

A large, semi-circular image of the Earth from space, showing the Western Hemisphere with North and South America visible. The image is in shades of blue and white, with a glowing horizon line.

Cross-cultural collaboration in global health research – on values and driving forces

Stig Wall

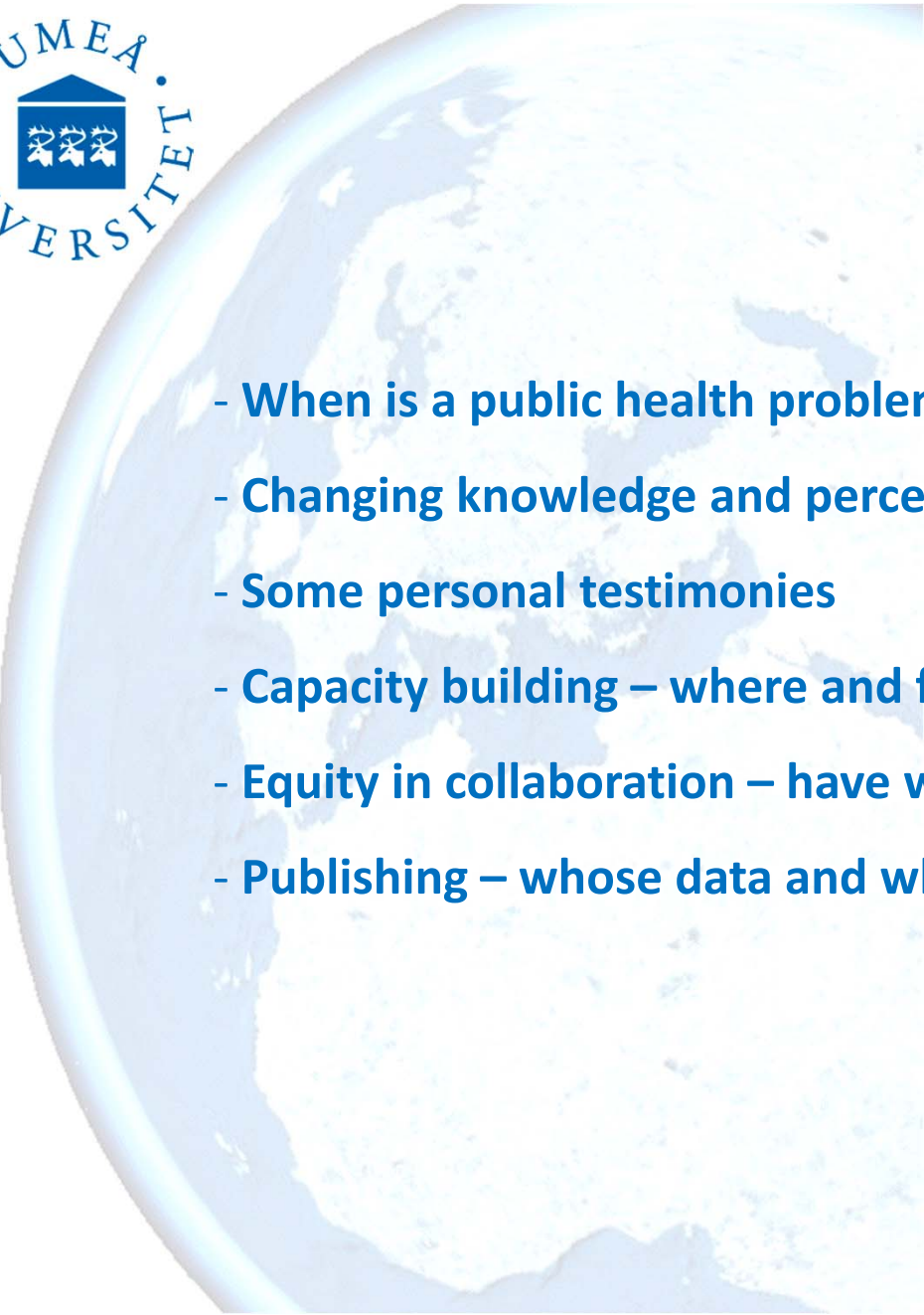
Epidemiology & Global Health
Department of Public Health and Clinical Medicine
Umeå University
SWEDEN



