

EDITORIAL

## A Strategy to Enhance the Global Research Effort in Maternal and Child Health: The Mother-Child International Research Network

In many industrialized countries, the health research effort has been greatly energized by the success of research institutes or centres of excellence. Unfortunately, such institutions are few and far between in the developing world where the burden of disease is high, where aspiring scientists often work in isolation, and where research productivity is disproportionately weak (1). The Mother-Child Health International Research Network attempts to deploy modern communications technology to provide scientists everywhere but particularly those working in low-income countries with access to scientific discussion, critical debate, and opportunities for collaboration. This effort to create a virtual research institute focuses on maternal and child health because of the particularly high-persisting levels of mortality and morbidity among mothers and young children in most low-income countries.

Experience has shown the benefits of bringing talented scientists together in centres where their creativity and productivity feed off the constant scientific discourse in which they are immersed. Nowadays, health scientists working alone rarely succeed, no matter how rich their talent and resources are. In the developing world, those researchers have tended to quit research out of frustration or to move to research centres in the industrialized world—a migration which parallels the recently-documented flow of physicians from poor to rich countries (2). Sizeable research centres in the developing world are exceptionally rare. Successful examples include ICDDR,B: Centre for Health and Population Research in Bangladesh—an international centre (1), and a national centre in Tanzania, the Ifakara Health Research and

Development Centre (3). Neither the resources nor the will to build additional actual institutions of relevant research excellence are apparent in many low-income countries where these are needed. In consultation with scientists working in these regions, we proposed that modern communications technology might provide many of the benefits of institutes like those in Bangladesh and Tanzania, but at a small fraction of their costs.

It was under the aegis of the InterAcademy Panel of the world's scientific academies that discussions were initiated in 1998 from which the concept of this network evolved. Because of its focus on health sciences, that relationship has shifted to the InterAcademy Medical Panel of these academies. An account of the early development of the Network was published recently by de Thé and Zetterström (4). A critical step in this development has been the implementation of an easily-accessed website—[www.mother-child.org](http://www.mother-child.org). Funded originally by a grant from the NRG Foundation of the Institut de France, Académie des Sciences, it is now supported by the Canadian Institutes for Health Research Global Health Research Initiative. Steven Mansour, the current webmaster, has just completed an extensive revision of the site. It is functioning in English, French, and Spanish, access is free, annual maintenance costs are very low, and the site is secure.

The website continues to evolve in consultation with its users. It provides updated scientific news items and a mechanism to support distance-learning projects, such as a proposed course in scientific writing, involving the African Academy of Sciences. Its two key functions are a weblog facility which encourages involved scientists to post and respond to 'blogs' whether they are next door or on the other side of the world, and an organized directory of mother-child health scientists committed to international activities. Registration in this directory necessitates that a researcher provide a brief account of his or her research interests and activities; the directory will be categorized according to those interests and acti-

Correspondence and reprint requests should be addressed to:  
Richard Hamilton  
Emeritus Professor  
Montreal Children's Hospital  
McGill University  
2300 Tupper Street  
Montreal, Quebec  
Canada H3H 1P3  
Email: [Richard.Hamilton@muhc.mcgill.ca](mailto:Richard.Hamilton@muhc.mcgill.ca)

vities. As the list grows, the level of scientist-to-scientist interaction should expand with the expectation that such discourse will spawn new collaborative research, mentoring, and research training in many parts of the world, and a growing presence of influential scientists in these regions. We expect an early emphasis on nutritional and contagious disorders since these are two key determinants of morbidity and mortality among children and mothers in low-income countries.

For the Network to fulfill its potential, it is essential now that a critical mass of committed scientists register on [www.mother-child.org](http://www.mother-child.org). The numbers are growing with about 400 daily visits and more than 100 researchers registered on the site, but a critical mass of at least 500 active scientists from both rich and poor countries is needed. Altruism alone will not drive this process. Busy scientists are unlikely to register unless they perceive some benefits to themselves in doing so. Of such benefits there can be no doubt. Among these are free secure access to a research-oriented weblog facility for easy discussion of scientific ideas or findings, exposure to a wide international audience, recognition of new opportunities for linkages, and access to novel concepts and new data just as one might experience in a research seminar.

Progress is being made in improving the deplorable mother and child health statistics in the poor regions of the world but much more must be done. Real advances are unlikely to be sustained without a significant, relevant local scientific base in the countries where these statistics prevail. The Mother-Child Health International

Research Network is one possible constructive intervention to support such a base. What remains is for the scientific community to become involved with a commitment to make the project work. The first step in that commitment is to register on [www.mother-child.org](http://www.mother-child.org).

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**Richard Hamilton<sup>1</sup>, Claude Roy<sup>2</sup>, and Guy de Thé<sup>3</sup>**

<sup>1</sup>*Montreal Children's Hospital  
McGill University  
2300 Tupper Street  
Montreal, Quebec  
Canada H3Z 1Z5*

<sup>2</sup>*Université de Montréal, Montreal*

<sup>3</sup>*Institut Pasteur, Paris, InterAcademy Medical Panel*