



Office of International Affairs

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Comments to NIH- Fogarty Center's Draft Strategic Plan

APA welcomes the opportunity to comment on the Fogarty International Strategic Plan, *Pathways to Global Health Research*. We applaud the Fogarty International Center for their vision in developing a strategic plan, for their past accomplishments and for the current efforts to reduce the burden of disease and improve global health. We appreciate the Center's desire to promote health for all people and in particular, its focus on low and middle-income countries (LMICs). In the following we comment on the plan overall and on specific sections.

We find that ***the strategic plan is responsive to new challenges emerging from our changing global context*** which, as outlined in the plan, is rapidly changing as a result of technology, increased population and mobility, demographic shifts (increased diversity, aging population) and lifestyle changes. In line with your focus, we would suggest adding challenges to environmental health issues, derived from increasing industrialization in developing nations and from global warming and its implications for disease vectors.

We applaud what is included in the strategic vision, finding the five goals and strategic priorities timely and exciting. We also applaud the intent to adopt a holistic/systems approach that seeks to reduce the illness burden and also promote health, and the adoption of a combined biomedical and behavioral perspective on health and illness, including the importance of contextual factors.

The FIC plan to foster international research collaborations and hubs is a positive step in capacity building that we believe will promote increased representation of the studied groups and locales, increased attention to cultural and societal specificity, and increased cultural competence in research design and program implementation.

*However, while these aspects of scope, focus and strategy are to be applauded, we believe the document and its vision are compromised by the absence of explicit attention to **culture and context**, explicit attention to **mental and behavioral health**, and explicit mention of **behavioral and psychological perspectives, including health-related behaviors, knowledge, attitudes and practices** in an interdisciplinary approach to addressing significant factors in the global illness burden.*

In the next sections we outline the merits and importance of these features and provide specific examples.

1. The Plan Requires Explicit Attention to Cultural Competence and Contextual Appropriateness:

Given FIC's vision, plan and goals, and its aims to identify "what works" across settings, it is striking ***that plan has no specific mention of cultural competence and minimal mention of culture. Without cultural competence, we cannot hope for success.*** Experiences in international settings, rural settings and with diverse populations all underscore the importance of explicit and due attention to local cultural contexts as central to cultural competence in research, training and implementation of health programming. Efforts to convince someone living in the highlands of PNG to dig pit latrines for their waste in order to prevent diarrheal disease will never work unless their cultural fear of becoming vulnerable to sorcery is addressed. Working to promote healthy eating and exercise among low-income African American families in rural Mississippi will not work without due attention contextual factors such as intergenerational influences on diet, individual factors such as self-efficacy and socioeconomic issues such as neighborhood safety and access to affordable, healthful foods. Likewise, reducing the illness burden from depression in Uganda will depend on an approach that integrates traditional cultural forms of help (e.g., family, elders and healers) within the primary care and (less developed) mental health systems and addresses issues related to social stigma.

Attention to cultural and contextual issues is crucial for success in the Plan's important focus on "Implementation Science." We agree that we need to apply knowledge effectively to ensure maximum impact, but reiterate that this requires sensitivity to culture and context. Note for example, the Bush Administration's PEPFAR program, which has been roundly criticized for reversing declining HIV rates in Uganda due, in large part, to a lack of attention to cultural and contextual appropriateness (e.g., abstinence education, reduced education on proper hygiene for uncircumcised individuals).

We suggest that the Plan include an additional section identifying cultural competence and contextual appropriateness as key underlying themes that must pervade all areas of research, implementation and service delivery. Although implicit in some of the text, this needs to be drawn out.

A culturally competent plan is one that, like the definition of Global Health (box 7) and the plan (p. 15-16) includes a systems-based approach with ***explicit attention to ecological validity and rising importance of addressing environmental threats*** in understanding and reducing the illness burden. For example, the "team science" approach can include support of research in conservation and environmental psychology and similar fields in its efforts to understand how best to support sustainable and healthy environments for personal and social development in an interconnected world. Along these same lines, ***culturally competent strategies would give due attention and support to positive, strengths-based approaches to health promotion and well-being.*** "Wellness" approaches for example, have shown some success with African American adults in the U.S. and psychological research suggests that positive youth development approaches are effective in promoting protective factors (e.g., health-promoting behaviors, self-efficacy, reduced risk behaviors, improved decision making etc.) that may mitigate the psychological effects of stressors and/or ameliorate the negative impact of physical and mental illness.