***“If you want to go fast, go alone –
if you want to go far, go together”***

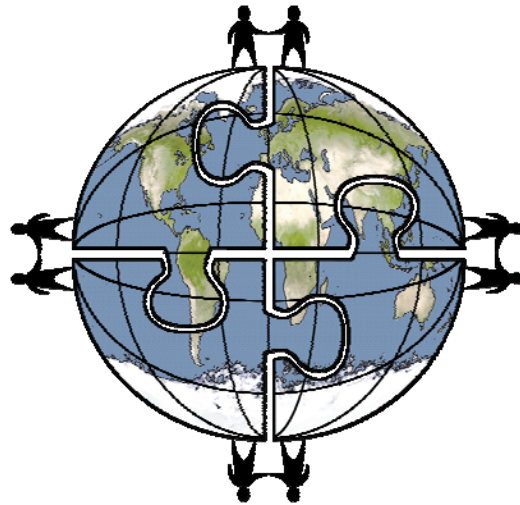
African proverb

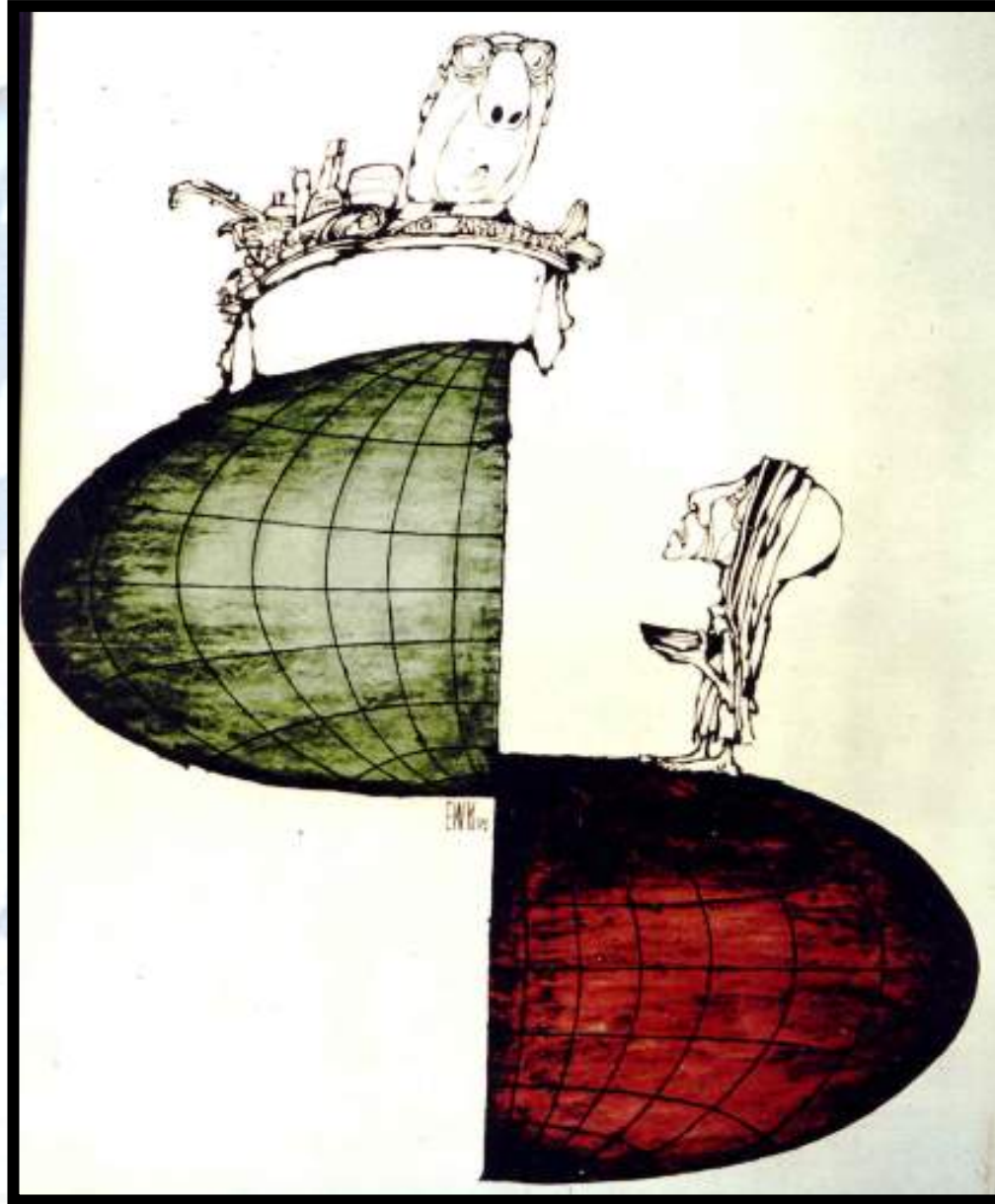


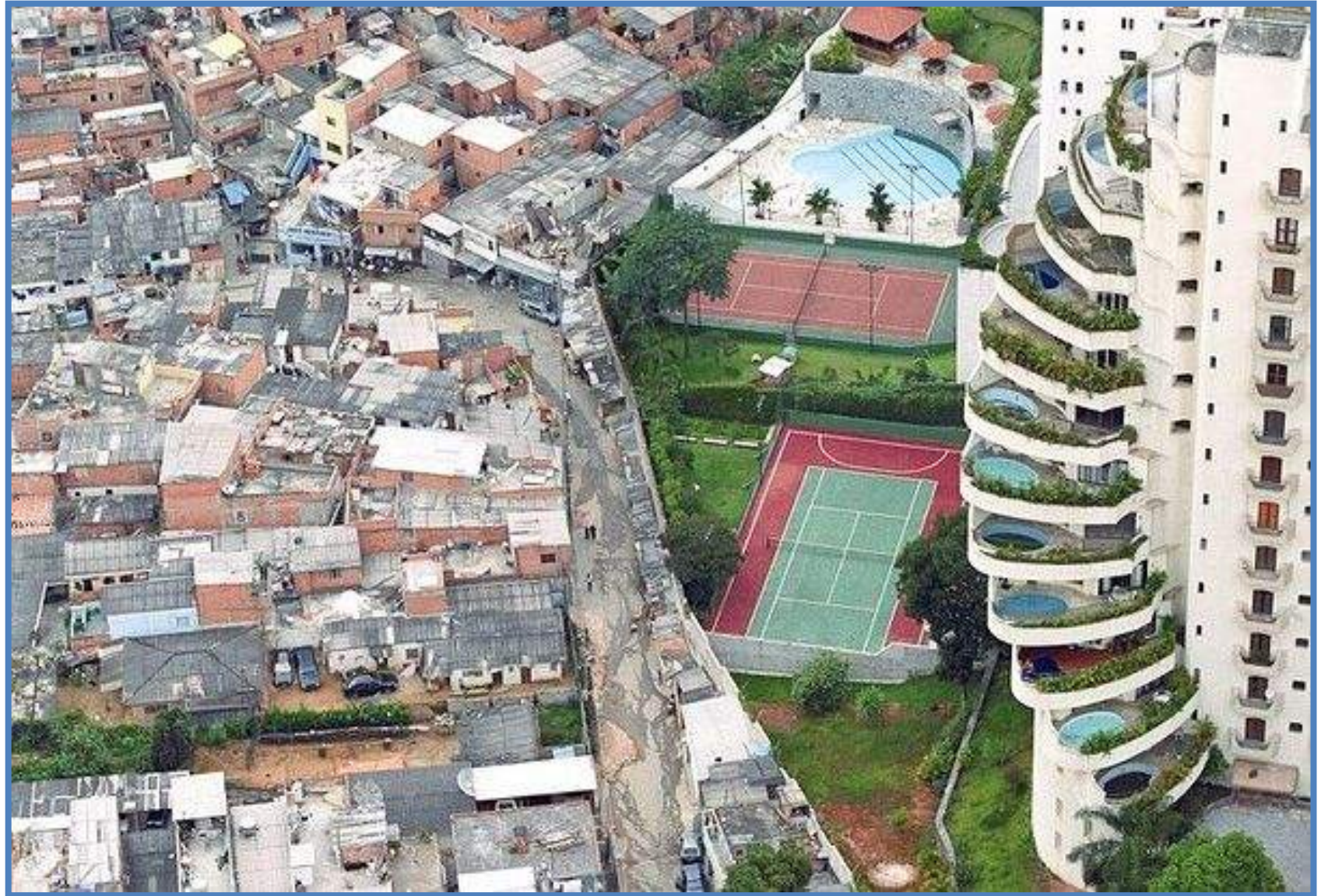
- 
- A large, semi-circular image of the Earth as seen from space, showing the Western Hemisphere with North and South America visible. The image is light blue and white, with a soft glow.
- **When is a public health problem global?**
 - **Changing knowledge and perceptions – what about our values?**
 - **Some personal testimonies**
 - **Capacity building – where and for whom?**
 - **Equity in collaboration – have we got any closer?**
 - **Publishing – whose data and who benefits?**

Global health research means ...

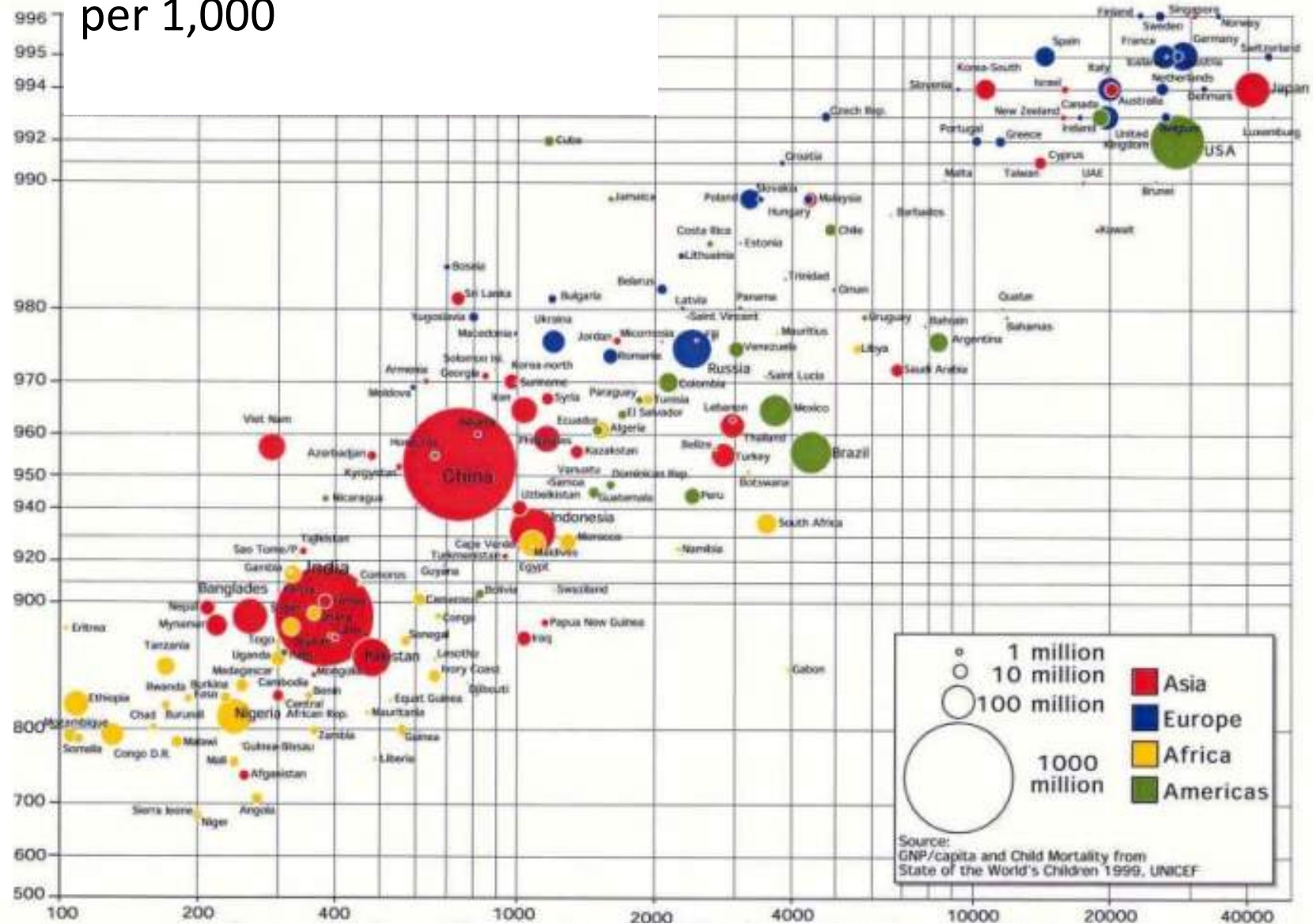
- ... collaboration across cultures and disciplines...
- ... focusing on inequities..
- ... emphasising “health” as a consequence of ...
- ... but also as a resource and investment for development





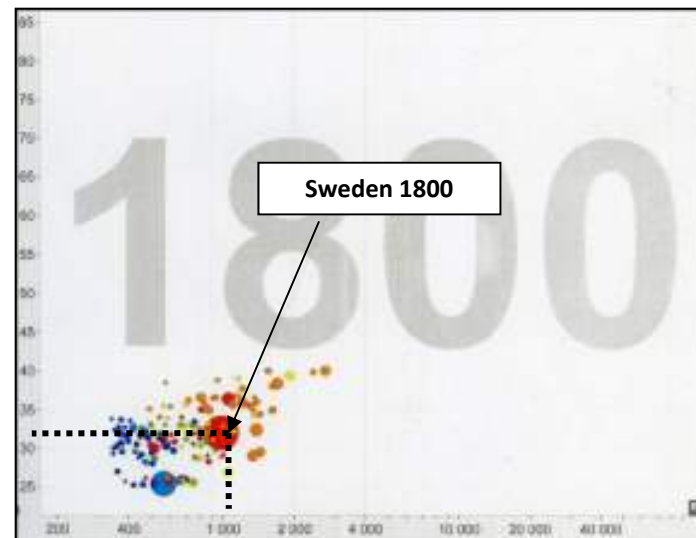


Child survival age 5+ per 1,000



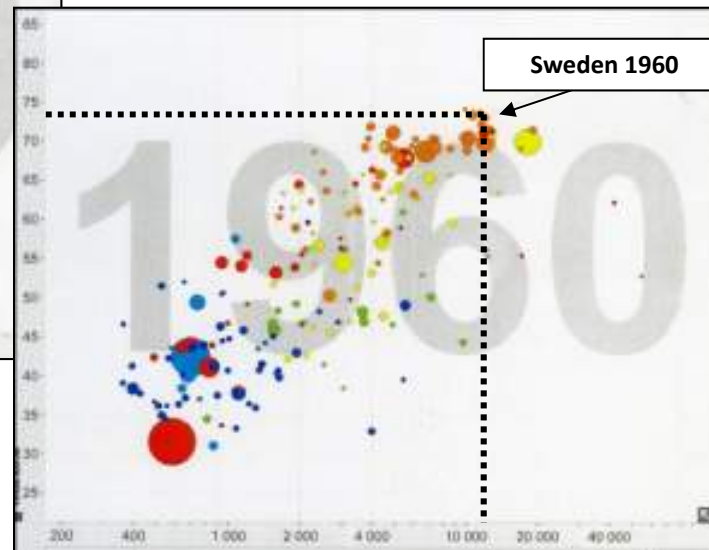
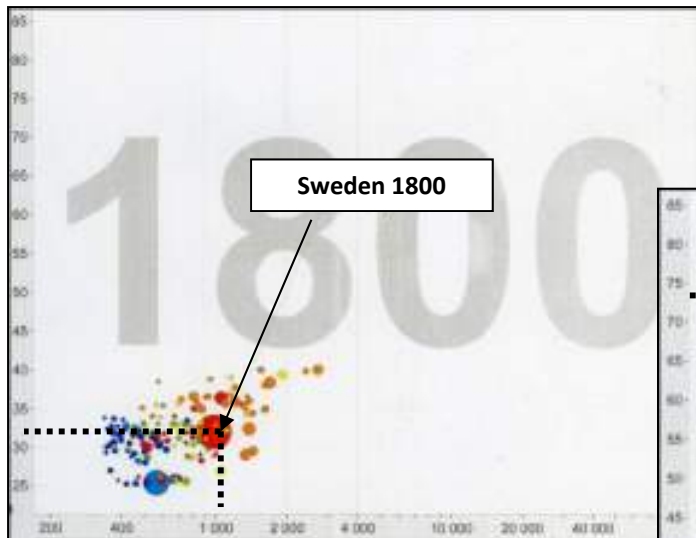


