

(EM/RSR/26
EM/8TH.MTG.ACMR/10

June 1983

REPORT ON
THE EASTERN MEDITERRANEAN ADVISORY COMMITTEE
ON MEDICAL RESEARCH

EIGHTH MEETING

CYPRUS

Limassol, 18-20 April 1983

The views expressed in this report do not necessarily reflect the official policy of the World Health Organization.

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The Eighth Meeting of the Eastern Mediterranean Advisory Committee on Medical Research (EM/ACMR) was held in Limassol, Cyprus, 18-20 April 1983. It was attended by members of the Committee and WHO staff members from the Regional Office and Headquarters. The List of Participants is given in Annex I.

I OPENING OF THE MEETING (Agenda item 1)

The meeting was opened by H.E. Dr T. Pelekanos, Minister of Health, Cyprus.

Dr Hussein A. Gezairy, Regional Director, WHO, in his address thanked the Government of Cyprus for having hosted this meeting, and H.E. the Minister for agreeing to open it. He also gave a brief account of the highlights of the various activities carried out since the Committee last met. The full text of Dr Gezairy's opening address is given in Annex II.

Dr Pelekanos, in his address, commended the Advisory Committee for its work in developing medical research in the Region, wherein the majority of countries still lack the basic infrastructure for research. He pointed out that, in the light of the global effort for achieving Health for All by the Year 2000, medical research has acquired additional importance in view of the role it plays in formulating and implementing the strategies necessary for achieving this goal.

Professor M. Abdussalam, Chairman, EM/ACMR, also spoke on the occasion and thanked the Government of Cyprus on behalf of the Committee members for providing such hospitable facilities for this Meeting. He also welcomed the Regional Director and thanked him for his personal attendance.

II ELECTION OF OFFICERS (Agenda item 2)

The following officers were elected:

Vice-Chairman	Dr N. Mourali, Director Salah Azaiz Institute Tunis, Tunisia
Rapporteur	Dr Bashir Hamad, Dean, Faculty of Medicine, Gezira University, Wad Medani, Sudan

III ADOPTION OF AGENDA (Agenda item 3)

The Committee adopted the Provisional Agenda and Programme of Work placed before it. The Agenda is given in Annex III.

IV REGIONAL RESEARCH PROGRAMME ON CANCER (Agenda item 4)

A summary of available information regarding the prevalence of various types of cancer in the Region was presented to the Committee.

Since the programme was reviewed by the EM/ACMR in 1980, some salient activities which have taken place with WHO's collaboration have included:

- development of a national cancer control programme in the Sudan;
- establishment of two Cancer Registries in Pakistan;
- preparation and distribution of a protocol for a Case Control Study on Mediterranean Lymphoma;
- several Training Courses and Workshops;
- different approaches for early detection of bladder cancer; these are being evaluated at the Regional Reference Centres for Bladder Cancer (Cairo Cancer Institute and Alexandria Medical Research Institute), mainly using cytological and biochemical methods;
- preparatory work on the formulation of a four years' pilot project on brachiotherapy of uteri cervix carcinoma in Egypt.
- therapeutic protocols on the study of inflammatory breast cancer and schistosomal bladder cancer; these were prepared by the Regional Reference Centres for bladder, breast and uterine cervix cancer (Egypt and Tunisia).

Approaches for cancer work in the EMR are being directed towards the promotion of national health policies in which cancer research and control are conceived within the framework of public health services. This implies the integration of these programmes into the existing health services, with full community participation. In order to develop cancer research activities, based on the existing national resources and characteristics, consideration must be given to:

- identifying the most common cancers which need to be dealt with;
- developing a dependable system of data collection and information;
- minimizing human exposure to environmental carcinogens;

- supporting and promoting education of various categories of health workers and the public at large.

All the above measure, closely coordinated and reinforcing each other, would result in the development of better preventive, diagnostic and therapeutic services for urban and rural communities alike.

Research Priorities in the Eastern Mediterranean Region

Taking into account the prevailing socio-economic, geographical and demographic patterns, the research priorities in cancer for the countries of the Region would be as follows:

- registration and epidemiology;
- prevention and early detection;
- therapeutics, with special emphasis on chemotherapy;
- rehabilitation;
- chemical carcinogenesis and occupational cancer;
- strengthening of cancer education programmes for lay public and health workers;
- basic research.

The strengthening of the cancer registration machinery and the promotion of field surveys on cancers would serve to better define the problem of cancer in the community.

In order to integrate the cancer programme into the general health services and to decrease the referral of cancer patients to health centres, the development of preventive and early detection measures is essential. Research on the methodology of the prevention and early detection of the most common types of cancer is, therefore, highly important. Bladder cancer in Egypt, oral cancer in Pakistan, breast cancer in Egypt and in Tunisia, lung cancer due to smoking and asbestosis in Kuwait and Cyprus - are examples of cancers that should receive the highest priority as far as prevention and early detection are concerned.

