A Nation of Health Researchers

by Jerome Adiakou Badou,
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Eusebe Alihonou has been a professor of obstetrics, gynaecology and family health since 1976. Now 56 years old, the Director of the Regional Health and Development Centre (CREDESA), is a member of some fifteen professional associations and the author of dozens of specialized works. He became Dean of Benin University's Health Sciences Faculty in 1987. We talked to him about Essential National Health Research (ENHR) in Benin.

REPORTS: Professor Alihonou, what are ENHR's objectives in Benin?

Professor Alihonou: A group of international organizations, including IDRC, UNDP, WHO, SAREC and GTZ, set up a special team for health research and development to explore the most effective mechanisms for promoting research in developing countries. The team was to investigate the status of research in developing countries and how they can benefit most from the opportunities available. ENHR's aim is to use research to improve the quality of life of people in developing countries, through inter-sectoral cooperation and a multidisciplinary approach that brings together decision-makers, researchers and the community. Its ultimate goal is to promote health and development, based on equity and social justice.

REPORTS: What are Benin's highest-priority problems?

Professor Alihonou: We have identified thirty high-priority problems. Interestingly enough, these problems -- which the people of Benin identified themselves -- are not all strictly health-related. In most people's minds, health issues are inextricably linked with economic problems, inadequate infrastructure, and so on. People told us, for example, that roads serving rural areas are a priority. When we asked why, we were told: "We can't get sick people out without roads." We were also told that water is a priority. We have come to realize that people are thinking very hard about their problems, even though they may not know how to read or write.

REPORTS: How did you identify all the problems?

Professor Alihonou: ENHR is an integrated strategy of organization and research management. It takes into account the shortcomings of traditional research systems and brings together researchers, decision-makers and the community. Generally speaking, researchers do not always focus on those health problems that decision-makers and communities consider a priority. The ENHR approach is to involve everyone at every stage of research and in Benin, that approach was used to maximum effect in identifying high-priority health problems. We set up six teams, one for each department. Each team studied its department in depth. Village and city neighbourhood meetings were arranged, giving community members a forum to express their views. The teams identified all the issues that communities considered a priority. On August 23, 1991, a series of departmental seminars was held, followed by a national seminar on October 9-11 of
the same year. The purpose of the seminars was to examine the status of research in Benin, determine priority areas for health research on the basis of problems identified by communities in the departments, and suggest research strategies designed to solve the problems. At the national seminar, the 252 problems identified during departmental seminars were condensed into 30 priority issues.

**REPORTS:** Did the national seminar also define strategies?

**Professor Alihonou:** Absolutely. It defined strategies relating to the principles and organization of ENHR in Benin.

**REPORTS:** What are those principles?

**Professor Alihonou:** We have defined five key principles. (1) Research, whether operational or applied, must be geared to solving development problems or meeting the needs of the population. (2) The community must be involved at every stage of research. (3) Research must be conducted by multidisciplinary teams, with results disseminated to communities, decision-makers and researchers. (4) Research structures must be decentralized, comprising a national network, department networks and local networks, all integrated into a coherent system. (5) As far as possible, research costs should be kept to a minimum by mobilizing local as well as external resources, and, where possible, by generating new resources on which the networks can capitalize. Resources should be committed for at least ten years; that period would of course encompass a number of implementation phases.

**REPORTS:** Those are the principles. What about organization? Let's look at the national organization: what are its constituent institutions, and what is the role of each one?

**Professor Alihonou:** The national organization is composed of seven permanent and six non-permanent members. The seven permanent members are: the Benin Scientific and Technical Research Centre (CBRST); National Health Protection Directorate (DNPS); Regional Health and Development Centre (CREDESA); Benin National University Science Council (CS/UNB); Agronomic Research Directorate (DRA); Benin National Association of Traditional Medicine Practitioners (ANAPRAMETRAB); and Benin National Peasants' Organization (ONPB). The six non-permanent members each represent a departmental network.

**REPORTS:** Can you tell us about each institution's role within the national organization?

**Professor Alihonou:** The CBRST presides over and guides the national organization. It was assigned that role because it is involved across the whole spectrum of research in Benin, so health is no longer treated in isolation. The National Health Protection Directorate was formerly known as the Public Health Directorate. It represents decision-makers within the ENHR national structure; its Director is the ENHR Vice-President for Benin. The Regional Health and Development Centre acts as a secretariat. In fact, ENHR first gained a foothold in Benin through CREDESA, thanks to the IDRC. The national organization has made CREDESA responsible for fund-raising. Benin National University's Science Council is responsible for promoting senior teachers. It also comprises a research organization.

The Agronomic Research Directorate is an important component of the national organization. Agriculture plays a very significant role in the eradication of a scourge like malnutrition.

As for the traditional medicine practitioners, their inclusion represents a philosophy of building the new on the old, as the Beninois like to say. The new rope is spliced onto the old. We have to work together with traditional healers, who are great repositories of local knowledge. They are also members of their communities, just like the local peasants. By the way, we have made a point of dealing with genuine peasants, not with retirees or intellectuals who occasionally dabble in farming. Some might wonder what peasants could possibly know about research; let me assure you, they know quite a lot. Intellectuals are not just people who have an education, who have been to Western schools. There are undoubtedly intellectuals among the peasants who know how to look for ways to solve their problems. If for no other reason,
community members -- peasants -- must be involved in research.