Life expectancy and wealth



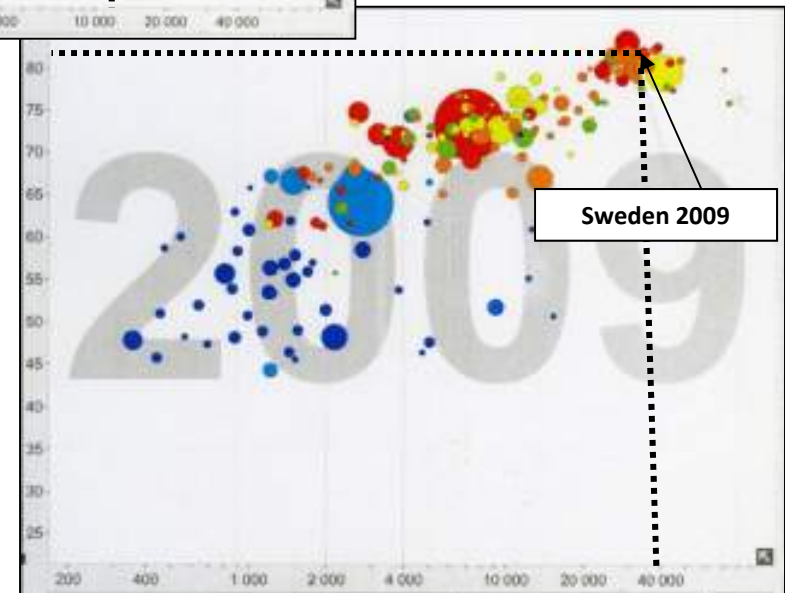
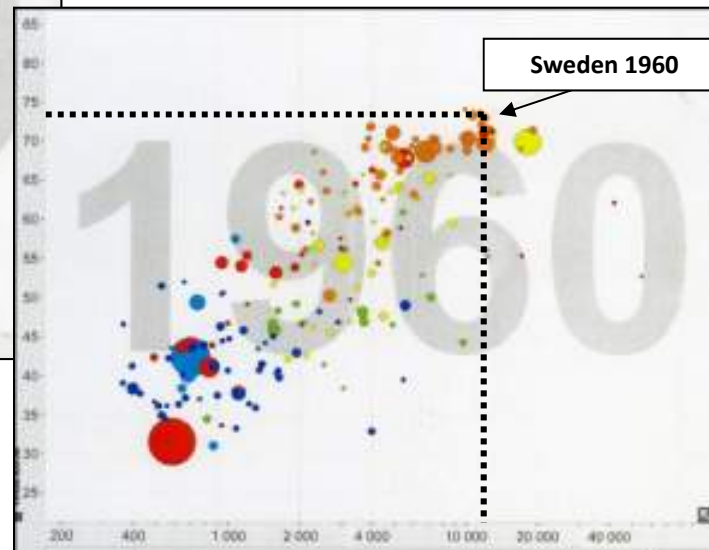
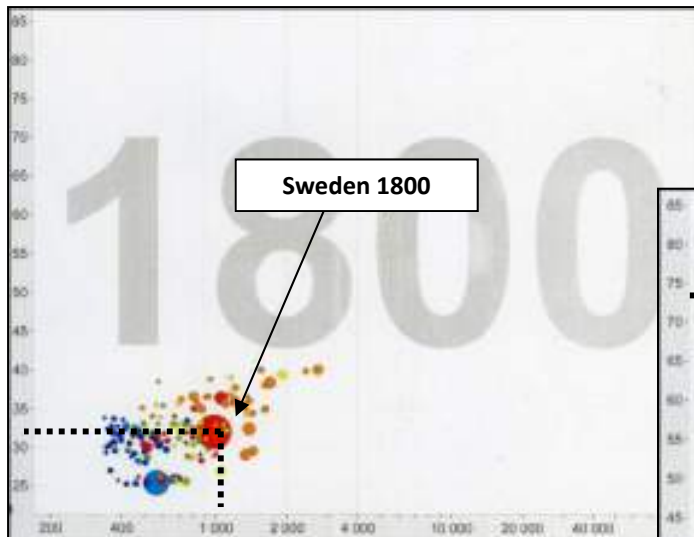
Sweden in the World 1800-2009

Life expectancy and wealth



Sweden in the World 1800-2009

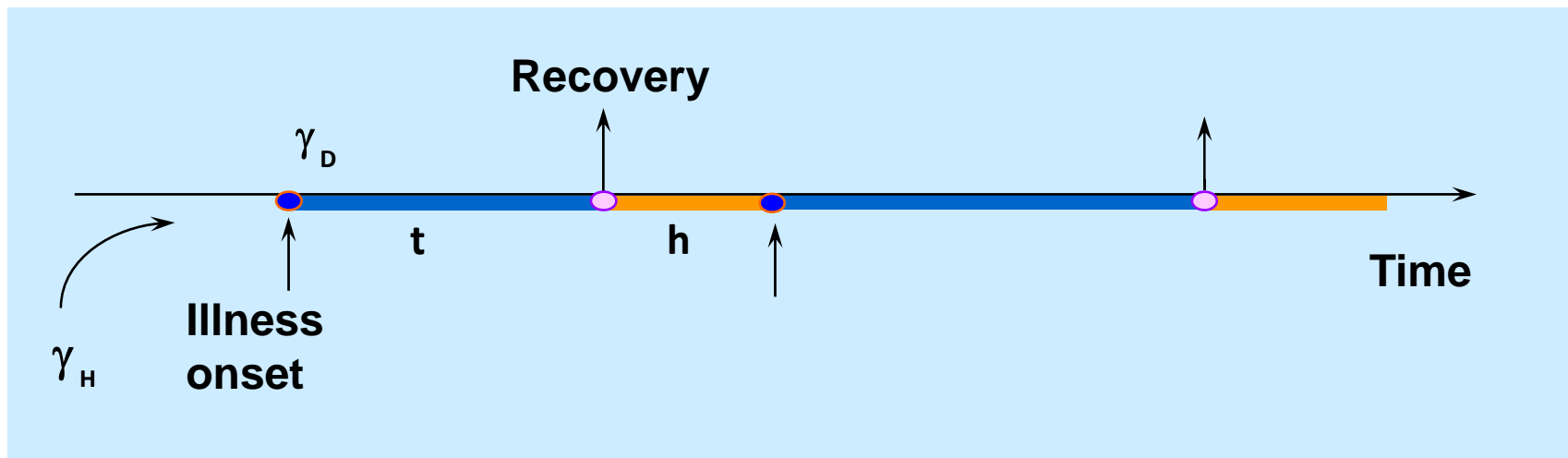
Life expectancy and wealth



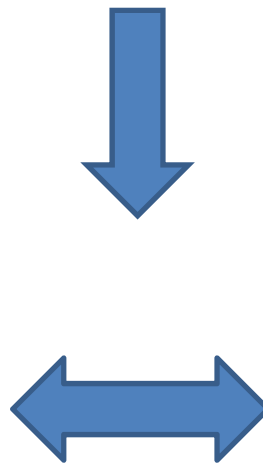
Sweden in the World 1800-2009

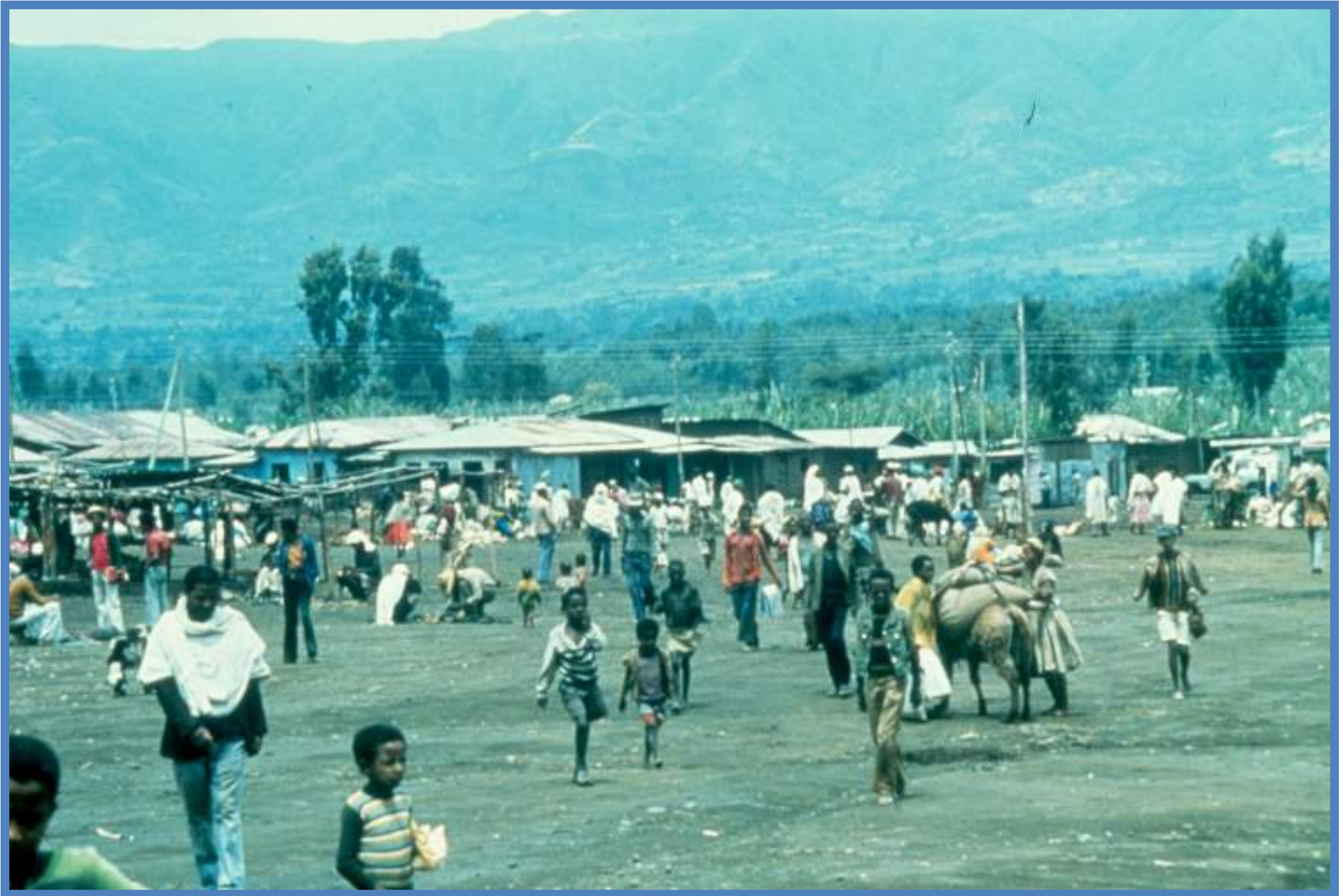
40 years ago...





