

Health in a Borderless World: Fulbright New Century Scholars Program (NCS)

Orientation and Goal-Setting Meeting

Rockefeller Foundation Bellagio Study and Conference Center, Bellagio, Italy
29 October to 2 November 2001

Day 1

1. Introduction

The meeting was opened by Dr Patti McGill Peterson, Executive Director, Council for International Exchange of Scholars, who welcomed the participants to what she described as a historic meeting, both for the Fulbright Foundation and for the broader health community. For the first time in its history, Fulbright – through its New Century Scholars Program - was looking beyond its traditional role of fostering exchange of individual scholars, to supporting collaborative groups of researchers to look at topics of significance to all humankind. It should be no surprise that health was the theme of the first such group, since it was a subject of vital importance to developed and developing countries alike. She expressed the hope that this programme would provide an opportunity for participants to think beyond the limits of their individual research projects to take a more global and cross-cultural perspective on the issues.

Dr Peterson expressed her appreciation of the openness of the Bureau of Educational and Cultural Affairs, in particular Mr Barry Ballow, in accepting the new ideas embodied in the NCS, and stressed that the justification for the new approach would come from the ability of the scholars to think holistically about health on a global scale.

Mr Barry Ballow referred to the concept of the Fulbright Scholar Program as a civilizing element in international relations, based on the enhancement of mutual understanding and exchange of ideas. He expressed his hope that the NCS would bring added benefits beyond what was gained from the individual exchanges, and that the discussions that would begin now would continue beyond the year of the Program itself. The scholars might like to consider how that could best be accomplished, as well as how other interested parties could be involved in the process.

2. Orientation

Dr Ilona Kickbusch, Distinguished Scholar Leader, provided briefing on the background and aims of the orientation meeting, raising a number of questions for consideration by the participants:

- What are the social and political processes that drive global health development?
- How can NCS contribute to finding solutions to global health problems?
- How can researchers enter into a dialogue with policy-makers?

- What exactly do we mean by “global health” and how do we ensure that the views of both South and North are reflected in the debate?
- What policy responses are most appropriate?

Stressing the “network” aspect of NCS, Dr Kickbusch referred to it as a “discourse coalition”, which could shape understanding and conceptualisation of certain problems. Ultimately, it was up to the scholars themselves to define how they wanted to move the whole process forward.

During the discussion that followed, it was agreed that this group should be willing to enter into debate with any other group or institution with an interest in global health.

3. Keynote speech: Social ingenuity

Dr Thomas Homer-Dixon made a presentation on “The Ingenuity Gap”, focusing on how societies cope with complex stress. Defining ingenuity as “sets of instructions that tell us how to arrange the constituent parts of our physical and social worlds in ways that help us achieve our goals”, he outlined an “ingenuity paradigm” in which people are seen as pragmatic problem-solvers, using ideas to rearrange matter to achieve their goals. He postulated that there is an increasing need for ingenuity as a result of increasing populations, increasing consumption of resources and improved technologies, all of which raise the density, intensity and pace of interactions with each other and the environment.

In relation to global health, Dr Homer-Dixon proposed a two-level network analysis, in which one level would comprise the health problems and the second level the solutions. As the number and complexity of the nodes in the problem network increase, so we need to respond by strengthening the solution network by:

- Creating multiple problem-solving entities;
- Linking them together in loose information networks;
- Allowing them to search for solutions;
- Rewarding success and penalizing failure.

Such a system needs to be “risk-tolerant” – allowing and acknowledging the usefulness of “creative failure” – and operates at the interface between autonomy and interdependence.

A lively discussion ensued, in which the importance of underlying values was noted as a key factor in the system. The movement towards increasing complexity seemed inexorable, and collective thought and action would be needed to slow it down. It was emphasized that ingenuity was not something to be imposed from above, but was evident in local communities, where individuals had to find various ways of coping with daily problems. The concept of increasing complexity in health problems was challenged by one participant, who noted that most problems stemmed from one fundamental factor – poverty.

4. Group work and discussions

Group work sessions examined the innovation that the NCS program might hope to achieve. In the discussion that followed, a number of themes emerged as worthy of further consideration.