Epidemiological research programmes are extremely important. Surveys of the relative frequency of particular forms of cancer, and analytical epidemiological surveys of, say, breast cancer, lymphomas, lung cancer and cancer of the uterine cervix, should rank high on the list of priorities.

In the field of chemical carcinogenesis, the monitoring of potential carcinogens in the environment and the devising of methods for the early detection of occupational cancer should be prime subjects of research, as this would be beneficial to countless workers in various industries, e.g. rubber, plastics, and petrochemicals.

To ensure that all health workers receive proper training in oncology and acquire up-to-date knowledge of all aspects of anti-cancer activities, reorientation and strengthening of cancer education programmes should be in the frontline of cancer research.

During the discussion on this item, a number of issues were raised.

Epidemiological studies at the PHC level

Since environmental factors contribute to 70-80% of the aetiology of cancer, attention was drawn to the need for focussing on epidemiological studies and early detection of cancer at the primary health care level. Concern was expressed about early detection in countries with no facilities for treatment. On the other hand, early detection was stressed, since, for the majority of cases, the early stages are usually asymptomatic. The possible association of mycotoxin and pesticide residues in food and the association of certain types of cancer with some diseases (e.g. hepatoma with hepatitis and bladder cancer with schistosomiasis) were discussed. It was stressed that for these, certain preventive measures do exist and should be used and the research in these areas should be promoted, e.g. hepatitis B vaccine trials, taking into consideration the response of the people, and new promising drugs against schistosomiasis. The diagnostic services of cancer should also be further developed in the Region through the training of the health personnel concerned.

Within the context of the environment, it was also stressed that the variation of relative types of cancer within different geographical localities of a given country was important. Where certain types of cancer are common in adjoining countries, WHO should promote collaborative studies. Examples of such collaboration are in the field of cancers of bladder, nasopharynx, and oral cavity.

Behavioural studies

Reference was made to the various anti-smoking measures which has been instituted in several countries of the Region. It was felt that a more aggressive

approach should be adopted in this connection, including, if possible, reduction of the outlets where cigarettes are available at a lower cost, such as airports, etc. Where such measures have already been instituted, careful monitoring and evaluation will be required in the near future to assess their effectiveness. Research into effective ways of preventing smoking is also urgently needed. The religious approach in controlling smoking, by means of prohibition or discouragement, should also carefully be considered in view of its demonstrated effectiveness in behaviour modification.

The Committee was informed of the collaboration between the Mental Health Programmes and the Cancer Control Programme. This covers three aspects, i.e. control of behaviour, relief of pain and developing tools for the measurement of effectiveness of treatment in cancer by quantifying improvements in the quality of life, and not merely the prolongation of life or absence of relapses.

Mention was made of the experience in Tunisia concerning early detection of breast cancer through the use of pamphlets describing self-examination and by placing posters in public baths.

The problem of informing patients about the disease was mentioned; it was felt that a general approach could not be applied across the board, taking into consideration in particular the prevalent culture in the Region. The use of psychological assistance in getting patients to accept any mutilation involved in cancer surgery was also mentioned. Such assistance can also be of help in ensuring improved follow-up and better compliance with treatment.

Health education campaigns in the field of cancers have been felt to have relatively small impact, as they have affected only selected segments of the population. On the other hand, it should be remembered that, in view of the vast number of people involved and the complexity of behaviour determination, even relatively modest gains must be considered as successes.

It was stressed that health education should be introduced into the curricula of all health personnel in order to be effective.

It was felt that the Organization should promote the establishment of proper mechanisms for the collection and compilation of data on a long-term basis, in order to evaluate the impact of any control measures.

The Committee endorsed the priorities proposed for research in cancer in the Region and recommended that epidemiological and behavioural studies at the PHC level be given high priority.

V REPORT OF THE AD HOC WORKING GROUP ON HEALTH LITERATURE SERVICES
(Agenda item 5/a)

The EM/ACMR, while discussing the Regional Medium-Term Programme for Research Promotion and Development at its Seventh Session, had expressed concern about the state of development of health literature services in the Region, and had recommended that a Working Group be constituted to review the situation and make recommendations for further development. Such a Working Group met in December 1982.

A recently conducted survey of health science and literature services showed that the libraries in the Region could be classified broadly into three categories. The first was made up of ten libraries with a budget provision of an annual expenditure per user of \$ 35-400. The next category comprised 25 libraries in the more populated countries of the Region; these libraries had fewer periodical subscriptions and a rather out-dated collection of books. The third category of 40 libraries had very rudimentary collections and lacked the basic infrastructure of a library. This survey also showed a lack of well-trained library manpower, especially at the level of assistant librarians. There appears to be a lack of networking and resource-sharing amongst libraries, even within the same country. To facilitate contact and collaboration with WHO, it was felt that the identification of one person in each institute would be necessary. User education was notably absent.

The Working Group endorsed the recommendations emerging from this survey. These include provision of opportunities for training and improving the status of health librarians. WHO was called upon to promote the identification and exchange of suitable learning material for various categories of health personnel. Special emphasis was laid on strengthening of national focal point libraries and on promoting inter-country networking activities.