How to catch the disease process in the community?

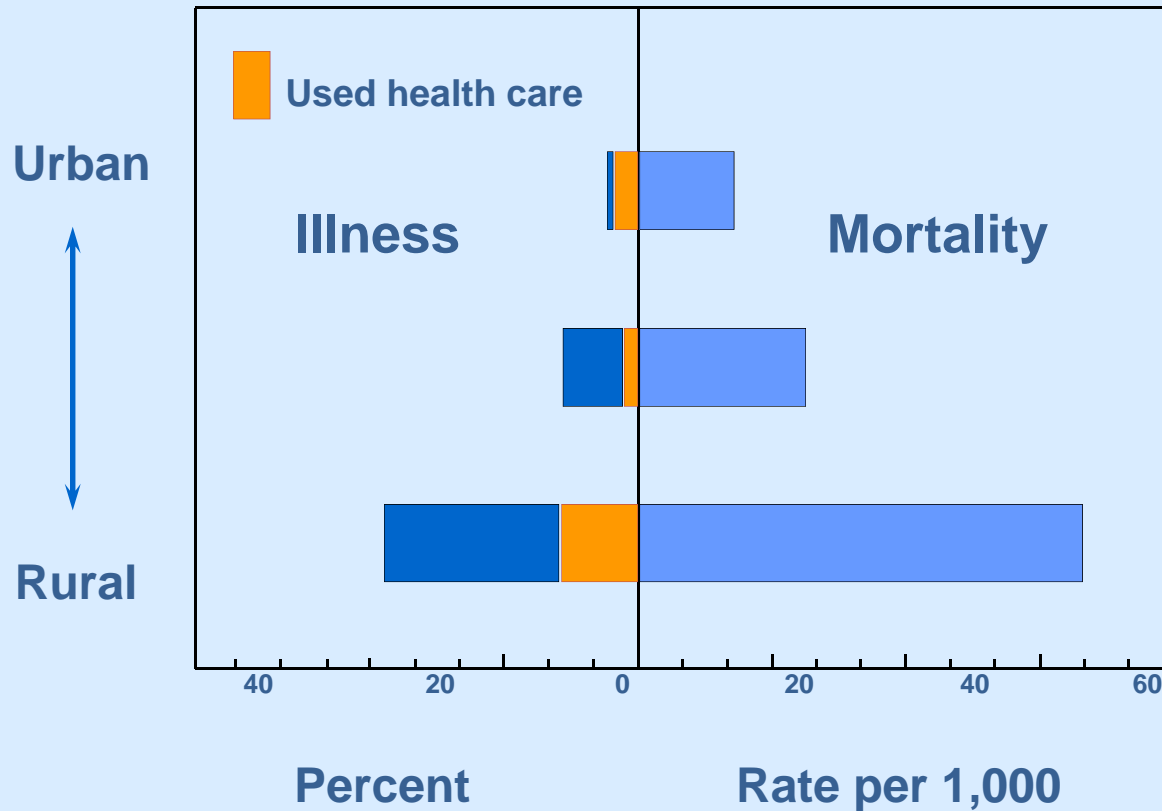




Market in Butajira, rural Ethiopia in 1979

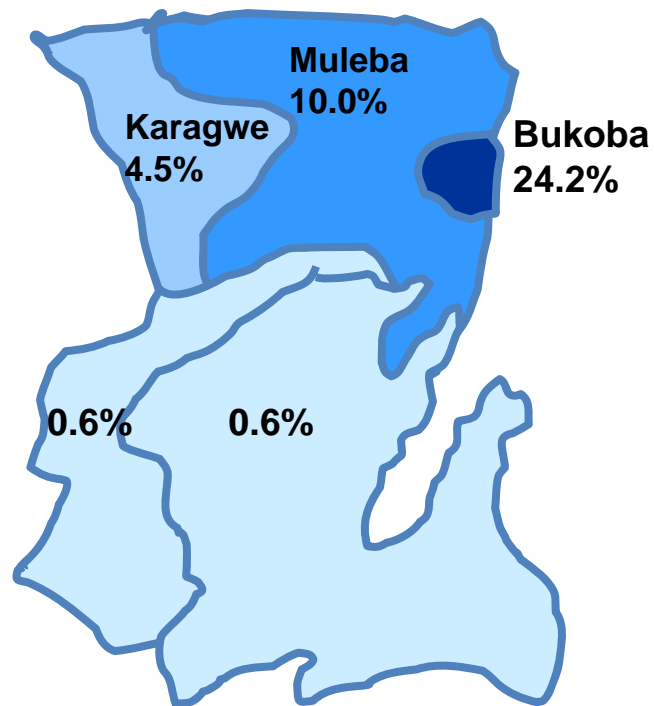
The health gap at district level

(Shamebo et.al, 1993)



"...the outreach of health services within a rural district can be very limited and large inequalities exist".

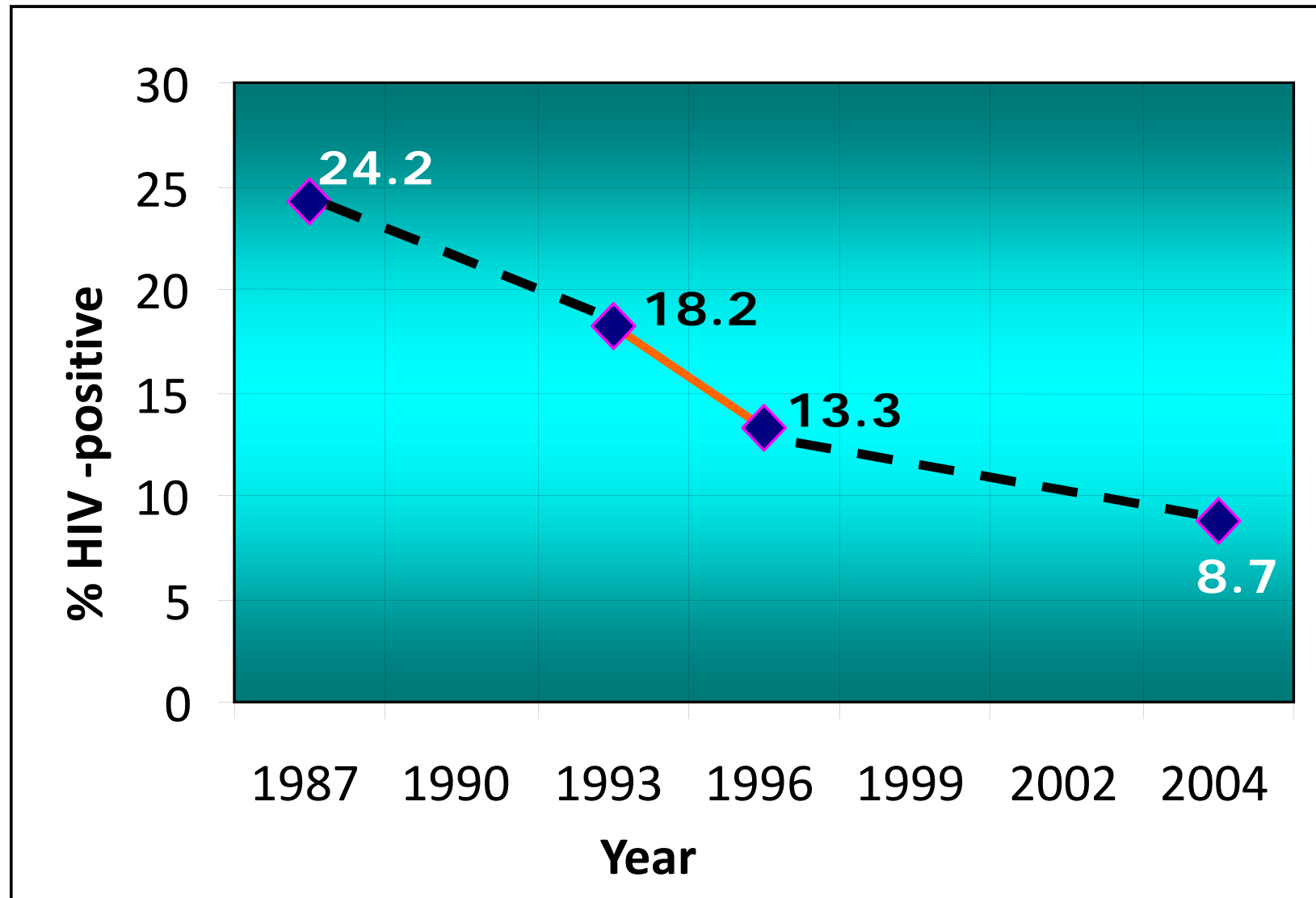
HIV – situation In the Kagera region, Tanzania 1987

