WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

EM ADVISORY COMMITTEE ON MEDICAL RESEARCH
Seventh Meeting

Nicosia, 30 August - 2 September 1982

EM/7TH.MTG.ACMR/R

2 September 1982

PROVISIONAL REPORT

Opening of the Meeting

The 7th Meeting of the EM Advisory Committee on Medical Research (EM/ACMR) was held in Nicosia, Cyprus, 30 August - 2 September 1982. It was attended by members of the Committee, resource experts, WHO staff members from the Geneva Office, SEARO and EMRO. The List of Participants is given in Annex I.

The meeting was opened by H.E. Dr C C. Pelecanos, Minister of Health, Government of Cyprus. In the memory of late Dr A.H. Taba, a minute's silence was observed. Dr Pelecanos in his address referred to the commendable work being made by the EM/ACMR within the context of the Organization's collaborative programme with its Member States, for achieving the global objective Health For All by the Year 2000

Dr Farouk Partow, Officer-in-Charge, WHO, EMRO, in his address thanked the Government of Cyprus for hosting this meeting and H.E. the Minister of Health, Dr Takis Pelecanos, for inaugurating this session of the EM/ACMR. He welcomed Professor Dr M. Abdussalam, the new Chairman ard other new members of the Committee. In his address Dr Partow briefly touched on the various items included in the Agenda for this meeting, and looked forward to the Committee's guidance in the development of the Regional Research Programme. The full text of Dr Partow's address is given in Annex II.

Election of Officers

The Committee elected the following Officers:

Vice-Chairman — Dr Ibrahim Badran
President
Academy of Scientific Research and Technology
Cairo

Rapporteur

Dr Amin A.A. Nasher
Deputy Minister of Public Health
Ministry of Health
Aden

Adoption of Agenda

The Revised Provisional Agenda, placed before the Committee, was adopted and is given in Annex III

Agenda item 4/a - Report on the Health Coverage Workshop. Islamabad, 26 May - 2 June 1982

In the light of the recommendations of the 6th Meeting of the EM/ACMR, regarding promotion of Health Coverage Studies in Member States, a Health Coverage Workshop was held at the National Institute of Health, Islamabad, Pakistan, from 26 May to 2 June 1982, under the auspices of the Pakistan Medical Research Council (PMRC).

The objectives of the Workshop were:

- to sensitize participants to (a) the aim, (b) the methods, and (c) the challenges of Health Services Research with a coverage problem focus;
- to develop a research proposal for conducting a Health Coverage Study in Pakistan.

The Workshop was attended by 12 participants of whom 9 were senior public health physicians and 3 were biostatisticians with experience in the health field. 3 of the participating physicians and 2 statisticians had substantial experience in health research in Pakistan. The Workshop consisted of presentations, both individual and panel, round table discussions, small working group sessions and individual activities to complete the task at hand. Some of the participants themselves made presentations.

A draft /Instructional Manual for Implementing Health Coverage Projects in Developing Countries, which was developed as a result of the experience gained in the Three-Country Coverage Study, served as the main learning resource for the Workshop.

Some of the subjects covered through individual presentations and which made use of the Instructional Manual included· sampling strategies and panel statistical testing, generation of hypotheses and hypothesis formulation, advantages and types of data yielded by sociological, epidemiological and ethographic research strategies,

issues in instrument design, pilot testing and implementation, and training and managerial requirements for doing a Coverage Study.

Based on the experience gained during the Workshop it was apparent that that Draft "Instructional Manual for Implementing Health Coverage Projects in Developing Countries", would need to be revised in order to render it more suitable for being utilized in workshops such as this.

A major output of the Workshop was the formulation by the participants of a draft proposal for a Health Coverage Study in rural areas of Pakistan.

The objective of the proposed study was to assess the good and weak areas of the integrated rural health complex system being developed, with a view to suggest measures for improving its effectiveness in meeting the health needs and aspirations of the people

An evaluation of the Workshop indicated that most of the participants had gained new knowledge in HSR, as well as skills in development of research proposals, and liked the informal nature of the course, as well as the instructional methods used. They also expressed an interest in participating in HSR projects.

A major factor contributing to the success of the Workshop was the existence of a positive relationship between the Ministry of Health and the PMRC, - there was no conflict of interest, but rather appreciation and respect for the role of each other in the development of Health Services. This augurs very well the future development of Health Services Research in Pakistan.

The Committee was informed that the model employed for coverage study is an expendable diagnostic instrument that can be used to assess the availability, accessability and utilization of the existing health services directed to one or more target groups of the community. The emphasis is on studying the interferance between the utilizers and the providers of various health units It is designed to yield necessary qualitative and quantitative data in the shortest time and at the least cost, using available resources in the health system and the community.

