**Research on a Shoe String -An International Collaboration**

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High quality medical research is the foundation for good preventative medicine and health care. Conducting such research has a number of basic requirements: first, original ideas/concepts/hypotheses- second, the people capable of generating and implementing such ideas and converting them into testable projects-third, the wherewithal to do so, ie the available resources and finances to go from planning through to implementation, data collection and analysis, interpretation, manuscript writing and rewriting leading to the essential outcome of peer reviewed publication in reputable journals or official public scientific reports.

Almost all of today’s high quality medical research requires collaboration, whether it be at local, national or international level. Obtaining funding for medical research is a difficult enough problem in high income countries, where the competition is strong and medical research budgets often competing with health care and other treasury demands. For example success for USA NIH grants is predicted to be below 10% of applications. The problem is even greater for medical researchers in lower and middle income countries where budgets are far leaner, immediate health care is considered by governments as a much higher priority, and opportunities for local high quality medical scientific collaborations fewer. Philanthropic foundations such as the Gates Foundation and the Welcome Trust help to fill some of the need but the former in particular has focussed primarily on communicable disease, leaving the growing world burden of chronic disease relatively unsupported for research funding.

The reality is that most medical research in low and middle income countries will need to be conducted ‘on a shoe string’ ie on a relatively very small budget. How to do so is the issue that will be addressed in a collaborative effort by the World Hypertension League (WHL), the Asian Pacific Society for Hypertension(APSH) and the International Hypertension Society (ISH) These ground breaking interactive Breakfast Workshops have been developed in conjunction with Trefor Morgan, Secretary General of APSH, and with ISH and will take place at the September 2012 Scientific meeting of ISH in Sydney. The object of these interactive workshops is to help younger researcher in particular to develop research proposals that can be conducted on low budgets. The format of the workshops is in draft outline below and will shortly be formally announced on the ISH 2012 Scientific Meeting Website. I would encourage all ‘emerging’ medical researchers, particularly those from lower and middle income countries, to look for the formal announcement shortly and to consider submitting proposals to attend.

***RESEARCH ON A SHOE STRING (Draft only) WHL/APSH/ISH Breakfast Workshops***

***ISH Scientific Meeting Sydney 201***

***An interactive workshop discussing what research can be done in developing countries with little financial support and equipment.***

We invite you to register for this interactive workshop to be held during the ISH/APSH meeting in Sydney, The workshop will be held over two days (October 1 and 2) during the Breakfast sessions time from 7 AM to 8.30 AM. The aim of the workshop is to encourage younger Investigators to undertake research. You are required to register for the WORKSHOP.

People who register for the workshop will be asked to submit a research proposal which can be clinical, epidemiological or laboratory based. This will be up to 500 words. Supervisor of Young Investigators will be invited also to register for the workshop. From the submitted proposals 8 will be selected for presentation and discussion.

**A prize of Aus $1000 will be awarded to the candidate submitting the best proposal.**

**Workshop Format**

. Day 1: 15 minute lecture with 7 minutes discussion on Design of clinical studies

15 minute lecture with 7 minutes discussion on Epidemiological studies

Breakout Sessions (8 groups of 8) 5 minute presentation of the proposal followed by discussion among participants guided by facilitators . Overnight and that day the proposer will discuss his proposal with his supervisor if present and the next day will present how he/she will modify the proposal.

Day 2: Breakout session. Each of the proposers will present how he would now do the project over 10 minutes and have comments made by the other people and facilitators (30 minute allowed for this activity)

Common session: Report by facilitators related to the proposal. One report related to clinical studies the other to epidemiological studies. These reports may also be expanded to include suggestions related to the type of projects that could be undertaken and possible sources of funding.