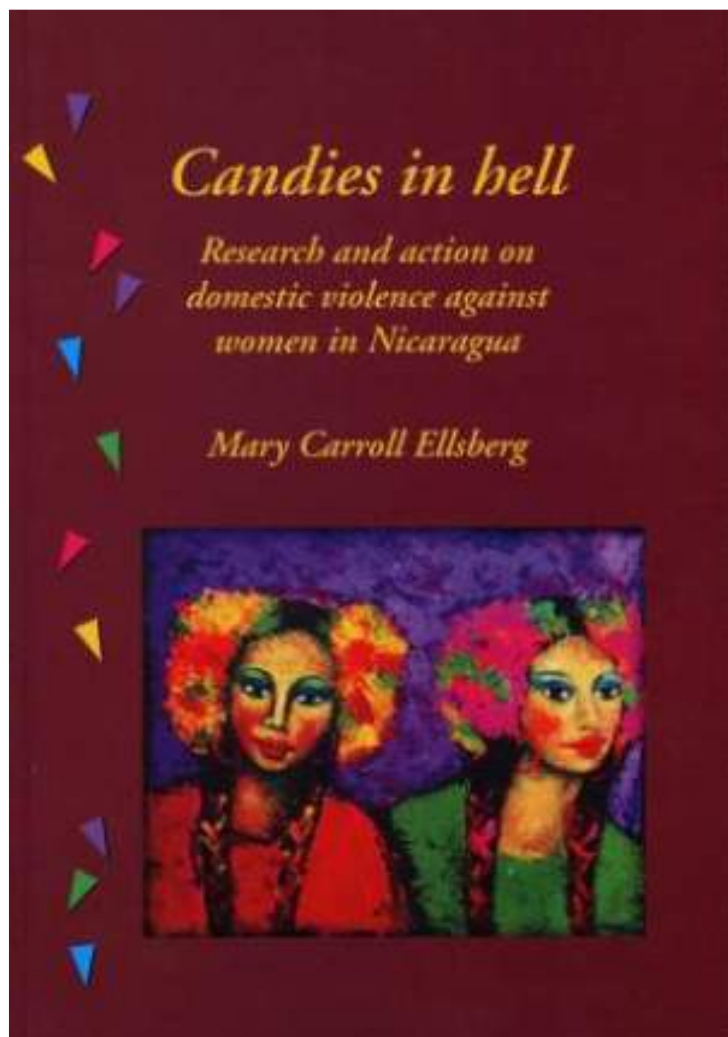


Source:

Kwesigabo G Trends of HIV infection in the Kagera Region of Tanzania 1987-2000. Umeå University Medical Dissertations, New Series No 710, ISBN 91-7191-966-X. Umeå 2001.

HIV prevalence in Bukoba 1987-2004





After he beat me up he would try to court me, and he would buy me clothes... and then my grandmother would say to me,

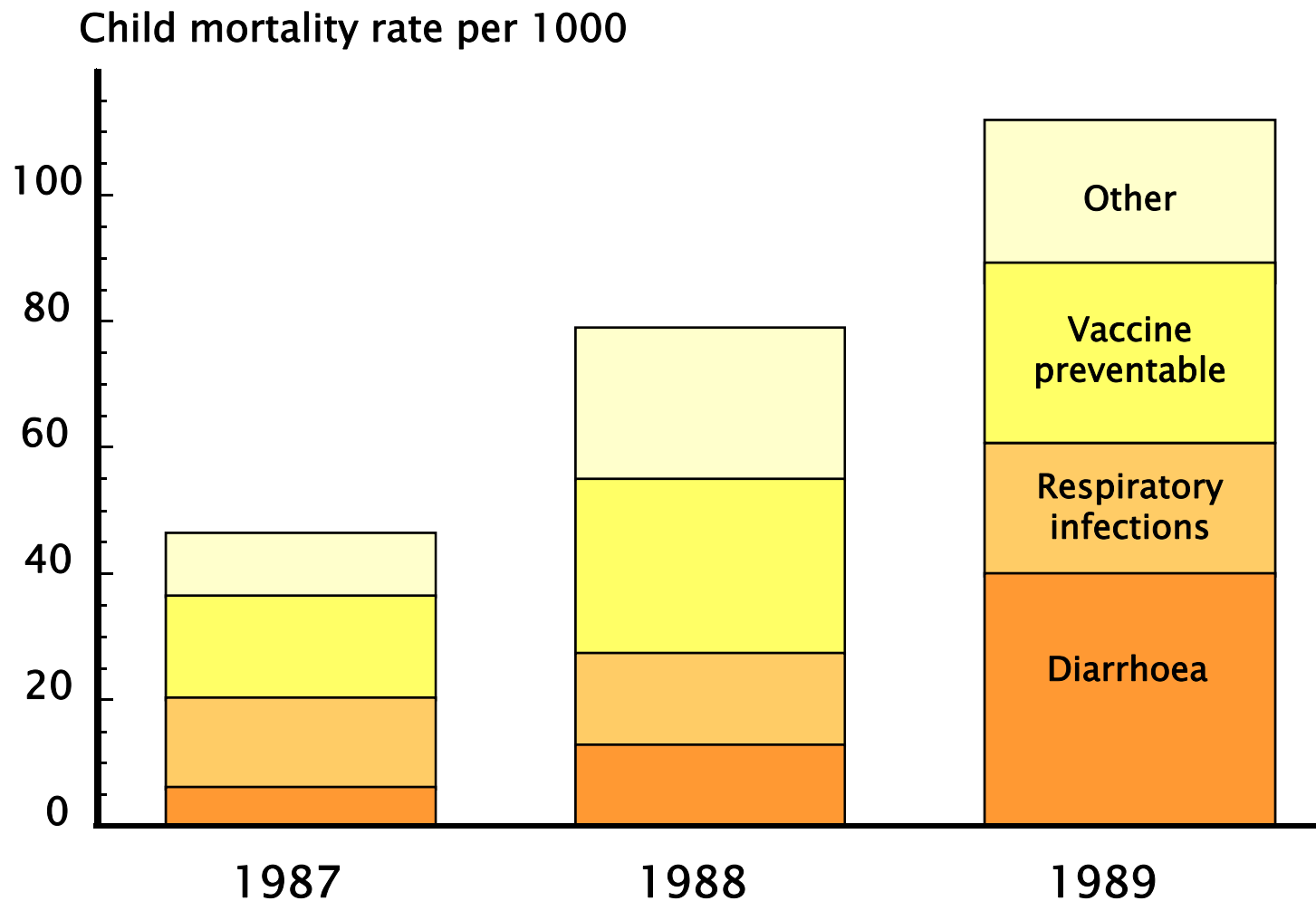
"Child, what are you going to do with candies in hell?"

Ana Cristina

"Among ever-married women life-time prevalence of physical violence was 52% and current prevalence the last 12 months 27%"



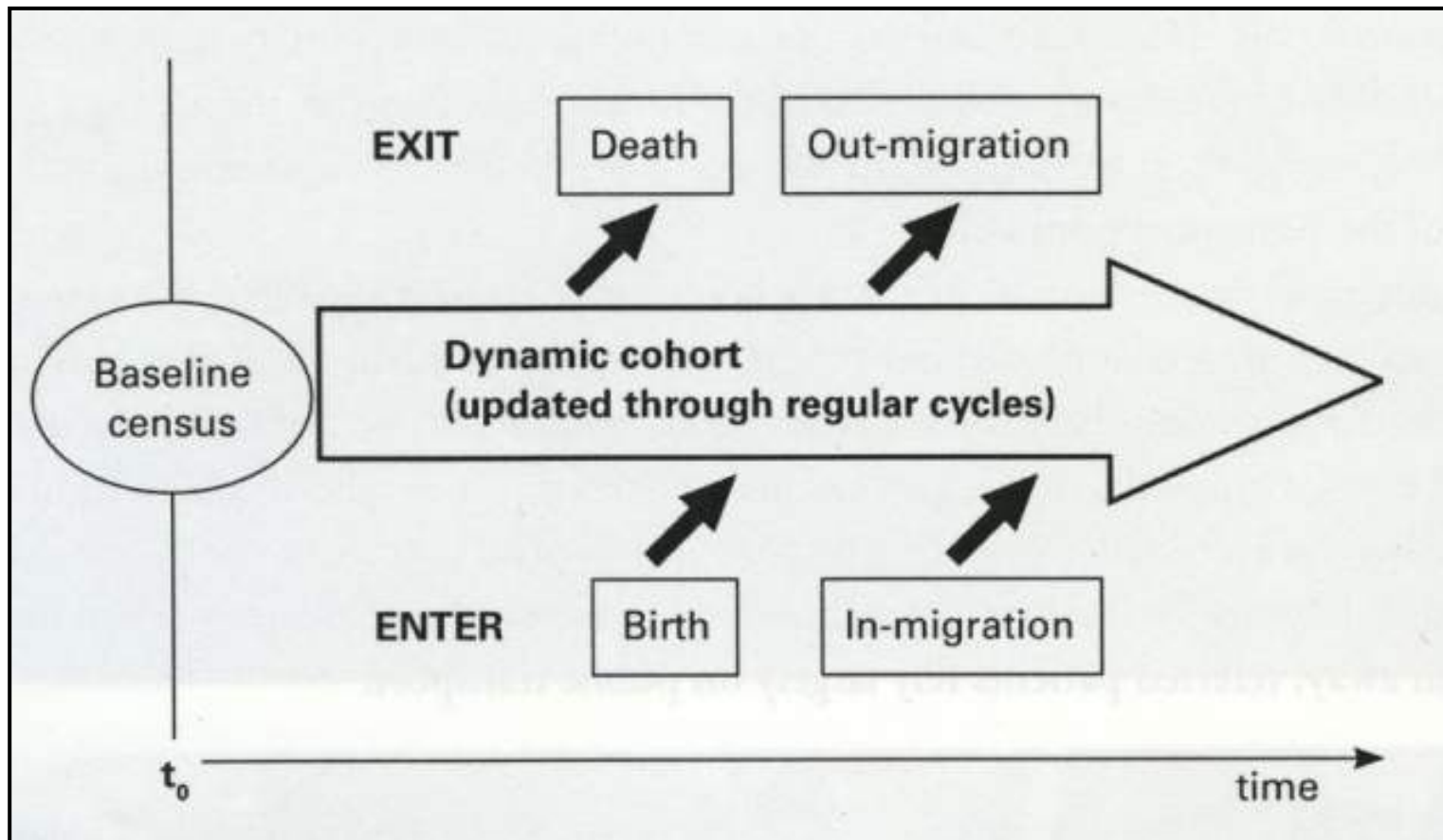
Somalia prior to the civil war – demographic surveillance predicting a collapsing society?