The Committee felt that the leadership for health services research should rest with the countries themselves with minimal inputs from the Regional Offices.

The committee recommended that the draft manual prepared to assist investigators in undertaking health coverage studies be finalized and published by WHO for distribution in the Region. The Committee also recommended that such workshops be held in other countries of the Region, of course adapted to the needs of these particular countries.

Agenda item 4(b) - Research in primary health care

Health Services Research (HSR) has been awarded high priority in accordance with the advice of the EM/ACMR. In 1981, at its meeting in Islamabad, the Committee looked in some depth at some areas of health services and manpower development (HSMD), where research may play an important role. However, the response in terms of increased research activities in the countries of the Region has not been as good as was anticipated. The reasons for this may be:

- Confused understanding among potential research workers about what constitutes HSMD
- Insufficient people confident in their ability to develop research protocols and undertake research
- WHO's approach to wait for proposals to be submitted may not be appropriate in such a relatively new field of research.

Because of the important contribution of HSR to achievement of HFA/2000, it is considered that another consideration is given to this issue with PHC as its essential feature. It is seen appropriate to establish a set of criteria based on elements of PHC.

A clear objective picture of the state of PHC in any one country in the Region is not/easily obtainable/even though 15 countries have PHC programmes. Furthermore, while there has been some reorientation of health personnel education and manpower development to foster PHC approaches, in no country in the Region has this been broad or deep enough. Some countries have begun training PHC personnel under different names, e.g. community health workers, and some experimental medical curriculum activities, such as at the University of Gezira, Sudan, and a number of short courses and seminars have been held for school teachers, local healers and traditional birth attendants. But there is a long way to go,

against barriers to overcome, in the development and deployment of truly PHC manpower.

If existing health systems develop to include community participation and initiatives as an equal and integral part of their modus operandi, health problems may be better solved and health needs better met. This needs a change of attitude of decision-makers, politicians, health administrators and health professionals. If HFA/2000 through PHC is to be achieved, there must be overall consistency between the objectives of health care, the strategies and methods to achieve these objectives, and the priorities for health care research.

HSR could be directed to find better approaches to organize, develop and finance health care systems utilizing existing resources. Another important role of research in PHC is its catalytic and promotional function among individuals, communities and even countries. Experimental research always leaves some impact on the site of the research.

Criteria, based on the elements of PHC spelled in the Alma Ata Declaration, have been developed to serve establish priorities for research and help establish or reorient research programmes are listed below·

Seek to prevent disease and promote healthy living with special emphasis on education for health.

- Be directly related to implementing declared approaches to promoting at least one of the eight specific elements of primary health care.
- Aim at the development of primary health care systems which are consistent with and utilize existing community resources, and which adopt/adapt existing technologies including traditional systems
- Aim at the development of systems of care which involve people and communities designing and developing their own services, incorporating principles of self-reliance (and self-satisfaction)

- Seek solutions to health problems which are economically feasible and which are consistent with the overall social and economic development of the community and/or country.
- Use methodologies which are valid and appropriate for the purposes of the research, incorporating appropriate design and data analysis procedures.
- Be capable of being accomplished within a short time (up to 2 years) and at a cost within the funds available to the country.
- Make sure of the skills of an appropriately trained team of behavioural/ social scientists, educators, economists, lawyers and others where appropriate, in collaboration with personnel responsible for health care delivery.
- Have a training component so that potential primary health care research workers and investigators may be taught in practical ways the research skills appropriate for primary health care investigations.

These criteria may be reviewed and related in each country according to national priorities. Aletrnatively, research projects should fulfil at least 5 of these criteria before it is eligibale for support.

The nature of the PHC research may be developmental or technical in its approach. Distinction between descriptive and prescriptive research must also be born in mind, the former does not serve the same purpose as the latter, and therefore should not dominate research priorities

3 priority areas have been identified for PHC research and these are:

j) The development of research initiatives in the organization of health was regarded as an essential priority. At the hub of developing alternative approaches was the need to get total community involvement in the definition of their health care needs and the design and delivery of services. With the basic health centre or unit in the village as the focal point there must be two way cooperation between this unit and other community activities, including religious, education, agriculture/industry and other environmental groups along with the local health and/or development council. It is clear that health professional controlled initiatives were not leading to permanent improvement in health. Newer approaches are needed leading to the community both participating and being responsible for improvements in its own health. We need to know how to do this efficiently and effectively

i) Continuing education was discussed, for it overlaps with both the basic training of all health personnel and education of the community. The Region already has made advances in developing medical education with community education interaction, for example at the Ben Gurion University of the Negev, Israel, the University of Gezira, Sudan, and the University of Suez Canal, Egypt. Each continuing education research project should address itself to answering questions about: who the education should be for and with what priority; what incentives are useful to make it happen, paying special attention to career development; who will organize and carry out the continuing education activities, health service leadership with health personnel participation or vice-versa; what approaches should be taken, human developmental or technological; and consideration of keeping continuing education within available financial resources. Finally, continuing education must be relevant to community health needs.