- Individual members of the program are basically involved in the production of knowledge, but as a group they form a network representing a number of disciplines and countries, generating ideas that could, for instance, be incorporated into individual teaching. Is there a need to make the underlying value system of the group more explicit (justice, equity, human rights, local autonomy)?
- Health is essentially a local phenomenon, and the effects of globalization are felt through the local situation. This group might be well placed to bring more understanding of this local/global interface.
- The group perceived a gap between research and action. The multiple users of research needed to be identified – policy-makers, community groups, media, etc. – and ways found to enter into a constructive dialogue with them.
- Ways needed to be found to involve local people and bring in local values and expertise to research projects.
- Concern was expressed at the “silent strategic decisions” being made by groups outside the health sector (e.g. WTO, financial institutions), that had a significant impact on health. The NCS might have a role in drawing the attention of such groups to health priorities and best practices.
- There was agreement that the group should look beyond consideration of purely methodological issues to focus on the development of a comprehensive conceptual framework.
- It was suggested that NCS might want to consider developing a new definition of health that reflected a more pragmatic viewpoint than the existing WHO definition.

The meeting recognized the need for caution in setting goals that might be impossible to reach, and warned against the assumption that there was necessarily one “best” way of doing things. It would be better to focus on a few discrete pieces of the more complex picture of global health, aiming to achieve coherence while maintaining difference and flexibility. Thought also needed to be given to how the results of the coming year’s work might eventually be used, and what mechanism could take the process forward.

Day 2

5. Keynote speech: Research as an instrument for social development and social change

In a highly interactive session, Dr Yvo Nuyens set out to challenge the participants to think about their own research in relation both to social and economic development and to globalization. Questions of *why* we do research and *what kind* of research we do were debated at some length, leading to a recognition of the wide diversity of projects and approaches within the Program. The research aims of the participants ranged from knowledge production, through development of tools for improving

interventions or guiding action, to improved cost-benefit, change in policy, and fairer distribution of resources. It was acknowledged that much lip-service is paid to the desirability of multidisciplinary approaches. However, from a practical point of view, participants' understanding and modes of application of the principle were extremely diverse. It was pointed out that the two traditional approaches to health research – the disciplinary approach and the “area studies” approach – were not adequate to deal with the new questions coming up in relation to globalization, and that a new conceptual framework was needed.

In his concluding remarks, Dr Nuyens noted that the interventions by the participants had revealed the wealth of expertise in the group. The challenge was now for the group to learn to act as a network, to move beyond the individual contributions to something that formed a broader, coherent whole. The final comments were grouped under two headings:

- *The research to action gap*: it was vital to avoid over-simplistic thinking and to recognize the many stakeholders contributing to decision-making, as well as the many steps in the process. Various barriers existed between researchers and decision-makers, and these needed to be identified and overcome. It was important to think in terms of a long-term strategy to influence policy and action.
- *The trans-country context*: all the participants would be visiting another country as part of their research. A plea was made to work in true partnership with colleagues in the host country and to avoid “tarmac research”. The 11 principles of research partnership, formulated by the Swiss Commission for Research Partnership with Developing Countries, were commended as a valuable framework for all such collaborations.

6. Group work and discussions

The working groups addressed a variety of questions related to how the NCS program might contribute to the development of the field of global health studies. Some of the suggestions were:

- NCS participants should revise their research proposals in the light of the discussions at this meeting, to reflect better their links with global health and to consider more fully the partnership aspects, and to take a longer-term perspective.
- NCS scholars should seek and provide advice to each other through electronic communication over the coming year.
- A question was raised as to whether there was a need for a society of global health studies, and whether the NCS scholars could form, or act as catalyst for the formation of, such a society.
- There was a need to update the public health discourse with input from other disciplines, and the NCS group could play a role in that.
- A specific suggestion was made to set up a Web site where scholars could post commentaries on important developments in the field of public health, e.g. the publication of a major report.
- A plea was made for all scholars to keep a focus on the need to reduce inequalities in health, and to reflect on what the deliberations of the group

might mean in practical terms for health practitioners and decision-makers in developing countries.