Currently 43 HDSS members in 20 countries with over 3.2 million people under surveillance

Generic outline of a HDSS)



EDITORIAL

The INDEPTH Network: filling vital gaps in global epidemiology

Osman Sankoh^{1,2*} and Peter Byass^{3,4}

¹INDEPTH Network, PO Box KD213, Kanda, Accra, Ghana, ²School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, ³Umeå Centre for Global Health Research, Department of Public Health and Clinical Medicine, Umeå University, Umeå 90187, Sweden and ⁴MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

*Corresponding author. Email: osman.sankoh@indepth-network.org

Accepted 17 April 2012

What is the INDEPTH Network?

The International Network for the Demographic Evaluation of Populations and their Health (INDEPTH) Network is an umbrella organization for a group of independent health research centres operating health and demographic surveillance system (HDSS) sites in low- and middle-income countries (LMICs). Founded in 1998, it brought together a number of existing HDSS sites, and since then has encouraged newer HDSS sites to join.¹

The purpose of this Editorial is to set the scene for a series of profiles from INDEPTH HDSS member sites, the first examples of which are published in this edition of IJE.²⁻⁵ All these profiles will follow a set pattern, to facilitate a systematic understanding of the multiplicity of HDSS sites involved in the Network and the various ways in which they are operated by their parent institutions. This Editorial therefore, follows the same general pattern as the individual profiles, but seeks to

Why was the INDEPTH Network set up and what does it cover now?

The *raison d'être* behind the emergence of the Network was the apparently intractable lack of reliable population-based data on health across many LMICs in Africa, Asia and Oceania. Recognizing that there are no quick fixes in terms of achieving universal individual registration of populations in LMICs,⁶ the Network represents a medium-term attempt to break the link between material and data poverty.⁷ Epidemiology in many LMICs suffers from a dual lack of reliable population data and human capacity to make use of them. The immediate consequence is that health policy making often lacks its essential evidence base, with the possible effect of failing to use scarce resources effectively in some of the world's poorest countries.

EDITORIAL

The INDEPTH Network: filling vital gaps in global epidemiology

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"The *raison d'être* ...

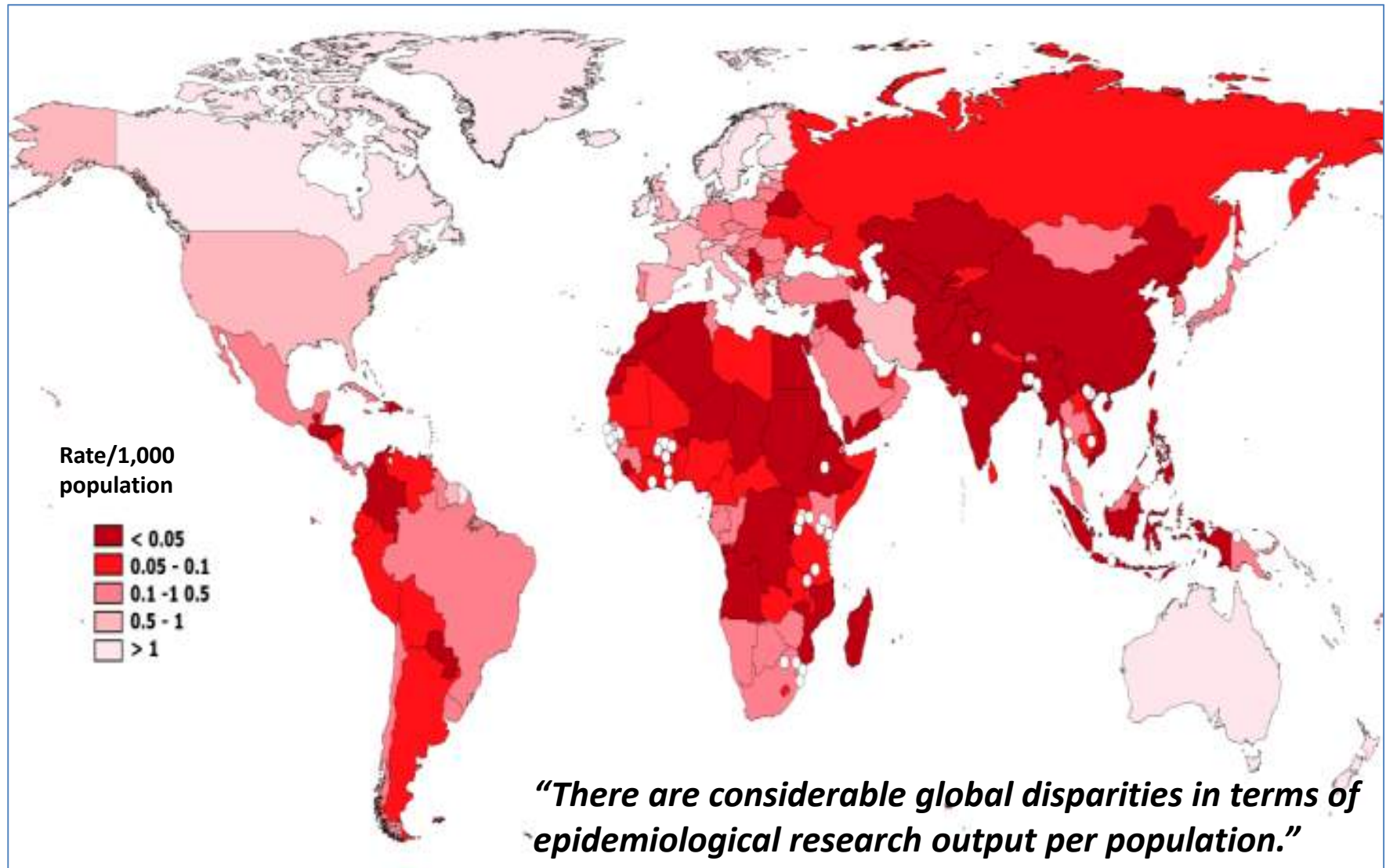
...that health policy making often lacks its essential evidence base, with the possible effect of failing to use scarce resources effectively in some of the world's poorest countries."

INDEPTH – an indispensable infrastructure for research and education – but ...

- is it sustainable?**
- do we use its methodological potentials?**
- have researchers made data talk ?**
- are the doers listening?**

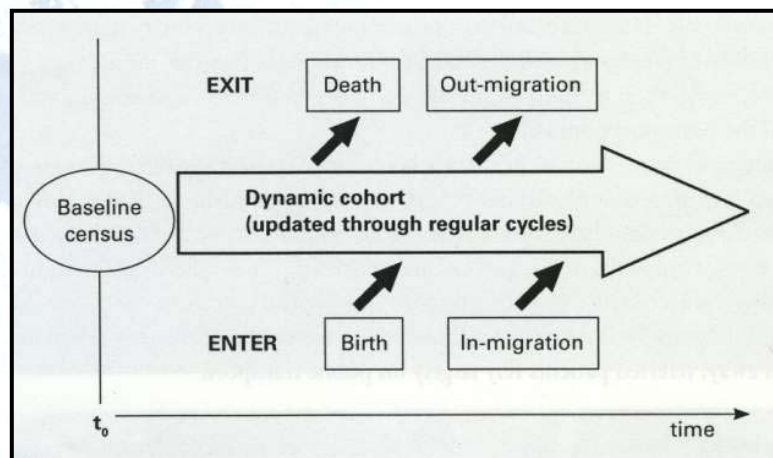
Global gaps in "epidemiology" as measured by PubMed citations

Sankoh O, Byass P. Editorial, *Int J Epidemiol* (2012)



Umeå doctoral dissertations based on INDEPTH HDSS data (25 out of 60)

Generic outline of a HDSS)



Global Health Action

Supplement 1, 2010



Analyses of mortality clustering at member HDSSs within the INDEPTH Network – an important public health issue

Guest Editor and Mentor: Professor Heiko Becher, Heidelberg, Germany



University Centre for
Global Health Research



Heiko Becher,
Heidelberg, Germany

Global Health Action

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"...demonstrate the importance of generating data at sub-national levels to fully understand the causes of and solutions to mortality."