It was appreciated by the Working Group that, even though the libraries were improving, there would still be a mass of health personnel working at the community level, living in an information vacuum. Senior and middle-level

health managers were another group which did not appear to utilize health literature services very effectively.

Libraries also have to play a role as a resource for learning material for various categories of health workers.

The Group recognized the difficulties faced by research workers in the Region in publishing the results of their research in the most prestigious journals the developed world. Therefore, an urgent need exists to upgrade the quality of medical science journals being published in the Region, including those in the Arabic language.

The Committee recommended that consideration be given to convening a meeting of editors of selected medical journals in the Region, to discuss ways and means of further improving such journals, and to explore the possibility of pooling resources to develop a regional journal.

The Committee was informed about the establishment, in some countries of the Region, of facilities to access the Data Bank at the National Library of Medicine, in the United States. It was recommended that WHO explore the possibility of utilizing this resource to serve regional needs. At present this service is being provided for scientists in the Region through WHO Headquarters.

It was pointed out that, in view of current developments in library sciences, training in this field should include components from computer and information sciences.

The national focal point libraries were experiencing difficulty in contributing to a sufficiently large range of journals and maintaining an up-to-date collection of books on account of increase in their cost. In this connection it was pointed out that libraries are often looked upon as a prestigious component of education institutions, with the result that there is a considerable and often unnecessary duplication of holdings. Many countries could benefit from a limited number of well-equipped and staffed libraries which would be accessible country-wide to all health workers.

If this is not possible then a more effective sharing of resources should be established between the libraries in a given country.

It was proposed that it may be worthwhile to study the extent to which medical journals in libraries are used, and then compile, on the basis of this, a list of journals that are used most and meet the needs of the largest number of health workers. There is need to assess the actual needs of health literature services and to develop holdings accordingly. Very often regional journals are not subscribed to by librarians and an important source of information is thus not available to research workers.

The Committee endorsed the recommendations of the Ad hoc Working Group and recommended that the Organization award a high priority to training of librarians and assistant librarians and develop learning material for such training.

It was also proposed that, in view of the emerging importance of fugitive literature, WHO should collaborate with countries in compiling a list of such literature relevant to public health needs and disseminate it within the Region.

The Committee noted that health workers, who are usually more than sufficiently burdened with their day-to-day duties, have little time to devote to libraries. Also, very often they lack expertise on how best to utilize the published material available in health libraries and other health facilities. In view of this it was recommended that the utilization of health literature services should be included in the curricula of all levels of health workers.

VI REPORT OF THE "TASK FORCE" MEETING ON RESEARCH IN PRIMARY HEALTH CARE (Agenda item 5/b)

Following the recommendation of the Seventh Session of the EM/ACMR, a meeting of the Task Force on Research in Primary Health Care (PHC) was held in October 1982.

The objectives of the meeting were: to develop detailed outlines of research protocols in priority topics related to PHC, and to suggest means for implementing these research protocols, and for further developing research in PHC in the Region.

The members of the Task Force reviewed possible research topics related to PHC which would help the implementation of strategies for the achievement of Health for All by the Year 2000, and identified the following four research concerns:

- PHC coverage;
- community mobilization for PHC;

- reorientation of health professionals towards PHC;
- factors influencing the effectiveness and acceptability of PHC manpower at the community level.

The Task Force felt that overall potential for, and obstacles in the way of achievement of HFA/2000, can be best assessed through health coverage studies. Recent coverage studies in some EM countries have indicated, as major obstacles to the development of PHC, the lack of physician commitment, the lack of community involvement and the lack of appropriately trained and strategically located health personnel. The outlines for research developed by the Task Force related to the above mentioned concerns, involve attempting to assess such inadequacies and developing and testing methods to remove them.

Regarding the implementation of proposals prepared by the Task Force, the Committee was informed that the outlines of proposals have already been sent to three countries of the Region and WHO collaboration has been extended for further developing and implementing these proposals.

The Committee noted that the protocol outlines prepared by the Task Force aim at involving Ministry of Health officials in the development of a fully detailed proposal (including framing of researchable questions, design and development of instruments), and its subsequent implementation. This would ensure that the results of the study when completed will be utilized. In order to further facilitate the utilization of results, efforts will be made to complete the studies as expeditiously as possible.

It was appreciated that the proposed activity is a step in the Organization's continued efforts in promoting and developing research manpower capabilities for targeted research, initiated in 1977.

In view of the significant role that the medical profession can play in mobilizing political support for PHC, it was recommended that special efforts be made to orient and involve staff and students in faculties of medicine in PHC activities. It was also considered that TV could be used as an effective tool in propagating the PHC approach. Task-oriented workshops have also proved to be effective in this connection.

Regarding the need for periodically assessing progress made in the PHC achievement, the Committee was informed that national monitoring of the progress of the

implementation of strategies for HFA 2000 is underway and that the first reports from the countries have just been received.

The Committee appreciated the efforts being made by the Regional Office to develop action-oriented research in support of national strategies for the achievement of HFA/2000, and recommended that the PHG Working Group in the Regional Office be strengthened with outside experts to assist in these efforts.