- In order to be effective on a broader scale, the NCS group would need to disseminate its messages to a wider audience, perhaps through a Web site or guidebooks produced by specific subgroups.

Suggestions were made for a number of subgroups that might work on specific topics during the year, including:

- The meaning of global health.
- The teaching of global health studies (curriculum development).
- Management of an NCS scholars Web site.
- Identification of key issues in the field for commentary, papers, suggestions for action.
- Reaching out to other audiences.
- Integrative assessment.

Day 3

7. Keynote speech: Addressing the power of definition in global health: local and global knowledge

Ms Indu Capoor described her experiences working with the Centre for Health Education, Training and Nutrition Awareness in India. While acknowledging the importance of health research, she questioned the relevance of many projects to the daily lives of ordinary people. Communities could only benefit from research if its results were translated into action. She described the power of research as depending on:

- The *purpose* of the research/the problem addressed: there was a need to be clear about potential benefits of the research for the local community.
- The *process* by which the research is conducted: communities needed to feel some “ownership” of the research in order to benefit from the results.
- The *product or outcome* of the research: this needs to be made understandable to the community.

Dissemination of research results in a simple, digestible format was a vital component of any project, and perhaps deserved more attention from funding agencies.

Referring specifically to her work in India to improve women’s health, Ms Capoor emphasized the need for a social approach to research, taking into account the many factors at work within communities. It was important to learn from communities, as well as to empower them to deal with their own problems. She offered a new definition of health, developed by the Women and Health Programme in India and Nepal in relation to women’s health:

“Health is a personal and social state of balance and well-being in which a [person] feels strong, active, wise and worthwhile; where [his/]her diverse

capacities and rhythms are valued; where [he/]she may decide and choose and express [himself/]herself and move about freely.”

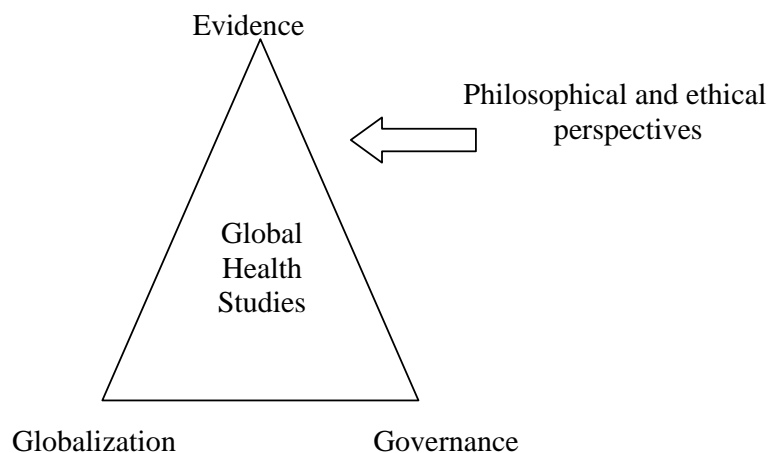
A lively discussion ensued in which the importance of a clear code of research ethics was stressed. In any study involving humans, and especially in extreme situations, e.g. of poverty or violence, there was a need to question why the research was needed and how it would benefit the people involved. A constructive dialogue was essential between researchers, the community and decision-makers, since each group had their own particular insights and experiences to bring to the debate. Generalization of results from local studies was perhaps more important than top-down implementation of higher-level research. As mentioned in previous discussions, the research-action interface needed careful consideration and the media often had a role to play in disseminating messages. Members of the group could learn from each other in reflecting on the dissemination and utility of their results.

8. Group work and discussions

The scholars divided into 7 working groups, based on the previous day’s discussions, looking at:

1. A conceptual framework of global health studies
2. Development of postgraduate studies in global health.
3. Development of outreach, catalyst and networking functions of NCS.
4. Development of a research agenda in global health.
5. Improved mechanisms for integrative research and assessment.
6. The local/global interface as an innovative contribution to global health studies.
7. The research/policy/action interface and research ethics.