l) It is clear and desirable for health initiatives to contribute

to the social and economic development of the community and that decent health care will only come about with communication and cooperation between many sectors involved in the community. Too many vertical programmes, not stemming from only various sections of the health service but also from other governmental sectors clash with each other and confuse communities and each other. Ways need to be found to promote inter-sectoral activity directed to a harmonious working relationship in matters of health and wellbeing at local, provincial and country level. A series of questions need answeing about how cooperation between sectors begins, how it spreads and how it can become permanent.

Three mechanisms for the promotion of PHC research in EMRO were suggested

1. For EMRO to develop descriptive outlines of topics requiring research, in sufficient detail to inform governments and research institutes of the size and scope of the desired research;
2. Setting-up of an EMR-task-force in PHC research to include WHO staff members and EM/ACMR members to visit countries for individual consultations and workshops;
3. To provide funds direct to countries to use on PHC topics of their own choosing, methodological assistance offered when and where needed.

On the invitation of the Chairman, Dr Jayaweera, Chief, Medical Research, SEARO, presented a brief summary on the development of research focused on HFA/2000 in the South-East Asia Region. The background information document circulated* was an outcome of the deliberations of the South-East Asia ACMR.

The Committee was informed that in the early years, determination of regional research priorities was based primarily on the aggregate morbidity and mortality indices of Member Countries. It was felt that promotion of research on this basis was relatively easy as it generally involved the conventional medical research institutions. However, it was observed that wher such aggregated priorities were determined, the problems of some countries would not fall within the so-called "regional priorities". A possible approach to overcome this would be to specify the priorities in each country depending on their problems so that groups of countries with common problems could be addressed by the regional programme.

With the advent of the Alma Ata Declaration and the commitment of Member Countries and the Organization to the goal of HFA/2000 with PHC as the key approach there was a necessity for gearing research efforts towards this. When one looks at research in this context it is apparent that the scope of research begins to be widened and goes beyond the conventional institutions to involve multidisciplinary teams and intersectoral actions and institutions which hitherto have not been exploited in the so-called medical research programmes need to be involved more. Hence the SE ACMR

* Research Needs for Health for All by the Year 2000

appreciating that it was not beneficial to identify specific research areas in the first instance suggested an overall direction that the Regional Research Programme should develop guidelines and criteria with such a research programme should satisfy if HFA/2000 with PHC as the key approach was to be realized.

The content of such a programme needs to be derived necessarily from the research requirements of the national strategies for HFA/2000 and research commonalities of such national strategies could form the content of the regional research programme.

In this context, referring to the background paper presented by Dr Robertson, it was appreciated that the three broad areas suggested in the paper were of concern to the South-East Asia Region also as part of their research support in the regional context.

With reference to health services research, Dr Jayaweera presented the genesis of the South-East Asia Programme. He stated that although health services research was a priority area identified very early, it appeared as though the programme did not move forward as desired. One of the major constraints was the failure of a clear understanding of what was meant by HSR at the level of the Policy-makers, administrators as well as the multi-disciplinary groups of scientists who should concern themselves with this type of research. The South-East Asia Region, while adopting the Alexandria definition* of health service research developed by the Global ACMR Sub-Committee on HSR thought that probably a conceptual description of the health services research if made available would clarify HSR, hence a descriptive document on "concept of HSR" was developed for wide

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* Report of the Global ACMR Sub-Committee on Health Services Research meeting held in Alexandria, June 1979.

circulation.

From a sample survey done in a Member Country of the South-East Asia on HSR it transpired that the countries were doing health services research on their own, a good part of which related to HFA/2000 and PHC. The SEA/ACMR suggested that rather than developing a regional programme de novo, it would be advisable to make a more detailed study of the health services research status in the SEA countries so that WHO's programme would be supportive of national efforts and be focussed on lacunae.

Thus, the Member Governments are themselves looking into their own studies done so far as well as those ongoing. This national survey is being done from the point of view of learning the relevance of their HSR to HFA/PHC as per national strategies, the type of persons involved in such studies, (multi-disciplinary or not), the person playing the leadership role in the development of such studies, the involvement of the decision-makers in identifying the problem, the quantum of funds used, the research method utilized, and in the final analysis whether the results were used.