Global Health Action

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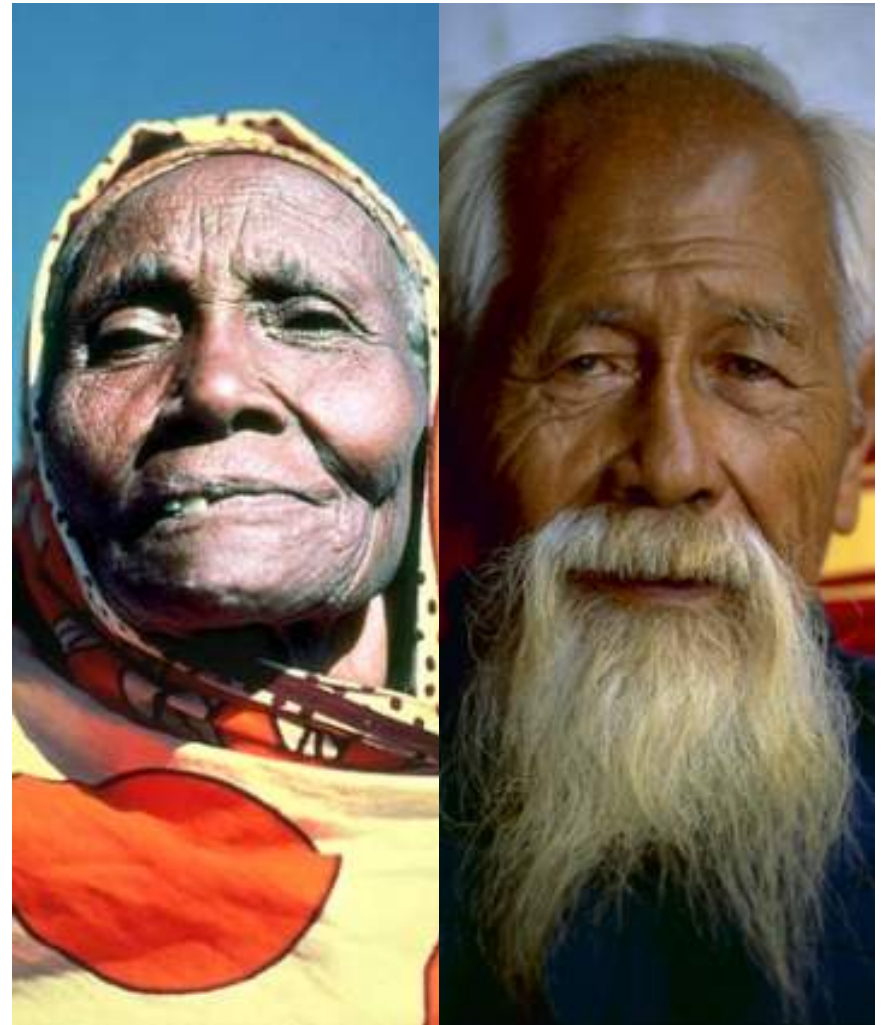
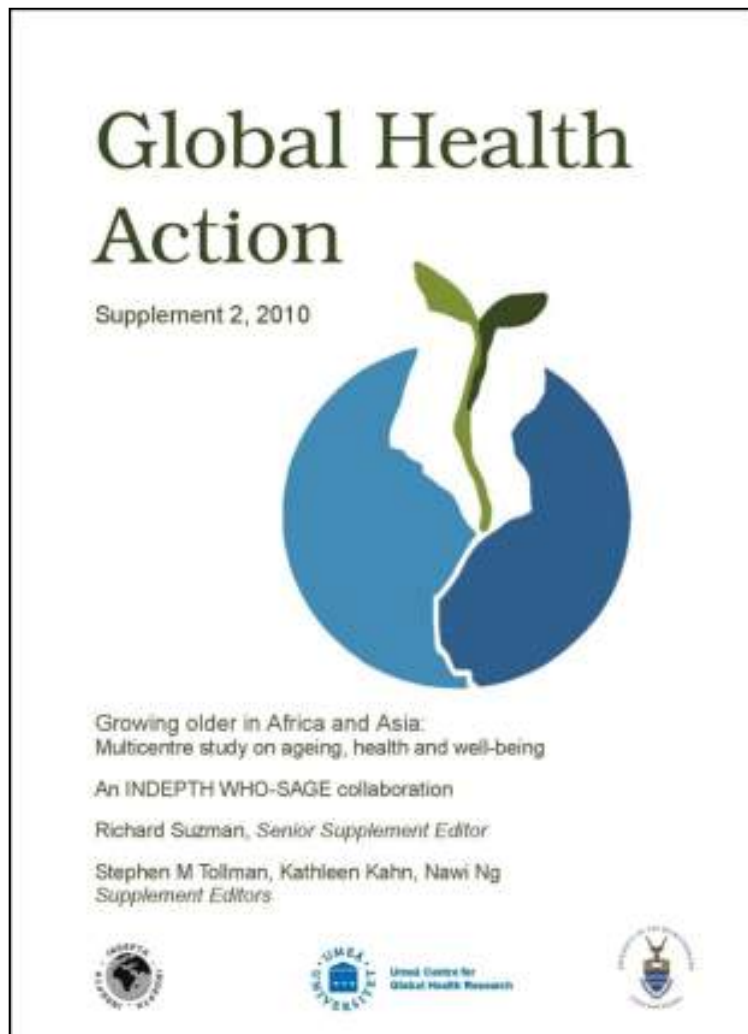
Guest Editor and Mentor: Professor Heiko Becher, Heidelberg, Germany

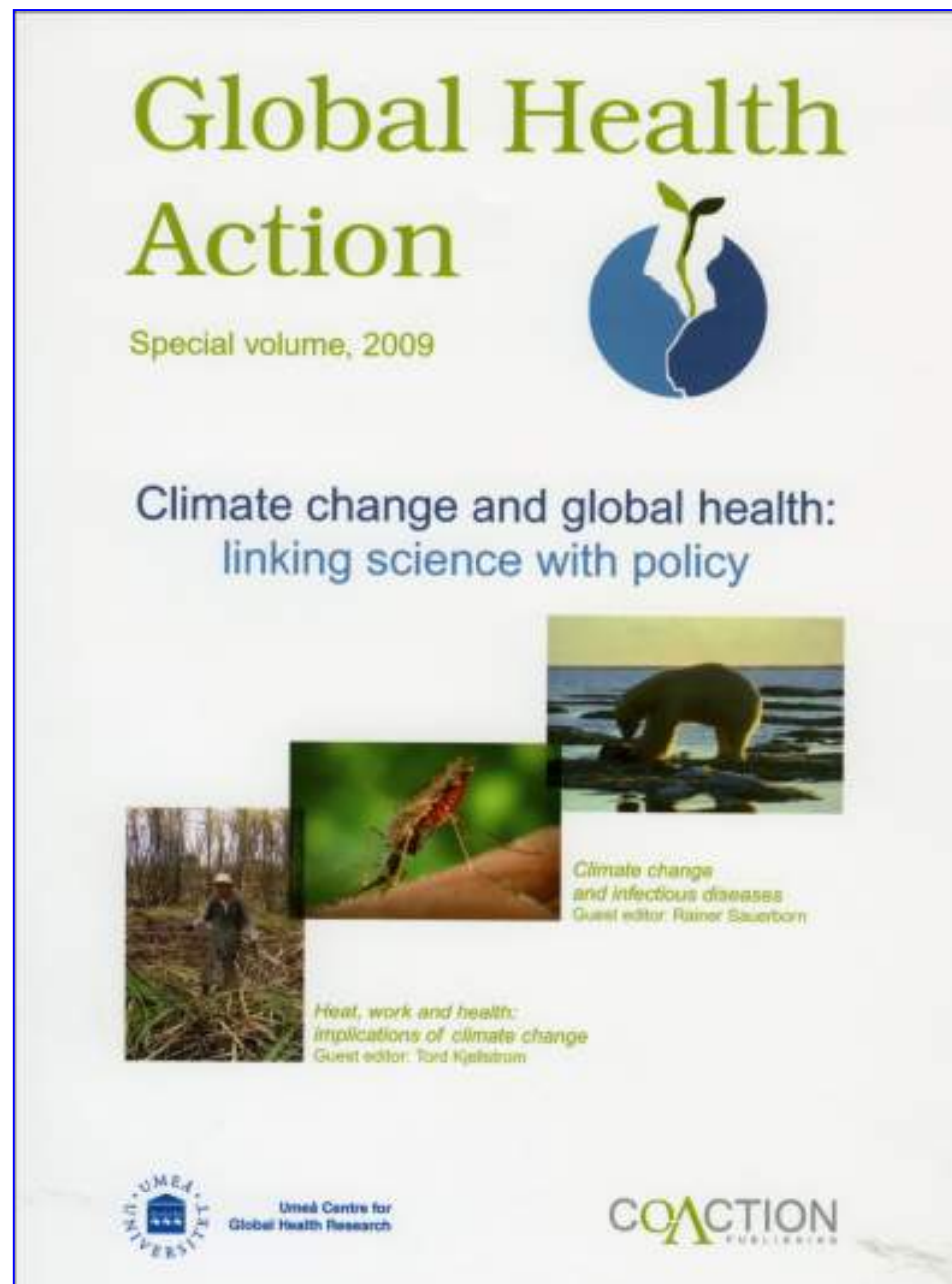


“...differences exist not only between countries, between rural and urban locations within the same country, but also between different urban centers or different rural locations within the same country”.

Growing older in Africa and Asia:

Multicentre study on ageing, health, and well-being





Rainer Sauerborn
Heidelberg, Germany



Tord Kjellström
Auckland, New Zealand

"Count every new life - every life counts".

(Lancet,2005)

... but most die uncounted and

"all deaths are equal, but some are more equal than others".

(Peter Byass in PloS Medicine 2007 paraphrasing George Orwell)

WHO has recently released its [2012 WHO Verbal Autopsy Instrument](#),
a journey that started way back in the 18th century...

18th century priest meets 21st century public health



Thomas Bayes 1701-1761

$$P(A|B) = \frac{P(B|A) P(A)}{P(B)}$$



18th century priest meets 21st century public health



Thomas Bayes 1701-1761



Peter Byass

$$P(A|B) = \frac{P(B|A) P(A)}{P(B)}$$

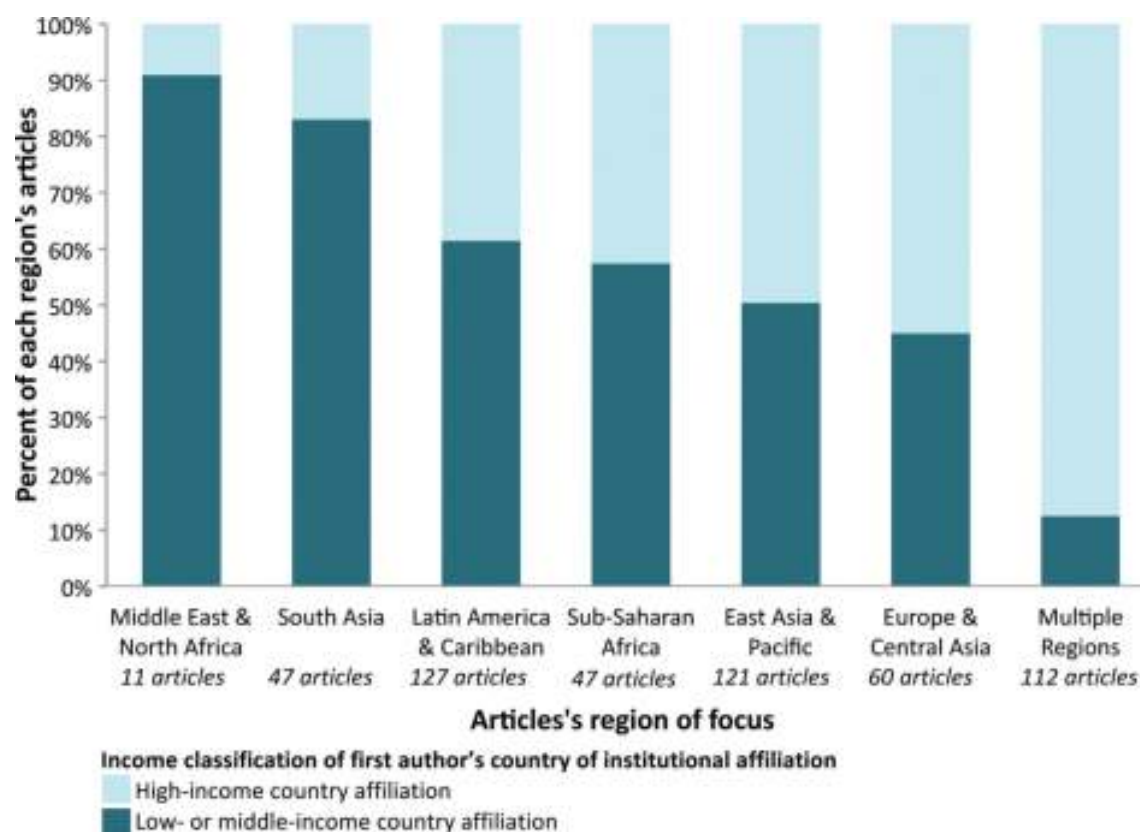


The content of medical journals vastly under-represents the diseases affecting populations in developing countries

(The Lancet, www.scidev.net)

“While rising global attention to NCDs has likely produced an increase in peer-reviewed publications on NCDs in LMICs, publication rates directly related to cost-effective interventions are still very low, suggesting either limited local research activity or limited opportunities for LMIC researchers to publish on these issues”.

