

Embedding Research in Society

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1. Research - comes in different forms, with different relevance for a given society and therefore more or less easily embedded:

- academic research - to test a hypothesis, push back the frontiers of science - not always focused on society's priorities, not usually done together with members of society
- action - to identify/prioritise problems, ask/answer questions, often before an intervention - can be planned with society/community, done with them, and should at least be based on their needs/priorities
- evaluative - to find out whether intervention(s) were effective, why and why not, to provide evidence for future interventions - can be based on needs, priorities of society/community, done with them, at least communicated to them what is being done and what the results are.

2. Society - community - who is that? How to identify the priorities? Who represents them? can have Community Advisory Boards for research programs or centres, but do they really represent the people of that community or add another layer of bureaucracy and impose their decisions on members of the society? Even more scope for this when research is part of international collaboration and foreigners are not familiar enough with local culture and power structures.

3. Community participation - different levels - can base research questions on their priorities, or consult them on questions that are identified by funding agencies or others who set priorities at higher levels (or in other countries) with little or no regard for the local social needs and priorities. Some international teams try to work with local researchers (as MCNV does with local universities, colleges and health services in EBPM, in CMHD and HIV programs).

4. Capacity development - if community does not have capacity to formulate and implement research as expected/demanded by higher level or international research bodies, need to build their capacity, not just do it for them/on them (example from Vietnam would be Me Linh project by Hoat and HMU)- needed capacity includes not only research methodology but also management of projects, finances, reporting, use of international communication through internet (and therefore often language too)- local organisations may have some of these skills.

5. Ethical considerations when community is involved may differ from standard RCT approaches, so may not meet requirements of institutional review boards in foreign (developed country) universities - flexibility is needed in planning and in ethical review. Many local contexts lack good IRB and ethical review processes, but both sides still have to respect local lines of

authority and decision-making.

6. Key issues for success in community-based participatory research include common mission, common values, agreed plan, financial transparency in both directions of collaboration, sharing of power and management responsibilities between research institutions and local partners, not just local researchers but perhaps local leaders (community advisory boards...), and having systems in place for monitoring progress using agreed indicators, and for solving conflicts or disputes. Barriers are restrictive funding and reporting systems that reduce opportunities for community to participate actively, and lack of clear management systems.

7. Research to be embedded in the society/community should be helping to solve its problems, while providing information that can be used as evidence in a wider context - can be in different ways:

- help them to identify problems, leave them to solve the problems (not a good idea but all too frequent);
- help them to identify not only problems, but also solutions, then either to select what they can do themselves without outside support, or provide technical support, or provide technical and financial support to solve the problems (examples from Reproductive Health in CMHD, malaria in CMHD, empowerment through Disabled People's Organisations, our HIV program and the participatory rapid assessments that come at the start of CMHD/ CMHLD programs.);
- use research methods to monitor, investigate and evaluate existing operational programs, so that all involved understand better what is going on and can guide programs better (examples from MCNV's HIV program, CMHD malaria and the DPOs as above).

8. All of the above applies even more when research collaboration is international, local researchers are often too strongly managed by the international ones who have greater access to funds but also usually with their own priorities. And most developing countries do not have a strong record in community participation outside the NGO world, where it has been a key approach in development for a few decades.

9. Dissemination plans should be suitable for society/community as well as for scientists/researchers - not only publication in journals or presentations at scientific meetings but also local presentations and publications available to the wider public.

10. How to get researchers and communities to work together, - have to keep budget and time for planning with the community, exchange ideas among local and other researchers, work together openly from initiation to dissemination - with attention to capacity development to enable real sharing and to build sustainable partnerships - also benefits research, gives new insights - over the long term, better information and better learning for both sides. Science is about learning.