

Building Capacity and Transferring Knowledge: The Teasdale-Corti Global Health Research Partnership Program



Drs Lucille Teasdale and Piero Corti

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By Laura Eggertson

Whenever television crews showed up at St. Mary's Hospital Lacor in northern Uganda, Dr Piero Corti would issue his standard instructions: "No white faces," he'd tell the camera operators. "Get the whites out of the shot — they're only here for a short time. The Ugandans are the ones doing all the work."

The attraction for the television crews was the success of Lacor. What began as a 30-bed hospital built by an Italian missionary order grew, over the next 40 years, into a 483-bed institution providing top-quality medical care. Through decades of turmoil spawned by dictatorship and civil war, Corti and his Canadian surgeon wife, Lucille Teasdale, faced down chaos and treated hundreds of thousands of Ugandans.

Building Ugandan capacity

Throughout their careers, their philosophy was the same one that guided Corti to direct the camera crews to focus on the African faces: empowerment, not charity. They were determined to build capacity and to train Ugandan professionals to care for their own people.

"The idea was to get the best possible care to the most people at the least cost," explains Dr Dominique Corti, the couple's daughter.

Today, more than 500-member staff of Lacor are Ugandans. In 2005, the hospital admitted close to 35 000 patients and treated another 250 000 outpatients.

An international partnership

That philosophy of capacity building has now inspired the Teasdale-Corti Global Health Research Partnership Program. The program, developed by the founding partners of the Global Health Research Initiative (GHRI) — Canada's International





Development Research Centre (IDRC), Health Canada, the Canadian International Development Agency (CIDA), and the Canadian Institutes of Health Research (CIHR) — honours the couple's legacy.

The program will foster international partnerships and collaboration in health research, and will ensure knowledge generated is used to address pressing health issues and needs in low- and middle-income countries. It will train and support researchers, as well as foster collaborative initiatives among researchers, research users, civil society organizations, and governments.

In its first phase, the program offers research grants of up to CA\$1.6 million each over four years to teams whose projects will improve the health of people in developing countries. Each team pairs at least one Canadian institution with one from a lower- to middle-income country.

Strength in numbers

The initial call for Letters of Intent in late 2005 generated an "overwhelming" 259 responses, says Ibrahim Daibes, senior project officer for the Governance, Equity and Health (GEH) program at IDRC. Of those, 229 met the screening criteria, and 31 teams ultimately submitted complete proposals. The program will announce the 12 teams to be supported in February 2007.

"It has turned out to be a very robust and successful program," says Daibes. In the Teasdale-Corti spirit, the grants will go to proposals that include a strong capacity-building component, and that encourage knowledge and trained personnel to remain in the countries where the teams will work. As Dominique Corti explained at an IDRC meeting in December 2006, her parents were determined to make Lacor a centre of teaching activity after they arrived and were married there in 1961, "because the aim was really to Africanize," she says.

Teaching and training

In 1973, the hospital founded a nursing school. Doctors began interning at the hospital in the 1980s. More than 200 students reside in the hospital, learning to be nurses, primary health educators, technicians, and AIDS counsellors. Three years ago, the Ugandan government approved a university medical faculty in a nearby city, so the hospital now trains 60 medical interns a year.

That teaching spirit will also pervade the second component of the Teasdale-Corti Global Health Research Partnership Program. It will offer competitive training, career awards, and opportunities to young and mid-career researchers involved in collaborative activities. The program may include mentoring fellowships, and will emphasize links between Canadian and Southern research organizations, says Christina Zarowsky, GEH program manager.

One of the major benefits of the program has been the successful partnership forged between IDRC, CIHR, CIDA, and Health Canada, say Zarowsky and Richard Isnor, IDRC's director of Innovation, Policy and Science. "The Teasdale-Corti initiative has vastly exceeded people's views of what could be accomplished initially," Isnor said.

Focus on HIV/AIDS

Following the success of and demand generated by the Teasdale-Corti program's call for proposals, GHRI announced a new initiative in 2006 to combat HIV/AIDS in Africa. This

initiative, funded by CIDA and administered by IDRC, targets the capacity of African institutions to conduct HIV/AIDS prevention trials and supports the development of both new and existing partnerships between African and Canadian research teams. Grants of up to CA\$1 million each will go to two or three African/Canadian teams. Awardees will be announced in February 2007.

The HIV/AIDS work is particularly close to Dominique Corti's heart. Her mother, who was one of Canada's first female surgeons, died after contracting AIDS while operating on patients at Lacor. Teasdale is buried, alongside her husband and Dr Matthew Lukwiya, who died fighting an Ebola outbreak in 2000, on the grounds of the Lacor compound.

Dominique Corti, who grew up in her mother's operating room, became an MD in the hope of serving the people of Lacor the same way her parents had. But she decided the best use of her time and talents was to ensure the ongoing legacy of the Lacor Hospital and her parents, securing support and funding for its outreach. She is now president of The Piero & Lucille Corti Foundation, which concentrates on raising the hospital's operating funds.

"The best way to help a child is to keep a hospital like this (going)," Corti says.

And the best way to help other children — in Africa and other developing countries — is to train the health care workers and build the research capacity to allow those countries to provide their own first-class health care.

Just as Piero Corti and Lucille Teasdale would have wished.

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