It was felt that such information would form the baseline of health services research in the countries of the Region, and through this process, the Regional Office could embark on exchanging of valid information among countries in the spirit of TCDC, looking into the methodologies used and studying their validity and use for dissemination. Assessing the status of the multi-disciplinary approach and above all identify lacunae in the national strategies where national and regional action could be promoted by WHO. This will be developed by the end of 1982.

In addition to the above, inventorising HSR on a continuing basis is being attempted through the library network. It has been observed that very many of the health services research studies do not get into the conventional index medicus and was lost to the scientific world. Hence, an attempt is being made through this library network and the HSR focal points in the Member Countries to classify this literature in an appropriate manner and to index them at a national level so that exchange of information within and outside Member Countries could be more effective. In this exercise the first step contemplated is the development of the method of classifying health services research literature. Specific attention is to be paid to the so-called "fugitive literature" which so far has had very limited circulation.

The Committee in its discussions felt that the time for generalities is over, the concept of PHC must be approached and PHC research considered a country level activity. These were major themes around which much of the Committee's discussions revolved.

Clear recognition was given to the need to reorient or motivate and convince clinicians, health academics and administrators about the need and importance of PHC research. In particular, attitudes need to be changed but carefully avoiding counterproductive and antagonism. The obstacles to accepting PHC by established health personnel groups needs to be clearly seen, so that continuing education of health professionals may be planned. However, it is to be recognized that PHC is still a vague / commodity which requires definition to facilitate this education.

It was agreed that a "task force" of the EM/ACMR be set up to advise and foster PHC research in the Region. This body should have a clear linkage and should collaborate with a newly established EMRO PHC coordinating group to implement research, taking care not to become a report producing outfit but actively helping countries in implementing research. This mechanism may operate by assisting in the formulation of research objectives, developing protocols and allocating seed monies. It was agreed that nationals must play a central role in defining what research was needed and in conducting it.

Baseline data is necessary to evaluate both short term and long termprogress in achieving HFA/2000 through PHC. The section of appropriate indicators by countries to monitor their progress was considered important. An example was suggested for evaluation of the Blue Nile Project by the staff and students of the Universities in Sudan in collaboration with the health services. The benefit of this method would not only be to monitoring that project but also orientate and training health academics and their students. The

task force may assist in country evaluation by working with national PHC research and evaluation teams and by producing evaluation guidelines. It was suggested that these country teams of nationals be multidisciplinary in their composition. They would act as a critical mass to promote and monitor PHC activities in the countries. A member of this team may act as a country representative or correspondent to EMRO and to the EM/ACMR providing information on progress in this regard.

The Committee clearly endorsed the need to focus research on community participation. It was suggested that the community structure to promote and direct health should be so composed that it would include community development activities in its mandate. Intersectoral collaboration at community level needed investigation. The role of the community health worker, mechanisms for his supervision and systems of referal are areas requiring careful study.

Research initiatives are needed to get PHC into the education of all health personnal, especially medical education. Due recognition was given to tha fact that some activities of this type had already begun. Visits by the task force members perhaps with a country team member may be made to schools to enquire what they are doing in this regard and perhaps what would be needed for in-service teacher training.

The activities of the Global ACMR were briefly presented and discussed A strong appeal was made for close coordination of global and regional activities in this field. The countries themselves should be encouraged to take the lead in their own PHC research. The value of bilateral finance and manpower to help research was recognized but such activities were recognized as requiring coordination at regional level.

Agenda item 5 - Regional Research Programme in Cardiovascular Diseases (CVD)

Even though accurate information on the prevalence and incidence of various forms of heart diseases was generally lacking in most countries of the Region, it was felt that CVDs were fast emerging as a major health problem in the majority of developing countries.

During 1981 the Regional Office had made an attempt to collect information on the size of the problem posed by CVDs in a few countries of the Region, i.e. Cyprus, Egypt, Israel, Pakistan, Sudan and Tunisia. On the basis of information thus collected, it appeared that Rheumatic Fever (RF) and Rheumatic Heart Disease (RHD) are still widely prevalent. Hypertension (HT) was present in 10-20% of adults in different population groups and Ischaemic Heart Disease (IHD) is being seen with increasing frequency. Expertise in clinical cardiology was widely available in the Region, together with variable levels of diagnostic and therapeutic facilities. However, skills and interest in cardiovascular epidemiology and community control are almost non-existent.

