

WORLD HEALTH  
ORGANIZATION



ORGANISATION MONDIALE  
DE LA SANTÉ

EM ADVISORY COMMITTEE ON MEDICAL  
RESEARCH  
Seventh Meeting

EM/7TH.MTG.ACMR/10

Nicosia, 30 August - 2 September 1982

25 June 1982

Agenda item 9.

SUGGESTIONS FOR FURTHER FACILITATING THE  
WORK OF THE MEETINGS OF THE  
EM/ACMR

The 2nd Meeting of the EM/ACMR in 1977 had discussed and made recommendations regarding the methods of work for the EM/ACMR, which are given in Annex 1

In view of the experience of the meetings held since then, it was felt that the Committee may wish to advise the Regional Director as to how its work can be further facilitated. Some of the issues which the Committee may like to discuss under this Agenda item, are given below.

1 Frequency and timing of meetings

So far the Committee has been meeting annually. All sessions were held in countries of the Region, three in the Regional Office and one each in Cyprus, Pakistan and Tunisia. Since the Fourth Meeting in 1979, the meetings have taken place in early September, whereas the first three meetings were held in late March/beginning April. As in late August/early September some of the Committee members may still be on holidays, it is suggested to revert to holding meetings again in spring.

There does not appear to be a need to shorten the frequency of the meetings and it is proposed that they continue to be held annually. In case it is decided to shift the timing of the meeting to spring, the Committee may wish to recommend if its next session should be held in spring 1983 or 1984.

2. Agenda

The Provisional Agenda is prepared by the RPD unit, reviewed by the Programme Directors and then recommended to the Regional Director for his approval. The views of the Chairman of the EM/ACMR are also solicited. The draft Agenda is then adopted by this Committee at its meeting.

It could be recalled that, in view of their importance, certain items have been placed on the Agenda regularly during the last 3 - 4 meetings, e.g. Health Services Research and Research in Diarrhoeal Diseases. In addition,

research needs and priorities of certain programme areas have been presented to the Committee. These have included programmes on Mental Health, Nutrition, Malaria, Maternal and Child Health and Cancer. Research priorities in other programme areas, e.g. Environmental Health, will be presented to the Committee at its forthcoming sessions.

The Committee's opinion is sought on the frequency with which the research activities in these programme areas and/or others which it considers important, should be brought before it.

The Committee has also reviewed on several occasions, the activities being supported in the Region of the WHO Special Programmes for Research and Training in Tropical Diseases (TDR) and Human Reproduction (HRP). The HRP programme was reviewed in detail at the 5th Meeting in 1980, the TDR programme in 1979 and subsequently in 1981. It may be desirable to have one of these programmes reviewed every other year, on a regular basis.

The Committee has also received and commented upon the reports of the various Scientific Working Groups that have been convened by the Regional Office. These included: Scientific Working Groups on Liver Diseases, Field Research in Malaria; Maternal Health; Breast-feeding; Mental Health Research and Diarrhoeal Diseases.

The Committee may indicate certain other items which it may like to discuss in the coming years.

### 3. Documentation

The documentation presented to the Committee includes basic working papers and background documents. The working papers are prepared by the Secretariat, and efforts have been made to keep them brief and concise

In case the Committee would like to receive additional documents or would like the format and contents of the working papers modified, it may kindly advise the Secretariat accordingly.

Various WHO reports originating in the Regional Office or in Geneva, are distributed to the Committee members as and when they are produced and if thought to be of interest to the members.

#### 4. Role of the Committee members

Depending upon their existing commitments, the members may or may not be in a position to be involved to an extent greater than hitherto, in the work of the EM/ACMR.

Members could contribute by assisting or even taking the responsibility for preparing materials for the EM/ACMR, such as reviews of research priorities in certain programmes and of ongoing research activities, in their areas of competence. In this connection, they may need to spend some time in the Regional Office, and if required, in visiting some countries in the Region.

So far, the EM/ACMR has not established any sub-committees. Its members have participated in a variety of Regional Scientific Working Group meetings. The Committee may wish to discuss the need for establishing of sub-committee(s) which may help in its work, specially in further promoting and developing given priority areas of research.

Each of the Committee members, in addition to special skills and expertise in a particular area, also possess by virtue of their standing and position in their respective countries, a broad appreciation of health system problems and specially of health research. However, the Committee may wish to indicate the need for additional representation from a particular area/discipline, which is at the moment lacking, and which in its view is rather important. Some relevant disciplines, which are at the moment not represented in the Committee, are: Environmental Health, Health Economics, Social Sciences.

Excerpt from the Report of  
the 2nd Meeting of the EM/ACMR,  
Alexandria, March 1977  
EM/RSR/3  
pages 8-10

ANNEX I

III METHOD OF WORK

1. Frequency of meetings

RACMR would meet annually to begin with and, as its work proceeds, the frequency of the meetings could be adjusted suitably. Whatever the frequency, however, adequate preparations should be made for each meeting so that as much as possible could be achieved.

2. Agenda and planning of meetings

Topics for inclusion in the Agenda of the next meeting will be prepared by the Regional Director, taking into account advice from the Committee itself, or any individual member or members.

Final preparation of the Agenda and planning of each meeting would be in consultation with the Chairman of the Committee.

3. Presentation of programmes

Research programmes should be presented to the RACMR in a form that would facilitate discussion. This could be achieved by reviewing the problems, specifying the proposed research priorities, preparing programme summaries, giving them to one or more Committee members for study before presentation to the meeting for discussion, and/or arranging visits by such members for consultations with others involved wherever this appeared feasible and desirable

4. Outside expertise and consultantship

The RACMR will have scientists of various disciplines as members, but cannot be expected to be always able to review all spheres of biomedical research. Hence, whenever necessary, expert advice may be drawn for review of a particular area of biomedical research, of regional priority, along the following lines.

4.1 Scientific groups where the required review involves collaborative multi-dimensional in-depth study by a number of recognized experts in different fields or in different aspects of the same field.

4.2 Consultants or temporary advisers where a particular aspect of a problem may have to be reviewed in-depth, with the outside help of a scientist recognized for his or her contribution to that particular subject.

4.3 Task forces where there is a need for formulation, implementing and evaluating research projects with specific missions, which WHO would like to sponsor and to establish a time-target for projects identified as a result of in-depth review and study, either by RACMR itself or by scientific groups/consultants/temporary advisers.

In all these cases, the nature, extent and complexity of work, the quality of the members, the terms of reference and the time-target should be clearly specified as far as practicable