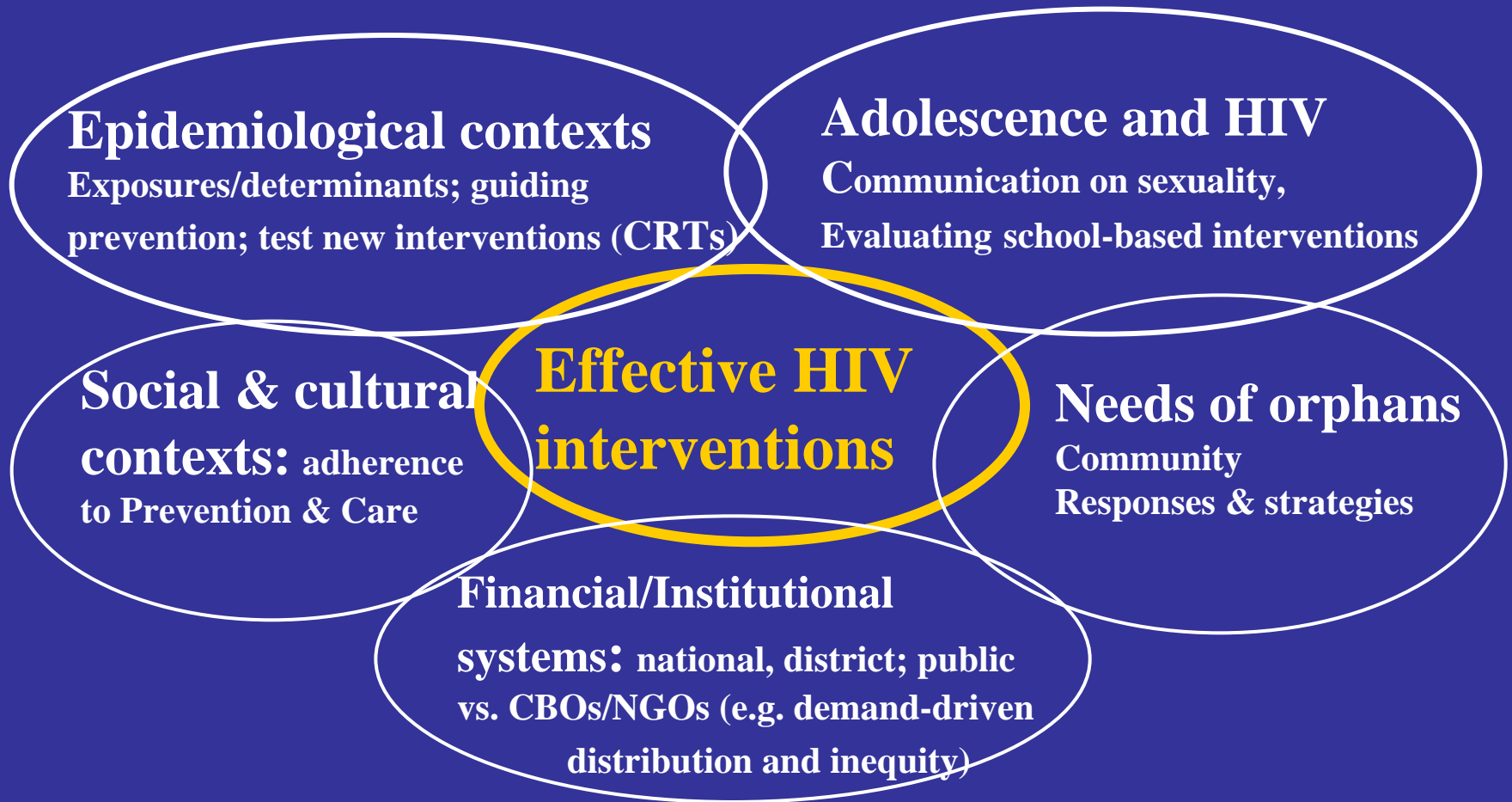


**CIH/UiB Global Health research platform: an interdisciplinary approach to implementation research**

## *Need for comprehensive programmes for implementation research*

- *Involve different disciplines*
- *Priority setting studies (among policy makers and other stakeholders)*
- *Contextual epidemiologic and qualitative research*
- *Health systems research including process evaluation*
- *Effectiveness studies of new and existing interventions*
- *Impact evaluation of larger programmes (related to scaling up)*

**Example: “Searching for effective HIV interventions in sub-Saharan Africa: focussing on local contexts” (Funded RCN and UiB: 2004-2010):  
Project components**



**Interdisciplinary HIV/AIDS Research Group based  
On academic partnerships with institutions in SSA**

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# Conclusion

- Peer-counselling for EBF increases reported EBF prevalence at 3 months 2-3 fold depending on the local context
- Large country differences in
  - Baseline characteristics
  - Baseline EBF rates

# Output from the EBF study

- 1) Large increases in EBF prevalence possible with peer-counselling in Uganda and Burkina faso
  - \* Tylleskär T et al.: 19th International Congress of Nutrition 2009
- 2) Successful community mobilisation for EBF promotion feasible
- 3) Lactation management with use of lay workers feasible
  - \* Nankunda J, et al: Matern Child Nutr. 2010
  - \* Nankunda J, et al: Int Breastfeed J 2006
- 4) Strategies for recruitment, training and follow-up of supporters defined
  - \* Nor B, et al. J Hum Lact 2009
  - \* Nankunda J, et al: Distinguished poster: International Conference of nutrition, Bangkok 2009



# The EBF study yields sub-studies on:

- Perinatal and infant mortality: Estimates and risk factors amendable to change
- Child nutrition/anthropometry
- Vaccination coverage: Estimates and risk factors for missed vaccination
- Infant feeding practices
- Malaria
- Health economics/health system research
- Study methodology: epidemiology and nutrition
- Qualitative and quantitative methods and their integration