To supplement the information collected as above and in order to obtain a better idea of the research in CVD carried out in the Pegion, a MEDLARS search was carried out for articles emanating from the above countries and published during the last 10 years. With the exception of Israel, where research covering a broad spectrum of topics has been undertaken, most of the published articles from the other countries, dealt with reports of surveys to determine prevalence of various forms of Heart Disease in selected population groups. In addition, there were papers describing clinical and patnological data a series of cases or single case reports. Yet, some other articles ported hemodynamic findings or experience with new diagnostic chniques. There were very few studies aimed at clarifying patho-

genic mechanisms in various forms of CVDs. Except from Israel, there were no reported findings on experiences with control of CVD in the community.

The CVDs research programme, coordinated from the CVD Unit in Geneva, was also presented (doc. EM/7TH.MTG.ACMR/6(a)) and briefly reviewed in relation to the Regional Programme. It was noted that the scope of the projects undertaken and their geographical distribution over the past decade were, to a large extent, a reflection of the type of priority that had been given to CVD research at national and regional levels. For example, although countries in the EMR did not figure prominently in the activities as a whole, yet in the specific project area of RF and RHD 4 of the 12 participatingcentres were from this Region alone.

In general, the type of research favoured by WHO at both the global and regional levels, is a combination of epidemiological research and population-based intervention studies for the prevention and control of CVDs. This approach is fundamental to WHO-inspired or collaborative projects in both developed and developing countries.

In particular, there are 4 project areas that have special relevance to countries in the Region:

(1) Community HT control

There is evidence that, the control of HT will reduce the incidence of stroke by 30% and that lowering the population mean diastolic blood pressure by 2 mmHg will reduce the incidence of coronary heart diseases (CHD) in the 40-59 age groups by 5%. The WHO collaborative studies and several others have established the feasibility of the population approach to HT control. What is needed now are action programmes with built-in operational research components to determine the most appropriate method in a given community situation.

(ii) Community control of RF and RHD

The feasibility of secondary prevention of RHD in the community has also been established and the report of the WHO collaborative studies was published in 1979. It is estimated that the cost of this activity is about $ 15 per head per annum and here again the need is for operational research as part of action programmes. Following an appeal by Dr Mahler, the International Federation and Society of Cardiology (ISFC) has established a special international committee to look into the problem of the prevention of RF/RHD in developing countries.

(iii) Comprehensive cardiovascular community control programme (CCCCP)

The comprehensiveness of these projects vary. In centres in developing countries the activities are usually limited to HT and/or RF/RHD prevention and control. For the future, the thrust of the CCCCP activity in developing countries will be to develop a methodology of integrating CVD prevention and control measures into primary health care.

(iv) Primordial prevention of CVD in developing countries

In concept, primordial prevention aims to inhibit the emergence and spread of risk factors in the community at large and its focus of action is at the political, socio-economic and cultrual levels to promote healthy patterns of behaviour and life style. CVDs are emerging as a serious public health problem in the Region and will become more pressing as infectious diseases are brought under control and life expectancy at birth improves. WHO is planning a small task force meeting to consider long-term strategies and approaches to this important and difficult question of the primordial prevention of CVD in developing countries.

In view of the above-mentioned situation, it was felt that in the coming years, the main emphasis of research should be of facilitating the planning and implementation of community-based prevention and control programmes and on training cardiologists and other public health-oriented physicians in relevant CVD epidemiology and community control skills. Where facilities and expertise existed, and subject to availability of resources, support may also be provided for research in the pathogenesis and treatment of major CVDs.

The Committee endorsed the proposed topics for research and awarded them priority as under:

- Development and testing of standard programmes for the detection, treatment and follow-up of patients suffering from HT in primary health care settings;
- Social and behavioural studies to improve compliance with anti-hypertensive treatment;
- Definition of risk factors for IHD;
- Precursors of atherosclerosis and HT in children;
- Studies on thrombogenesis;
- Estimation of salt intake in different age and population groups and its role in pathogenesis of HT;
- Studies on dietary intake of fats by different social and economic groups and the effect of these fats on various fractions of blood lipids

The Committee, while appreciating the need for epidemiological studies/surveys to establish bench mark data and for monitoring and evaluating the impact of intervention studies, felt that exhaustive resources should not be deployed for this purpose, and recommended that wherever possible "short-cut techniques" should be utilized, e.g. using a sample as small as possible and a questionnaire dealing with only the essentials and increasing use of ~~application-service~~ opinion surveys.

The Committee suggested that the existing health personnel including cardiologists and others, should be utilized for undertaking various epidemiological and community-based control projects. In addition, it was recommended that the Regional Office should provide assistance to interested countries in helping develop protocols for such studies.

