

Role of Individual Academics and International Universities in Health Research in Nepal

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Editorial

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Health care research is unequally distributed between developed and developing nations, which is matched by unequal distribution of health information¹. Access to research information is an essential element in strengthening both health sciences and medical practice, and empowering experts in low-income countries like Nepal to find suitable solutions to local health problems and to stimulate evidence-based practice. Evidence-based practice (EBP) is important to help deliver the best quality of care and at the lowest cost. It is very important to have access to most up to date literature in order to be able to practice EBP. However, lack of research literature is the most serious

obstacle for health professionals and researchers in low-income countries. Despite the enormous disease burden in Nepal, research is often viewed as expenditure rather than an investment. Moreover, case studies from Nepal, Bangladesh, and Pakistan report that the bulk of government funding for research goes towards training, salaries and infrastructure, resulting in research projects being largely funded (and influenced) by external donors². Until recently, most health researchers in Nepal worked individually rather than based within institutions.

Nepal has made progress in health sciences and medical education over the past decade. Over 20 medical colleges have already been established and quite a few are being developed. There are more than 100 nursing colleges (both in the private and in the public sector) and many more other colleges run health-related courses (e.g., Public Health, Nursing, Pharmacy and Radiography) in Nepal.

Because of expensive subscription fees and complicated licensed agreements, many medical schools and higher education institutions in Nepal are unable to subscribe to many of the international health and medical journals. Therefore, many Nepali researchers, university teachers

and research students in the past had little or no access to the global published research literature³. Moreover, health research in Nepal is characterised by weak institutional infrastructures, poor funding, the consequent isolation and insularity of a research community where ideas can be exchanged, leading to a poor contribution to the world's knowledge pool. The capacity to absorb scientific, medical and technical knowledge is often weak in Nepal, leading to low levels of scientific output and further under-development.

More recently, due to internationalization and globalization a number of universities from high-income countries are currently working in Nepal. Academics from those institutions are doing research in Nepal, publishing a wide range of scientific articles on health topics related to the country and are providing training to Nepalese academics. These partnerships between Nepalese and overseas universities are often ad-hoc and there is no national strategy for international inter-university collaboration.

We are two of these academics based at UK universities conducting research in Nepal. Over the past eight years we have published nearly 60 scientific papers between the two of us based on research in Nepal, and a substantial proportion has been published in English in Nepal-based journals. In the maternal health field we have been conducting a series of studies on aspects of maternity care in rural Nepal, including antenatal care⁴⁻⁵, postnatal care⁶, and costs around birth⁷, to list but a few. In the field of sexual health we have published several papers on the changing attitudes towards sex and sexuality among young people⁸⁻¹⁰ and the use of sexual health services and condoms of female sex workers in Kathmandu Valley¹¹⁻¹².

Many of these papers have been based on student research projects, most, but not all of them, by Nepali MSc or PhD students. The papers on antiretroviral treatment in people living with HIV in Nepal¹³⁻¹⁴ are an excellent example of good PhD research conducted by Nepali students in the UK as it the work on indoor air pollution¹⁵⁻¹⁶. Training Nepali MSc and PhD students is helping to build research capacity, but, of course, only if these students came back after their studies.

A few years ago we conducted a bibliographic review of health and medical publications in English of research conducted in Nepal, and the majority of this research was quantitative¹⁷, which is good for a journal like *Nepal Journal of Epidemiology*, but like in many low-income countries there is a need for further research capacity building¹⁸⁻³⁵. Words like 'capacity building in Nepal' always makes one think of structural changes (the bigger picture), which

makes sense on one level as expanding the research capacity in a country require that many people are trained to make a substantial difference at national level. However, the downside of such macro approach is it that it is easy to ignore that individuals can also make some difference.

We believe that there is a need in Nepal for a greater research emphasis on mixed-methods approaches, qualitative research, critical appraisal & systematic reviewing and health economics. Specifically to the discipline of epidemiology, Nepal should consider establishing more and better epidemiological studies, the kind of population-based studies that can identify risk factors, track changes over time at a population level over the decades to come. We know how important such long-term research is but we are also painfully aware how expensive this kind on long-term research can be.

Conflict of Interests

The authors have no conflict of interest arising from the study.

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