VII REPORT OF THE MEETING OF NATIONAL OFFICERS RESPONSIBLE FOR MEDICAL RESEARCH (Agenda item 5/c)

The Committee had before it a draft report of the above mentioned meeting which was held in Limassol, 13-15 April 1983. It was attended by participants from Egypt, Iran, Kuwait, Pakistan, Saudi Arabia, Sudan, Syria, Tunisia and Yemen Arab Republic.

The main objectives of the meeting were:

- to review and exchange information on mechanisms employed for the promotion, development and coordination of medical research in the participants' countries;
- to outline WHO's role in the development of medical research activities in the Member Countries, with special reference to research in support of national strategies for the goal of Health for All by the Year 2000.

The participants gave an account of the mechanisms being employed in their respective countries for managing medical research. From the review of country reports it appeared that the organization of medical research is at various stages of development in the different countries of the Region. Different mechanisms for managing medical research are evolving in the countries. All of them are aiming at improving the coordination of research, in order to optimize available resources and to avoid duplication. Special efforts are being made to forge close relationships between the medical faculties and health services.

The involvement of behavioural scientists in medical research is usually either marginal or completely lacking. Also research continues to be an individual effort and only few attempts have been made to develop and maintain multi-disciplinary teams. It appears that only limited efforts have been made to

solve community health problems, and to meet the research needs of health managers.

Nearly all the countries represented at the meeting have experienced difficulties in the generation of scientifically sound and socially relevant research proposals. Results of research were often not adequately evaluated and findings were not utilized for the benefit of health service development.

The participants produced a model for establishing and/or strengthening mechanisms for planning, implementing and evaluating targeted research. This model could be adapted to suit local situations prevailing in the various countries. It involves the designation of a department in the Ministry of Health to be made responsible for managing targeted research under the guidance of a panel of experts drawn from universities, health departments and other institutions concerned. The model also includes suggestions for receiving and processing of research applications and for the evaluation of results when the research has been completed.

Lack of research manpower was felt to be a major constraint in the development of medical research in nearly all the countries represented at the meeting. It was felt that, with WHO's collaboration, an active training programme should be instituted for orienting and involving a large number of scientists and health workers, including those from the social and behavioural sciences, in national medical research efforts.

It was felt that, where needed, national promotional meetings could be organized to convey to decision-makers the need and importance of medical research, especially that in support of strategies for HFA/2000. Missions sponsored by WHO could be sent to countries for collaboration in formulating research programmes in priority areas and developing plans for institutional strengthening.

The Committee felt that such meetings constituted a useful mechanism for exchanging information on national medical research programmes and promoting ideas generated at its own meetings that had not yet permeated to the countries. Inter-country collaboration in specific areas of research which are of concern to several countries in the Region can also be discussed in these meetings. In addition, the participants could be briefed on the research activities of the various WHO programmes, including those of the Special Programmes for Research and Research Training.

In view of the above, the Committee recommended that the Organization continue to convene these meetings in the future.

VIII REPORT OF THE NATIONAL WORKSHOP ON RESEARCH MANAGEMENT
(Agenda item 5/d)

The Advisory Committee, at its Sixth Meeting, while reviewing the Report of the Regional Workshop on Research Management, held in Islamabad, 4-14 April 1981, had recommended that WHO now support national workshops. In pursuance of this recommendation, a National Workshop was held in Alexandria, 3-7 January 1983.

The General objectives of the Workshop were to enable participants to develop an understanding of a number of techniques and concepts applicable to the management of health research, in order to improve the coordination between health plans and targeted research, and to increase the effectiveness of health research institutions in Egypt.

The eighteen participants in this workshop were senior-level personnel from the Ministry of Health and its affiliated institutions, the Academy of Scientific Research and Technology, Faculties of Medicine, the High Institute of Public Health and the Institute of National Planning.

The topics covered during the Workshop included development of national systems for managing research, management of research professionals, coordination and implementation, project selection planning and control techniques, health research manpower planning, management of health services research projects, networks for research, and evaluation and enhancement of the process for developing research institutions.

From the evaluation of the Workshop, it appeared that the objectives set out had been achieved and the various topics covered during the Workshop were considered relevant.

Most participants expressed the intention to use the experience gained and the learning material distributed, in developing such training programmes in their own institutions.

The Committee recommended that the report of the Workshop be widely disseminated and similar national workshops continue to be sponsored in other countries

of the Region. It was felt that such workshops provide a useful forum for interaction between Ministries of Health and University staff. At a suitable later date, a formal evaluation of these training activities should be carried out by relevant national agencies in collaboration with WHO.

IX PROGRESS REPORT ON RESEARCH IN DIARRHOEAL DISEASES
(Agenda item 6)

A Progress Report on Research Activities in Diarrhoeal Diseases was presented. The Committee was informed that the Regional Scientific Working Group on Diarrhoeal Diseases Research has met twice since the last meeting of the EM/ACMR. The approaches taken to achieve linkage between the health service and research components of the programme, as well as the efforts made to stimulate diarrhoeal diseases research activities in the Region, were brought to the attention of the Committee.