In order to provide the necessary sustained leadership role in countries where several research studies are being planned, an appropriate institute or department of cardiology will be selected in consultation with national authorities, and provided sustained support to fulfil this role. This strengthening will be mostly in the field of epidemiology and community control and to a much lesser extent in the purely clinical and basic sciences areas.

The WHO mechanism for fellowships, research grants and research training awards and other modes of technical collaboration will be utilized to support the various activities proposed under this programme

Agenda item 6 - Progress Report on Research Activities in Diarrhoeal Diseases

A progess report on research activities in Diarrhoeal Diseases was presented. The Committee was informed about the regional efforts made to achieve linkage between the health service delivery and the research components of the Regional Programme. In general, the research component of the Regional Diarrhoeal Diseases Control Programme is oriented towards addressing probelms that may be encountered in the planning, implementation or in the evaluati of the national Diarrhoeal Disease Control programme. The Committee was informed on the approaches adopted by the Regional Office in order to achieve this linkage. These included the identification of research needs at the time of programme formulation followed by efforts to stimulate submission of proposals to cover these areas. One of the approaches adopted and found to be most useful was to convene national meetings in which research workers and national administrators responsible for Diarrhoeal Disease Control, collaborated to formulate research proposals related to the immediate needs of the national programmes. The Committee commended this approach and recommended that the Regional Office continue its efforts and takes necessary steps for assisting national scientists in developing and implementing research projects relevant to the needs of the national Diarrhoeal Diseases programmes.

The Committee was also informed of the progress in the WHO-supported Diarrhoeal Disease research projects and of the forthcoming meeting of the Regional Scientific Working Group on Diarrhoeal Diseases Research.

Agenda item 7 - Review of research activities in the Blue Nile Health Project

The vast expansion of tropical water development schemes for irrigation and hydroelectric energy has added a new dimension to existing problems in prevention and control of vector-borne diseases, such as malaria and schistosomiasis. These diseases have caused mortality and se[illegible]e morbidity among agricultural populations, resulting in decreased agricultural productivity plus the financial burden of treatment of patients. The need for effective prevention and control of these diseases in water resource developments is becoming urgent. Thus, the Blue Nile Health Project is providing the opportunity to develop a comprehensive strategy fpr prevention and control of vector-borne diseases in water resource development schemes, using a combination of operational research and cost-impact assessment.

The Blue Nile Health Project was started in 1979 to control the major diseases associated with irrigation along the Blue Nile River in the Sudan; malaria diarrhoea and bilharzia. For the 2 million inhabitants of the agricultural communities involved the increase in severe cases of S. mansoni infections, the incipient seasonal epidemics of falciparum malaria and the persistently high death rates in children from diarrhoeal diseases gave real urgency to the project. Thus its programme covering 3 operational zones was quickly established within the s[illegible]nd year of operation. In 1981 malaria was under control in all 3 zones, and schistosome transmission had been completely prevented in the first zone, the new Rahad irrigation scheme with a population of 80,000. A year of baseline data on all 3 diseases has been collected from the Study Zone wherein careful evaluation is now being made of the proposed Comprehensive Strategy, eventually to be applied to the larger Gezira-Managil Zone.

Many of the control methods used against one water-associated disease are also effective against the others, e.g. provision of safe drinking water, which is mainly directed towards prevention of water-borne diseases, can also prevent schistosomiasis by reducing human contact with infective water. In the Blue Nile Health Project, the multiple benefits of control measures are being utilized to the fullest extent to increase cost effectiveness.

Efforts are being exerted in the Project to replace chemical control of mosquitoes and snails by alternatives such as environmental and biological control measures, improvements in basic health services, permanent modifications in agricultural and domestic water-use and by changes in human behaviour, all of which are long-lasting, economical and safer for the environment. By replacing or decreasing the use of imported insecticides and drugs with alternative measures, significant savings will occur in scarce hard currency. Development of these alternative control measures requires extensive research activities in the Project. Therefore, research in the Blue Nile Health Project is diverse and has high priority.

By the end of 1981 14 major research topics were under investigation by project staff in cooperation with students and faculty from the Universities of Khartoum and Gezira, as well as the Ministry of Irrigation (see Annex). The topics are aimed at several measure for snail and mosquito control, at definition of the transmission patterns of schistosomiasis and at measuring the economic impact of the water-borne diseases of the agricultural communities.

So far, preventing transmission of schistosomiasis in the Rahad Zone by the application of integrated control measures is the most significant accomplishment which can be applied in other newly-established irrigation schemes threatened by these diseases. Equally, the results of research and field trials carried out by the Blue Nile

Health Project, can be utilized in other vector-borne disease control projects.