WG1: Conceptual framework: the group produced a broad conceptual framework for global health studies, as follows.



The group will use this framework to look at the (revised) research proposals. It will also review the literature on the subject and inform members of the group about relevant papers.

WG2: Postgraduate education. The group pinpointed the identification of global/local links as a major challenge. It proposed that a series of case studies would be a useful starting-point, looking at how health is affected by movements of (a) people, (b) goods, (c) ideas, and (d) money, and using an ecological perspective to bring things together. It suggested that work should begin on a “reader” of existing materials, starting with NCS references.

WG3: Outreach, catalyst and networking functions. This group proposed to use a Web site to demystify the discourse on global health. It proposed that, initially, the members of the group should write for each other, starting with 100 words from each scholar on the most recent World Health Report. If the idea proved valuable, the site could be opened up to the public and others could be invited to join in the various debates, perhaps through a chat room. Other approaches could be used for people without easy access to the Internet. The group also made a tentative recommendation that the final conference should look at how best to disseminate information related to global health.

WG4: Developing the research agenda. The group proposed to review all the full revised proposals as they are circulated, and to construct a preliminary list of cross-cutting themes that could be pursued jointly. The group also looked at the research/action agenda and drew up a provisional list of activities, stressing the importance of ensuring that the results of these activities should be made available in resource-poor settings.

WG5 & 7 (merged): Integrative research and research ethics. The group announced its intention to develop a resource base of existing materials on integrative methods and to post the information to the Web site. It stressed the need for widespread education in research ethics.

WG6: The local/global interface. It was important to have congruence of policy at local and global levels, based on a shared value of belief in the right to individual well-being. One role of research should therefore be to document local experiences with global impact. The role of NGOs in the local/global interface needed to be examined.

In the discussion that followed presentation of the group work, it was agreed that the discussions begun in Bellagio should continue, but that the number of working groups should be reduced. Suggestions were made for merging some groups, and it was noted that every group should bear in mind questions of ethics and equity. There was a need to demystify the concept of globalization, and it was suggested that practical case studies could help to do this. Those working groups that felt they could already move ahead with their planned activities should do so. Others might need to wait for some outcome from other groups.

9. Affinity groups

Affinity groups were formed by scholars with similar interests, and will continue to provide a platform for discussion and exchange throughout the year. They covered subjects such as:

- the local/global interface and community knowledge;

- violence and conflict;
- policy transfer and learning;
- health transitions and trends;
- innovations in governance.

10. Future plans

The scholars finally divided into three groups to make proposals for future activities, under the general areas of:

- individual research projects,
- the process for the working groups, and
- the mid-term and final seminars.

Regarding the individual projects, each scholar was invited to review their proposal in terms of:

- relevance, utility, influence and ethical aspects;
- concern for reducing inequities;
- reflection of disciplinary boundaries;
- reflection of global context;
- reflection of local/global interface;
- reflection of research/policy/action interface;
- sustainability of outcome.

The results of the reviews could be shared with other scholars – either direct with the whole group or through affinity groups – and further discussed. One long-term outcome might be a book on the research/policy/action interface.

Regarding the process for the working groups, it was stressed that all needed to commit to the process. Titles and membership of groups should be confirmed as soon as possible, and chairs identified. The Fulbright Program was requested to set up and manage a Web site for use by all groups. Members of groups were responsible for:

- developing their terms of reference,
- developing an action plan,
- ensuring interactive discussion within the group,
- seeking input from the wider NCS group,
- finalizing and distributing the proposal before the mid-term meeting.

The group charged with looking at the mid-term and final seminars had felt unable to be very specific in the absence of a clear idea of likely outputs at the two stages. It wondered whether a virtual mid-term meeting would be feasible; a face-to-face exchange might be preferable, for the mid-term meeting, individuals should report through their affinity groups, but at the final seminar each scholar should report on the outcomes of his/her project. Thought needed to be given to the external audiences that the final seminar should seek to reach, the outside experts that could be invited to attend, and the “big message” that it should try to put across, as well as what the group would like to see happen afterwards.