2. The Plan Requires Explicit Attention to Mental Health & Illness.

In reducing the global burden of disease (whether communicable or not) **it is important to explicitly address mental health and psychological and behavioral health concerns.** Depression, for example is the second leading contributor to the global burden of disease and its negative impact in low income countries has been increasingly recognized in recent years; youth violence and issues specific to women and children also have profound effects on public health outcomes. While rates of suicide and self harm have stabilized in many parts of the developed world, they have soared in the developing world, particularly among rural segments of the population, placing a severe burden on medical treatment resources.

We are very surprised to see no explicit mention of mental health and mental illness in the plan. Mental illnesses, we believe, should be included in the discussion of chronic, noncommunicable diseases under Goal 1, as some mental illness result in at least some level of chronic disability, as well as a long-term need for medical monitoring.

3. The Plan Requires Explicit Mention of the Necessary Contributions of Psychological and Behavioral Perspectives to a systems approach.

Although the merging of behavioral and biomedical agendas is noted on pg. 5, behavioral, psychological, social science, and mental health-related aspects are infrequently referenced. The methods and tools from behavioral and social sciences (see for example medical anthropology) provide important tools for this agenda. Health research from behavioral and social sciences is crucial to effectively reduce the burden of illness for infectious disease as well as for non-communicable diseases such as heart disease and diabetes because such a reduction requires (inter alia) changes in lifestyle and attitude. Reducing the burden of illness and promoting long, healthy and independent lives in an aging global population requires the full participation of behavioral researchers to develop strategies for maintaining cognitive, mental and physical health.

Behavioral approaches are particularly relevant to the attainment of Goal 2 and need to be explicitly mentioned. Implementation research has at its core behavioral issues such as ensuring adherence, increasing compliance, reducing stigma, enhancing respectful and appropriate communication and negotiation between caregiver and patients – all of which improve access to and use of health care.

We offer below just one example of how the plan's evocation of interdisciplinary studies to optimize research, intervention science and application can be immeasurably enriched by inclusion of important behavioral constructs.

Risk as an important health factor. In the plan, although there is mention of risk factors and risky behavior, there is no mention of risk as a health-related construct. Yet in order for researchers and policy makers to assess, manage, and understand factors leading to and affecting both infectious and noncommunicable disease, they must have accurate knowledge of the ways in which risk is perceived, understood, and communicated by health care providers and the general population. We know from three decades of behavioral research that the ways risk is perceived and the ways that such perceptions shape policy decisions, interventions and individual behaviors are complex and have

strong psychological and behavioral components. We are happy to provide citations and literature on these areas.

4. Other comments

We applaud the goal of ***developing partnerships***, and hope that the FIC will look broadly for innovative ideas and collaborations that focus on “real world” service delivery. The U.S. Peace Corps, for example, is involved in health implementation programs in many targeted countries. The volunteers could be tapped as resources to help with field based research and evaluation of various health initiatives. Moreover, they would make an excellent focus for the research training aspects of the program and for cultivating careers in global health research (e.g., Tulane University’s program in tropical medicine, which gives course credit for Peace Corps service).

We also applaud the attention to stopping brain drain by providing some start up funds to early-career professionals returning to their native countries after training in the US. We hope that the plans articulated are examples of the kinds of programs that might be developed and that the plan will take full advantage to provide leadership in the use of information technologies to promote access to research and scholarly literature, distance learning, and continuing education to health science professionals in under-resourced settings around the world.

We applaud a focus on capacity building of upcoming generations of researchers, but **suggest a change in the wording on page 5** from “young” U.S. health science professionals ...to “early career” or “emerging” professionals so as not to promote age bias, “early careers” may not be “young.”