The Blue Nile Health Project is an integrated disease control project in operation, and provides a suitable training facility for candidates interested in the control of water-associated diseases or in field research.

The Committee was informed in response to some of the questions raised that it has been found possible to raise the two biological agents imported in Sudan, i.e. chinese carp and under the local prevailing conditions.

The Bacillus thurigensis was not considered to be a suitable agentfor use in the extensive irrigation system

It appears that only a small proportion of the fevers of unknown origin were due to malaria, and a vast majority were due to, as yet unidentified viruses.

In view of the important nature of the project the Committee was keen that adequate steps be taken, including provision of support by the Government of Sudan, to ensure that the project activities are continued when the foreign assistance for the project has ceased.

In this connection the Committee felt that activities aimed at promoting community participation should be stepped up, so that ultimately the concerned community would be in a position to contribute substantially in the finance and supporting the project activities

The Committee was informed that the project staff was fully cognizant of the problem of diarrhoeal diseases and activities aimed at reducing the mortality due to these diseases have already started and will be intensified The Committee believed that the Project afforded a unique opportunity for evaluating the impact of provision

of water supply on the incidence of diarrhoeal diseases.

In view of the significant scientific progress being made in the Project, it was proposed that scientific publications relating to the Project and reports of visiting consultants, should be regularly distributed to EM/ACMR members

The Committee strongly supported the health activities of this very important health development project and recommended that a greater emphasis than hitherto be placed on developing the community participation aspect of the Project.

Agenda item 8 - Review of the Regional Medium-term Programme for Research Promotion and Development, 1985-89

Agenda item 10 - Discussion on new initiatives for promotion and development of research activities in the Region

As the above two Agenda items were very closely related, the Committee decided to consider them together.

Dr Farouk Partow, Officer-in-Charge, briefly described the planning process in WHO. Plans are made on a 6-year basis and the World Health Assembly at its last session had approved the 7th General Programme of Work (GPW) covering the period 1984-89. The Medium-term Programme (MTP) aims at elaborating the broad objectives mentioned in the GPW into targets and specific activities aimed at achieving those targets. It also delineates the approaches and the managerial process to be used in implementing the proposed activities. The MTP is essentially a working tool for the organization to monitor the various programmes and is constantly subject to review and revision in light of the experience gained.

A brief review of the major R&D activities that had taken place at the recommendation of the EM/ACMR was presented to the Committee. Health research in most of the countries of the Region has been given rather low priority and often research activities are in isolation the national health development plans. The MTP proposed for the period 1984-89 attempts at rectifying the existing situation.

The Committee endorsed the targets given in the basic document EM/7TH.MTG.ACMR/9. In the section on approaches, the Committee proposed that development of health literature services and exchange of research information be included with a high priority.

In the section dealing with evaluation and indicators, it was suggested to include the estimates of funds obtained through extra budgetary resources for research initially funded through WHO. This

would give an idea of the extent to which WHO support for research has played a catalytic role in the country.

The Committee endorsed the various activities proposed for strengthening the research capabilities of Member States with the exception of the development of guidelines for evaluating the effectiveness of health research councils and analogous bodies. It was felt that at this stage it may be appropriate to collect information from research councils and analogous bodies wherever they existed in the Region on their mechanisms for evaluating their programmes and disseminate this information within the Region. The guidelines based on this information could be prepared during the next GPW.

Dr Jayaveera, Chief Medical Research, SEARO, briefly described SEARO's experience in convening meetings of the heads of research councils with the responsible officers for health research in the ministries of health. These meetings were highly productive and were of great assistance to countries in the Region in outlining their research policies and pricrities and in developing pragmatic mechanisms for managing research. The Committee was informed that a similar meeting that was planned earlier is now going to be held soon. Dr Partow expressed the readiness of EMRO to assist countries in formulating their national research policies and priorities and in up-grading national research management mechanisms As a follow-up on research management held last year, a Workshop is planned to be held for Egyptian nationals at the end of this year.

The Committee expressed its concern about the state of development of information services in countries of the Region. As mentioned under Agenda item 9, it was recommended that a small group be established to examine the situation in the Region, and make recommendations for further development and that this subject be included in the agenda of the next

meeting

Some of the Committee members proposed that WHO should consider producing and publishing a regional health journal It was agreed that this proposal be examined to ascertain its usefulness

The Committee proposed that while identifying suitable national institutions for strengthening with a view to their serving research and training centres, consideration be given to their serving a regional function also and facilitating inter-country collaboration and research

Agenda Item No. 9 - Suggestions for further facilitating the work of the EM/ACMR

The Committee reviewed past recommendations made in 1977, regarding its method of work and in view of the experience gained since then, made certain suggestions for its future meetings.