The Committee was informed about the status of WHO-supported research in diarrhoeal diseases and was satisfied to note that the number of WHO-supported applied research projects in this important field is increasing and that the subjects of research were highly relevant to the needs of the national diarrhoeal disease control programmes.

The Committee reaffirmed its satisfaction with the progress of the regional diarrhoeal diseases research activities and commended the efforts made by the World Health Organization in this respect.

X REGIONAL RESEARCH ACTIVITIES SUPPORTED BY THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR) (Agenda item 7)

The EM/ACMR was briefed regarding the objectives of the Special Programme of Research and Training in Tropical Diseases (TDR), namely:

- Research and development towards new and improved tools to control six major tropical diseases, namely malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy; and
- strengthening of national institutions, including training, to increase the research capabilities of tropical countries affected by these diseases.

The EM/ACMR was informed that TDR recognizes the need for research on these six diseases to be carried out in those countries which are actually facing the problems of these diseases and by their own scientists.

Recent developments in the field of control of these six diseases, particularly those which have resulted so far from the TDR-supported research, were briefly presented. The ACMR was informed of the present position with respect to:

- vaccine development against malaria and against leprosy;
- biological control of disease vectors of onchocerciasis and malaria; and
- simple tests for the field diagnosis of some of the six diseases.

The ACMR was then briefed about the collaboration and participation of institutes and scientists from countries in the EMR in TDR. Since the beginning of the Programme and until the end of 1982 financial support to scientists and institutions in the EMR in this respect was minimal. Funds contracted by TDR in the Region constituted only 3% of the financial support offered by the Programme as a whole. The ACMR was informed in some detail about the areas of TDR support in the Region.

Malaria research included a field trial of the effectiveness of larvivorous fish on malaria transmission, development of diagnostic tests and studies on the permeability of malaria-infected red blood cells and studies on functional and chemical changes induced by malaria parasites in the mammalian erythrocyte membrane.

Schistosomiasis research included studies on transmission, studies on the pharmacology of anti-schistosomal drugs, immunological studies of schistosomiasis in cattle and studies on control by focal mollusciciding.

Filariasis research included studies on the safe and effective use of certain therapeutic regimens and studies on vector control; TDR is also supporting studies on the effectiveness of localized onchocerciasis vector control and on the chemotherapy of onchocerciasis of cattle.

In the field of leishmaniasis research in the Region, TDR is supporting a study of vectors and reservoirs of leishmaniasis to determine the dynamics of

the spread of the disease. It is also supporting the establishment of a facility for typing leishmaniasis strains and a study on the systematic development of an anti-leishmaniasis vaccination programme.

Social and economic research on improving the effectiveness of PHC personnel and the identification of factors leading to high prevalence rates of some tropical diseases are being supported by the TDR Programme.

In the area of strengthening of national institutions, a few such bodies in the Region have received strengthening grants from TDR. The Programme has also supported some training activities in the Region. Workshops and training courses have been conducted in the Region through TDR support.

The EM/ACMR expressed concern about the relatively limited TDR-supported activities in the Region, in spite of the fact that many Member States are affected with the diseases covered by the Programme. It reviewed factors which might be responsible for the present situation and recommended:

- Organization of national and regional promotional meetings and country visits by relevant experts and WHO staff.
- Organizing training workshops at regional and national level to upgrade relevant skills and to stimulate formulation of research proposals.
- Increasing the representation of scientists from the Region in the various scientific working groups and other technical advisory bodies of the Programme.

The Committee also recommended that, if needed, the EMR should allocate resources for some of the above promotional activities and urged both TDR and WHO to take steps to enhance involvement of scientists from the Region in this Programme.

XI REVIEW OF THE RECENT ACTIVITIES OF THE GLOBAL ACMR (Agenda item 8)

The observations and main recommendations made at the 24th Session of the Global ACMR, held in October 1982, were recalled. The Committee was briefed on recent developments following this meeting. Particular attention was paid to the conclusions of the First Meeting of the Technical Advisory Group on Acute Respiratory Infections. In this connection, the Committee was also briefed

about the progress of work in this field in the Region and the proposed activities for the coming years. In view of the importance of the subject, the EM/ACMR recommended that Acute Respiratory Infections be included in the next year's Agenda and a report be prepared on the initiatives taken in the Region and globally in this respect.

The Committee was informed of the compilation and analysis recently carried out in the RPD Unit, WHO, Geneva, on the various research methodology training courses sponsored by the WHO Regional Offices. A full report will be presented to the Global ACMR at its next session.

The Committee was also informed of the steps being taken to promote the development of a career structure for research workers in member countries.

It was felt that the best way to train research workers is through their participation in the actual conduct of research, and this is what has been promoted in the Region, specifically in the context of HSR. Research training should also aim at dealing with and focusing on health problems indigenous to the country of the trainee. Very often students going abroad for post-graduate studies end up by doing research on subjects which have no relevance to the health problems of their respective countries. In this connection it was emphasized that elements of research training should be introduced to health workers early in their training.