(Jones A et.al. *Global Health Action*,
23 August 2012)



(Yester)day's Metaphor

KNOWLEDGE as a "paper"

KNOWLEDGE as a "product"

KNOWLEDGE as a "property"

(John Wilbanks, Science Commons, IATUL, June 2007)

(Yester)day's Metaphor

CREATED by researchers

OWNED by publishers

ARCHIVED by libraries

(John Wilbanks, Science Commons, IATUL, June 2007)

Today's Metaphor

Knowledge as a NETWORK

Knowledge as an INFRASTRUCTURE

(John Wilbanks, Science Commons, IATUL, Juni 2007)

OPEN ACCESS BENEFITS:

Visibility

Impact

Archiving

Democracy

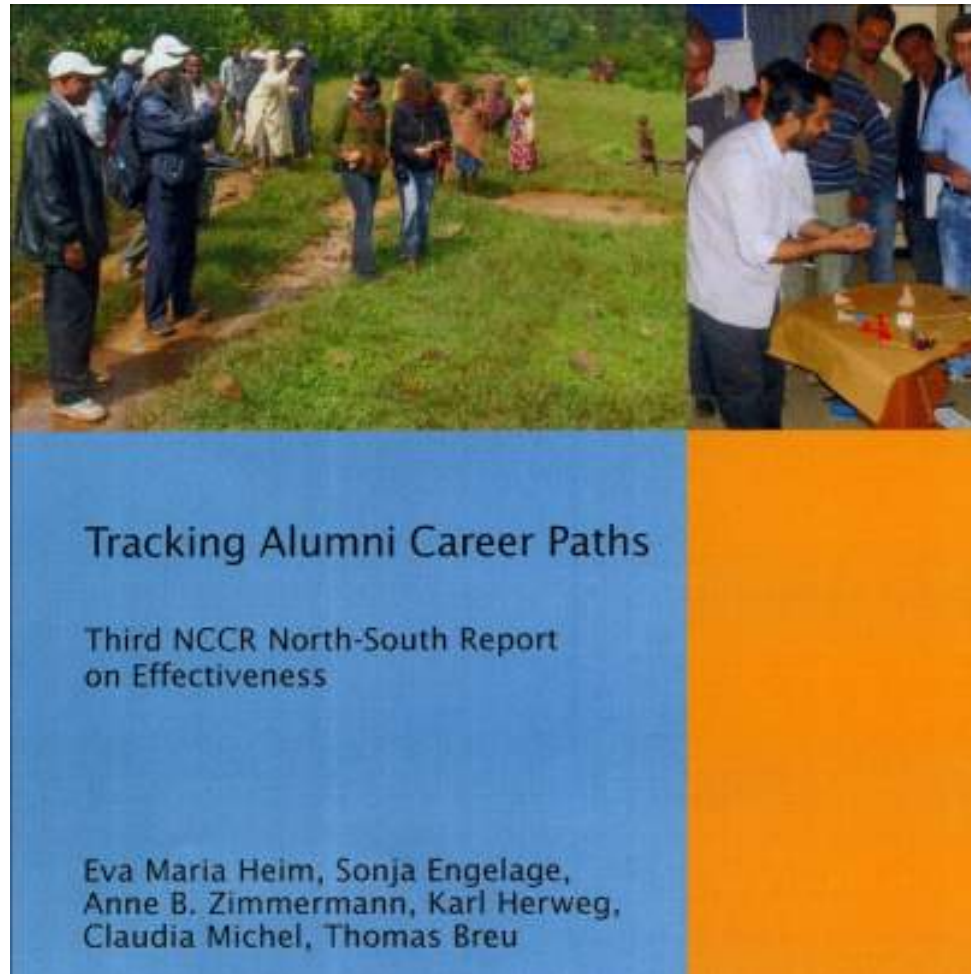
Recycling

Affordability

Building capacity for public and population health research in Africa: the consortium for advanced research training in Africa (CARTA) model

Alex C. Ezeh^{1,2*}, Chimaraoke O. Izugbara^{1,2},
Caroline W. Kabiru^{1,2}, Sharon Fonn², Kathleen Kahn^{3,4},
Lenore Manderson^{2,5}, Ashiwel S. Undieh⁶,
Akinyinka Omigbodun⁷ and Margaret Thorogood^{2,8}

"The ultimate goal of CARTA is to build local research capacity to understand the determinants of population health and effectively intervene to improve health outcomes and health systems. ... focus on the local production of networked and high-skilled researchers committed to working in sub-Saharan Africa ..."



Where are they now? ...asked the Swiss National Centre of Competence in Research (NCCR). The findings contradicted the widespread assumption of brain drain ... "more than 90% of Southern alumni questioned were working in a Southern country. Moreover, the majority of alumni in the North and South continued to work in a field related to sustainable development."

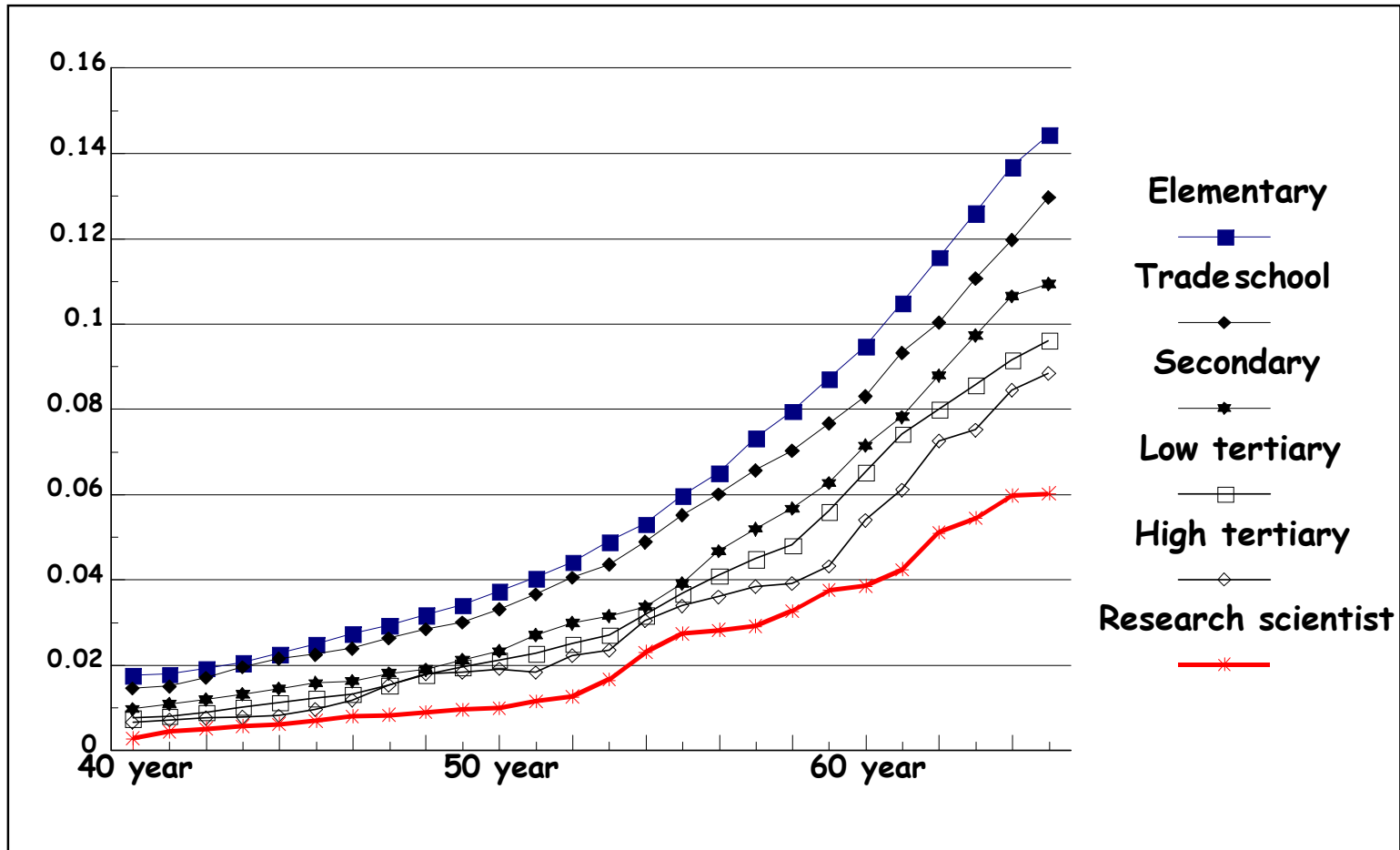
2006



2007



The formal "reward"



It pays off ...



- When is a public health problem global?
- **Global Health Research is Collaborative, Transnational and Action-oriented**
- Changing knowledge and perceptions – what about our values?
- **No more "we and them"**
- Some personal testimonies
- **No one can be an expert on others**
- Capacity building – where and for whom?
- **Only the best methods are good enough – everywhere**
- Equity in collaboration – have we got any closer?
- **Twinning of PhD students and supervision from both ends?**
- Publishing – whose data and who benefits?
- **Sharing of data and open access – there's no way back**



Global health collaboration across cultures and disciplines...



... is a development process ...



... for all involved



Thank you!

A large, semi-circular image of the Earth from space, showing the Western Hemisphere with North and South America visible. The image is positioned on the left side of the slide, partially overlapping the text.