And there is something else we must bear in mind: African universities are generally located in the major cities. This means that researchers have to travel to villages or local communities. If the community is already involved in the research, if it is already a part of the national research network, the researcher's job will be that much easier. Community members will trust the researcher and speak freely. This is crucial if research is to be successful.

REPORTS: I believe that the decentralized ENHR structure in Benin also includes departmental and even local organizations.

Professor Alihonou: Indeed it does. The role of the departmental organizations is to coordinate, plan, direct, follow up and disseminate research results. They are composed of the Prefect or his representative, the Department Health Director, a researcher from another development sector and two influential members of the community.

The local organization's role includes facilitating, providing liaison between researchers and community members, and disseminating research results. It is composed of the Sub-Prefect, the Chief Medical Officer of the sub-prefecture or urban district, a researcher from another development sector and two community representatives.

REPORTS: Are these structures already operational?

Professor Alihonou: All the structures are already in place throughout Benin. We have already formulated a research program, and are now seeking the funding to implement it.

REPORTS: What impact will ENHR have on the people of Benin?

Professor Alihonou: The purpose of our research is to find solutions to specific problems. Under ENHR, research will focus on areas identified as high-priority by community members themselves. If researchers and communities can come up with solutions to the problems identified, and if decision-makers implement those solutions, people's living conditions will improve considerably. Successful ENHR activities will have a powerful impact. But I must admit that the problems we are talking about are formidable. They will not be easy to solve.

REPORTS: A final comment, Professor?

Professor Alihonou: The people of Benin have responded most enthusiastically to the initiative of involving them in identifying the country's major health problems. But they have also warned us: "Don't be like the others: don't whet our appetites and then do nothing." They are calling upon us to act responsibly. We must not disappoint them.

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THE REGIONAL HEALTH AND DEVELOPMENT CENTRE

The Regional Health and Development Centre (CREDESA -- Centre régionale pour le développement et la santé), established in 1983, has three objectives: research, training and the delivery of rationalized health
Since its inception, CREDESA has developed a community-based information system for use by local residents. The community is involved in identifying problems, implementing solutions and evaluating results. This approach has made it possible for CREDESA to disseminate health information effectively. CREDESA representatives spend time in the villages, explaining research results to the local population. The Centre organizes seminars to disseminate research results, and uses songs to teach sound health principles. Benin television has devoted entire broadcasts to CREDESA activities. One such activity that has attracted public attention in recent years is undoubtedly home nutritional rehabilitation (HNR).

"Home nutritional rehabilitation is another type of information," explains Professor Eusebe Alihonou, CREDESA's Director. Its purpose is to prevent and treat malnutrition, by reestablishing the nutritional integrity of children suffering from malnutrition. Children are fed a balanced diet, based on local foods and formulated by the mothers themselves (with support from health care professionals) in the community. Health care professionals teach HNR, using the "learning by doing" method. The first step is screening for malnutrition, using body weight as a criterion. Through clinical examination, the type of malnutrition present can be determined and any complications identified. Once cases are identified, health care professionals meet with parents to schedule food preparation demonstrations.

Health care professionals and parents formulate menus together; the menus reflect parents' purchasing power and the family food supply. Local products are used exclusively. Suggested recipes are initially prepared by the demonstrators, with the mothers' active participation. After one or two learning sessions, the demonstrators remain as onlookers while the mothers prepare the menus by themselves. Later, midwives and social workers can ensure during regular visits that menus are being prepared correctly. Food preparation demonstrations in the home are preceded and accompanied by information sessions on nutrition, covering such topics as food groups, cooking habits, food hygiene and weaning. Demonstrations end with an evaluation: mothers are invited to recall the steps covered during the session.

REGAINING WEIGHT

Children with kwashiorkor (excess carbohydrate intake accompanied by protein deficiency) generally recover in three to four weeks, with a weight gain of some 750g. Those with marasmus (protein and calorie deficiency) recover after six weeks, with an average weight gain of some 500g.

Home nutritional rehabilitation offers a number of advantages. Intervention is accessible and available to families where they live and work, unlike traditional nutritional rehabilitation, which takes place in an institution (hospital, health centre or nutritional rehabilitation centre). Moreover, HNR costs much less than similar services at health centres. Traditional nutritional rehabilitation usually costs US$100-US$1,000, while an HNR menu costs between 30› and 60›.

HNR, furthermore, fosters community participation. A dialogue is established between health care professionals and community members.

CREDESA found that out of 83 cases of severe malnutrition due to protein-calorie deficiency, 6 children died. This represents a mortality rate of 7%. With the traditional nutritional rehabilitation approach, mortality rates are 8.52%.

However, CREDESA has noted that the recovery of children suffering from malnutrition is hampered by the following factors: traditional practices, insufficient time between pregnancies, overly young mothers, mothers' economic activities, inadequate family food supply, parental conflict, and mother-child interaction.

Nonetheless, with the help of food preparation demonstrations and by learning about nutrition, mothers can improve both their knowledge and their practices. The enhanced knowledge sometimes leads to productive activities like gardening. Such activities have given rise to community groups, the most effective being
those whose members have succeeded in caring for and saving children suffering from extreme malnutrition.

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