In view of the shortage of well-trained research manpower, and recognizing the need to further strengthen research and research institutions in the Region, it was recommended that the Regional Office convene a Consultation to discuss the issue of research strengthening and to develop a systematic plan linked to the WHO Collaborative Programme in the Member States of the Region. This consultation should also address itself to possible measures which can be taken to promote and establish a just career structure for research workers. The Committee recommended that the report of this consultation be made available at the next meeting.

XII RESEARCH IN BEHAVIOURAL SCIENCES (Agenda item 9)

1. Introduction

Since the early 1950s, behavioural sciences have been given increasing recognition. A number of disciplines, namely psychology, psychiatry, anthropology, sociology, economics, political sciences, as well as others, have contributed in one way or another to a better understanding of human behaviour. The relevance of behavioural sciences to the promotion of health care delivery has been widely documented and demonstrated. However, despite the rising tide of knowledge in behavioural sciences, the solutions to health problems have been predominantly sought in physical and biological medicine, with less attention being given to the behavioural and ecological aspects. It seems, therefore, logical to redress the balance and conceive of health, illness and disease within the context of man and his interaction with his total environment, with consequently a greater emphasis on the behavioural sciences.

During this meeting reference was repeatedly made to the need for behavioural tools and techniques during the discussions on the Programme on Cancer and also in the discussions on the Report of the Task Force on Research in PHC.

In the implementation of the proposals submitted by the Task Force on Research in PHC, practically all the projects required the application of behavioural methods and techniques for the modification of attitudes and beliefs. The areas involved concern community mobilization, the orientation of health professionals and the improvement of the effectiveness and acceptability of the PHC worker. If community participation is taken as a particular example, a number of issues in the behavioural field will be raised, such as: the building up of community interest in health problems, the communication techniques to be used, the formation of self-help groups, the continuity of community inputs and the maintenance of self-reliance. In addition, the generation of motivation in the community is important, for example through incentives, the provision of increased responsibilities, job prestige and other recognition of efforts made. With regard to the delivery of health care in general, it is recognized that there are important behavioural issues to be considered, such as compliance and the under- or over-utilization of services.

The contribution of behavioural science could be vividly observed within the range of the core elements of PHC, notably health education, the promotion of proper nutrition, safe water supply, basic sanitation, maternal and child health care, immunization, disease prevention, appropriate treatment and the proper utilization of drugs. Examples were also highlighted of the prevention and control of endemic diseases such as schistosomiasis and cardiovascular disease as well as those conditions more obviously related to health damaging behaviour such as drug abuse and motor vehicle accidents.

Emphasis has repeatedly been placed on the need to use religious approaches more effectively as a source of health education and service delivery, as well as a more adequate use of the media, particularly television, both in refraining from showing examples of unhealthy behaviour in programmes and in presenting positive health education features. The opportunity should also be taken to train school teachers who can have a strong influence on changing the behaviour of school-children, both by their actions and in their teaching. To this end, also, there is a need to develop effective learning materials for this purpose.

An important potential field of research in the behavioural sciences in a number of countries of the EMR has in the implications of rapid socio-economic change and its technical and health effects. There are complex problems associated with urbanization, detribalization, migration and the resettlement and movement of peoples for whatever reason.

It is unfortunate that there is a widespread neglect, with a few exceptions, in the teaching of behavioural sciences by most institutions involved in training health workers. In many older medical schools the subject does not feature, either in the curriculum or through the example of clinicians in bringing out behavioural and social factors in their dealings with their patients. Even when taught, subject may appear as a misfit, being given in isolation from medical practice and from other disciplines. Throughout the training of all health workers, the contribution of behavioural sciences to the practice of all branches of medicine has to be emphasized continually. Only in this way will an atmosphere be created which will generate research projects combining elements of behavioural sciences, disease prevention and health care.

2. Development in Governing Bodies of WHO and its Advisory Committee on Medical Research

The major importance of psychosocial factors, behavioural sciences and mental health research in the promotion of health was recognized by the World Health Assembly in the mid 1970s; resolutions urging work in this area were adopted by the World Health Assembly and the Executive Board (WHA28.50, WHA29.21, EB57.R22). Regional Committees also frequently stressed the importance of psychosocial aspects of health and referred to the need to take psychosocial, economic and other environmental factors into account in health programmes (SEA/RC29/R8,9,10, WPR/RC26,R11).

The Alma Ata Conference and the deliberations which led to the formulation of the global and regional strategies for Health For All by the Year 2000 provided further confirmation of the importance of work in this field by their emphasis on the relevance, social acceptability and scientific soundness of health measures in the context of community participation and self-reliance.

The Global Advisory Committee on Medical Research also reacted to these developments and created a Sub-Committee on Mental Health. The recommendations of this Sub-Committee led to the establishment of a Scientific Planning Group which was given the task of developing a research agenda for an expanded programme of research and training in behavioural sciences and mental health. The group's work has so far resulted in a proposal for the following three priorities in future work; this was endorsed by the Global ACMR.

