

## In this month's *Bulletin*

### Using health systems research to shape government policy (p. 723)

The need to translate knowledge into action to prevent and treat disease is the focus of the editorial by Bjorn Melgaard. In particular, he discusses why two papers from Thailand published in this month's *Bulletin* demonstrate the potential of good research to shape national health policy. The first, by Pisake Lumbiganon et al. (pp. 746–749), looks at how policy-makers have used research findings to come up with a national antenatal programme that is more cost-effective than the current model. The authors applied the findings of a WHO antenatal care randomized trial to the situation in Thailand and found that a model involving fewer antenatal visits could be introduced in Thailand without adverse consequences for woman or fetus. Thailand started implementing the new model this year. The second paper, by Viroj Tangcharoensathien et al. (pp. 750–756), examines how research into the financing of health systems is helping policy-makers implement their October 2001 decision to create a universal health-care system in Thailand.

### Bridging the gap between knowledge and action for health (pp. 724–731)

Both developed and developing countries fail to implement health interventions that have been shown to be cost-effective in high quality research studies. In their review, Andy Haines et al. argue that, despite a growing body of evidence on ways to improve the utilization of research findings, there are several barriers that hinder their uptake. They conclude that researchers, practitioners and policy-makers should do more to promote the uptake of research and to translate this into evidence-based interventions.

### Building capacity in health research in the developing world (pp. 764–770)

Not enough attention is paid in developing countries to building capacity

in health research. This is the conclusion reached by Mary Ann Lansang & Rodolfo Dennis in their review of a large body of literature. The authors outline four ways in which developing countries could develop human resources in health research: through graduate or post-graduate training, by learning on the job, through institutional partnerships between developed and developing countries and through efforts to create outstanding research groups at national and international level. They conclude that, in addition to providing funds for the research itself, countries must invest more in human resources to build up their health research systems capacity.

### Applying ethical standards to research everywhere (pp. 771–777)

Informed consent is widely regarded as a fundamental component of ethical conduct of research across the world. In his paper, Zulfiqar Bhutta argues that current guidelines on the ethical review and conduct of research recommend procedures for informed consent which are difficult to implement in developing countries. These guidelines, which are usually written, are not necessarily easily understood or voluntarily adopted when drawing up research protocols, he concludes. Examining several examples of informed consent guidelines in developing countries, he makes general suggestions about how to improve them.

### Knowledge ownership: patents in the pharma industry (pp. 784–787)

In his round table base paper, Carlos María Correa concludes that developing countries need to design and implement patent laws that prevent industry from restricting access to essential medicines. He argues that patents are often used to delay the development of generic products. John H. Barton, one of the four discussants, endorses Correa's proposed changes to patent law, but adds that other issues also affect the balance between drug development incentive and access. Amir Attaran then argues that there is no evidence

to suggest that society benefits less from today's growing multiplicity of patents. Harvey E. Bale & Boris Azais reject Correa's arguments, saying that his policy prescription is based on an inaccurate diagnosis of the problem and on a flawed study. Finally, Christopher Garrison agrees with Correa that developing countries should pay more attention to their patent examination and granting procedures.

### Contemporary view of 1753 Treatise of the scurvy (pp. 791–792)

Iain Milne & Iain Chalmers look at how James Lind's 1753 ground-breaking paper entitled "A treatise of the scurvy" helped to change the public health policy of his day and, in turn, improve public health. The authors describe how the Scottish naval surgeon recognized that there was widespread confusion over the diagnosis, prevention and cure of scurvy in the eighteenth century and how he sought to fill the knowledge gap with his paper. They review Lind's clinical experiments, methodology and conclusions as well as the effect of his work: within two years of ordering more generous provision of lemon juice scurvy had virtually disappeared from the ranks of the Royal Navy.

### MDG goals unlikely to be attained and tackling social determinants for health (pp. 805–807)

Two news features focus on this month's theme of translating knowledge into action. First, Clare Nullis-Kapp reviews a series of interim reports which show that — unless something dramatic happens — the world will fall far short of most of the Millennium Development Goals to reduce poverty and improve health in developing countries by 2015. Next, Pete Moore looks how governments have been quick to recognize that social factors are a key determinant of health, but few have tried to tackle the problem head-on. ■