It was felt that the Committee should continue to meet annually, and revert to holding its meetings in Spring. The next meeting should be held in Spring 1983.

The Committee expressed its satisfaction with the documentation prepared for its meetings and suggested that selected working papers prepared for the meeting may be distributed to national scientists in the relevant fields, for their information.

Regarding the agenda for its meeting, the Committee recommended that the two WHO special programmes should be reviewed on alternate years. In addition, the agenda should include reviews of those research programmes where a substantial progress has been made. It was felt that the Committee should also be informed of the difficulties encountered in developing satisfactory research components.

The Committee recommended that a review of regional research activities in Cancer be included in the agenda for its next meeting.

Another area that was considered for review in the future pertained to research in health hazards posed by rapid industrialization and lack of safety regulations in countries of the Region.

It was agreed that whenever possible and depending upon their availability, the Committee members should be closely associated in the preparation of working papers and/or review of research activities in programmes related to their field of interest.

The EM/ACMR had so far not established any Sub-Committees. However, it was felt that should needs dictate, Sub-Committees may be set up to carry out specific tasks. In view of the concern expressed at this meeting about the subject of health literature and information dissemination, it was considered worth while to set up a small group to examine the current situation in the Region and make recommendations for the further development of health literature services, and to present a report at the next meeting of the EM/ACMR.

It was appreciated that it was not possible for the Committee to cover all the major areas and disciplines. However, it was recommended that in view of the importance of the subjects, expertise in the field of biobehavioral sciences, health economics and environmental health be represented in the Committee through new or additional members and/or in the form of resource experts.

Agenda item 11 - Review of the recent activities of the Global ACMR

This Agenda item was introduced by Professor S. Bergström, Chairman of the Global ACMR. He briefly described the set-up and functioning of the Global ACMR and referred to the close relationship that existed between the Regional and the Global ACMRs. Professor Bergström briefed the Committee on the deliberations of the last meeting of the Global ACMR, held in October 1981, and the work done since then by its various sub-committees.

He referred to the very useful information services being provided by the WHO Special Programmes for Research in Tropical Diseases (TDR) and Diarrhoeal Diseases (CDD), and recommended that the Committee members should be on the mailing list of the newsletters being brought out by these two programmes. He further suggested that they should also receive the annual reports of these programmes and especially a printout of all their activities in this Region. He felt that it was important that the members could follow these large research efforts of WHO that are dependent on voluntary contributions from Member States. Professor Bergström also stressed that the Regional ACMR should strive to help formulate well-designed and concrete research programmes, a prerequisit for increasing the resources for research on health problems of the countries in the Region

RECOMMENDATION

The Committee's main recommendations are summarized below:

1. National Health Coverage Workshops suited to the needs of individual countries be promoted and supported in the Region.

2 The draft manual to assist investigators to undertake Health Coverage Studies be finalized and published by WHO for wide distribution.

3. A "task force" be established to advise and foster PHC research in the Region and this group should work closely with the recently established EMRO PHC coordinating group to implement research.

4. Using the approaches recommended by the EM/ACMR the Regional Office should take steps to develop and implement research in the three priority topics identified in PHC.

5. Research Councils, Universities and other health institutions should be encouraged and supported to develop appropriate indicators to monitor progress towards acnieving HFA/2000.

6. The Regional Research Programme in CVD proposed by the Secretariat was endorsed and the Committee identified and prioritized topics for research in this field.

7 The Committee expressed its satisfaction on the progress of the diarrhoeal diseases research programme and recommended that the Regional Office continues its effort to assist national scientists

in formulating and implementing research projects, relevant to the national diarrhoeal diseases control programmes.

8. The Committee after being briefed in detail on the Blue Nile Health Project, expressed its strong support for the health activities of this project, and recommended that due emphasis be placed on developing the community participation aspects of the project

9. With minor modification the Committee endorsed the MTP for RPD covering the period of the 7th GPW.

10. It was recommended that a small working group be constituted to review the situation regarding health literature in the Region and to present its recommendations at the next meeting of the EM/ACMR

11. The Committee reviewed the working of its meetings and made certain suggestions about the timing of its annual meetings, agenda and for ensuring a closer involvement of its members in the Regional Research Programme.

12. The Committee members be placed on the mailing list of the newsletters issued by the WHO TDR and CDD programmes and receive relevant information on the activities of these two programmes.