1. To strengthen the infrastructure for research in this field, particularly in developing countries.
2. To concentrate on three priority topics (and to convene task forces to develop scientific proposals for work in this area):
 - (i) Behavioural and mental health aspects of PHC, with particular emphasis on maternal and child health;
 - (ii) coping with rapid socio-technical change;
 - (iii) alcohol and drug abuse, with particular emphasis on prevention and strategies*.

* The first of the Task Forces will meet in August 1983, the second in October 1983 and the third in April 1984.

3. To develop publications and other material to increase awareness of these issues in the Member Countries and in the scientific community.

The Global ACMR has also suggested to the Regional ACMRs that they study this matter. This has been accepted and all but one of the Regional ACMRs have considered the issue and produced specific proposals for future work. Although these proposals vary slightly from region to region, there is unanimity in recognition of the importance of work in this area. The relevant meetings in EMR, are covered by the report of the Working Group on Social and Behavioural Sciences in Health (1978), the report of the 5th Meeting of the EM/ACMR (1980) dealing with the discussion on research in the Regional Programme of Mental Health and the report of the Scientific Working Group on Mental Health Research (1981).

3. Future work

After discussion and review of past and current activities in research in behavioural sciences and the mental health field, the Committee agreed that emphasis in future research in countries of EMR should be on those aspects of behavioural and mental health sciences which could be practically implemented in association with the PHC approach and with due emphasis on training of manpower and the application of appropriate behavioural techniques.

The following priority research areas were agreed upon:

1. The development of relevant behavioural techniques in selected countries of EMR for the enhancement of the PHC approach with particular reference to community involvement, and inter-sectoral cooperation.
2. Orientation of primary health workers on behavioural concepts and methodology.
3. Health damaging behaviour.
4. Development of models for mass campaigns and evaluation of current activities (e.g. campaigns against smoking).
5. Religion, health promotion and prevention of disease.
6. The media and health-promoting behaviour.
7. Development of appropriate inputs to improve the proper utilization of health services.

The following specific activities and approaches to the implementation of a programme which will deal with the above priorities were agreed upon and recommended.

1. A review and identification of resources for research and training in this area now existing in the Region. This review should include medical school and other university departments, non-governmental organizations, bilateral projects, etc.
2. Strengthening of training activities, (including the development of appropriate training material) with particular emphasis on the collaboration with behavioural scientists in teaching health personnel and the involvement in and training of behavioural scientists in research on health issues.
3. Making full use of research opportunities presented by major social changes and interventions in the Region to increase intervention capacity and facilitate prevention of untoward consequences of development.
4. Active participation in the planning and implementation of the global activities in the area of behavioural sciences and mental health research.
5. Participation in inter-regional multicentric projects in this area of work, including intervention trials concerned with disease prevention and health promotion.
6. Translation into local languages of appropriate material in order to increase awareness of decision-makers and the scientific community about needs and opportunities for work in this area.

The Committee also recommended that consideration be given to convening a high-level meeting in the Region and agreeing on activities to be carried out at regional and national levels.

XVIII CLOSING SESSION

In this Session, the Committee reviewed the draft report of the meeting and made necessary amendments. It was decided to recommend to the Regional Director that its next session be convened during the last week of March or first week of April 1984.

Regarding the Agenda for the next meeting, in addition to the items being regularly reviewed (i.e. research in diarrhoeal diseases and RSR/PHC) and the two items mentioned above, the Committee proposed that Research in Traditional Medicine be also included on the agenda of its forthcoming meeting.

Other possible items proposed to be considered at the coming meetings, were: viral hepatitis, khat (qat), survey of specific health problems and conditions indigenous to the Region, and leishmaniasis.

It was felt that the Committee may at one of its future sessions review the regional research priorities again.

Dr F. Partow, Director, Programme Management, on behalf of Dr H.A. Gezairy, Regional Director, thanked the Committee members for their valuable and useful contributions and assured the Committee that all efforts will be made to implement their recommendations.

XIV RECOMMENDATIONS

The Committee during its deliberations made several recommendations which are included in the body of the report. Given below is a summary of the more salient recommendations:

1. The Committee endorsed the priorities proposed for cancer research in the Region and recommended that epidemiological and behavioural studies at primary health care level be given high priority.
2. After reviewing the report of the Ad hoc Working Group on Health Literature Services, the Committee made the following recommendations:
 - WHO should award high priority to training of librarians and assistant librarians;
 - consideration should be given to convening a meeting of editors of selected medical journals in the Region to discuss means of further improving such journals and to explore possibilities of pooling resources to develop a regional journal;
 - WHO should also explore possibilities for utilizing the facilities recently established in some countries of the Region to provide access to international data banks;

- a study of the use of various medical journals in libraries in the Region should be carried out in order to develop a list of most needed journals;
 - utilization of health literature services should be included in the curricula of all categories of health personnel.
3. The Committee commended the Task Force on Research in Primary Health Care for preparing pertinent protocols, and recommended that the PHC Working Group in the Regional Office co-opt outside experts on an ad hoc basis to assist in further planning and implementing research in this field.
 4. The Committee on reviewing the Report of the Meeting of National Officers Responsible for the Medical Research, found that this had been a useful meeting and called upon the Organization to convene such meetings periodically in future and to include on the agendas inter-country collaboration in specific areas of research.
 5. The Report of the National Workshop on Research Management should be widely disseminated and similar workshops be held in other countries of the Region.
 6. The Committee expressed its satisfaction with the progress achieved in research on diarrhoeal diseases and commended the Organization for its efforts in this connection.
 7. While reviewing the regional research activities supported by WHO/IDR, the Committee expressed its concern at the generally poor participation of scientists from this Region in this Programme, and recommended that relevant promotional and training activities be sponsored in order to enhance the involvement of regional scientists in this Programme.
 8. The Committee was given a detailed account of the needs and current research in behavioural sciences and was informed regarding the initiatives being taken to promote research in this area. It endorsed the research priorities proposed for the Region and recommended that the Regional Office take suitable steps to develop research and training activities in this field in close consultation with the Organization's initiatives in research in PHC.
 9. It was recommended that a review of research in the Region on (i) Acute Respiratory Infections and (ii) Traditional Medicine be included in next year's Agenda.

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10. The Committee recommended that a Consultation be convened to develop a systematic plan for research-strengthening in the Region. It should also address itself to mechanisms for promoting a suitable career structure for regional research workers.

ANNEX I

LIST OF PARTICIPANTS

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Dr N. Sartorius	Director Division of Mental Health	World Health Organization, Geneva
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ANNEX II

ADDRESS OF DR HUSSEIN A. GEZAIRY
DIRECTOR
WHO EASTERN MEDITERRANEAN REGION

to the

EM ADVISORY COMMITTEE ON MEDICAL RESEARCH

Eighth Meeting

Limassol, 18 - 20 April 1983

Your Excellency,
Members of the EM/ACMR,
Distinguished Colleagues,
Ladies and Gentlemen,

It gives me great pleasure to welcome you at our Annual Meeting of the Eastern Mediterranean Advisory Committee on Medical Research (EM/ACMR). WHO is grateful to the Government of Cyprus for hosting this meeting again and to Your Excellency for graciously agreeing to open it.

As desired by you, the timing of these annual meetings has now been shifted from September to early spring, and in spite of the short time which has elapsed since the last meeting was held, some activities have taken place and they will be discussed during this meeting. From next year on, we will, of course, have a full year in which to implement your recommendations.

You will recall that, while discussing the issue of research in Primary Health Care, the Committee had recommended that a "Task Force" be set up to advise on further steps to be taken in promoting and developing research in this area. Such a "Task Force" was constituted and met during the month of October 1982. Its report will be discussed by you. Based upon the recommendations of the "Task Force", some action has already been taken.

A small Ad hoc Working Group was convened in December 1982, under the chairmanship of Professor Abdussalam, to review the situation regarding Health Literature Services in the Region. The group prepared a very useful and practical report, the recommendations of which, when implemented, will go a long way towards improving

Health Literature Services in the Region. You, of course, will have an opportunity to discuss the entire report during your meeting.

We have for some time been planning to hold a Meeting of National Officers Responsible for Medical Research in some countries of our Region. The first meeting of this kind has just been held and its draft report will be discussed by you. It is hoped that meetings such as this one will be of great assistance in strengthening the coordination of research, both at the regional and national level, and facilitate the implementation of the recommendations of the EM/ACMR.

Research in Diarrhoeal Diseases has continued to receive due attention. Early this year, a National Consultation on Diarrhoeal Diseases Research was held in the Sudan. It may be recalled that similar Consultations were held in Egypt and Pakistan last year to promote the development of research proposals in Diarrhoeal Diseases. The Regional Scientific Working Group on Diarrhoeal Diseases Research held its Third Meeting immediately preceding the EM/ACMR; the draft report will be available to you when you discuss the progress report on Research in Diarrhoeal Diseases.

During the last couple of years, the Organization, on the advice of its Global ACMR, has taken new initiatives for promoting research in Cancer and Behavioural Sciences.

Our own Regional Advisory Panel on Cancer, at its recent meeting, discussed the research programme in Cancer, its suggestions, together with other relevant global activities in this connection, will be presented to you.

Research in Behavioural Sciences has assumed considerable importance, especially with respect to its role in ensuring acceptance by the people of various health technologies. We have with us Dr Sartorius, Director of Mental Health, WHO Geneva, who has been steering the research programme in this area. He will brief the Committee on the various activities undertaken so far. We hope that you will be able to advise us on how research in this field can be developed within the Region.

You will recall that, while discussing the working of the EM/ACMR, you had proposed that the two WHO Special Programmes for Research be reviewed in alternate years. Therefore, this year we will be reviewing the regional research activities being supported by the Special Programme for Research and Training in Tropical Diseases. We look forward to your suggestions about how research in this field can be further promoted and developed in order to enable the scientists to tap this source of funds for their research, and to enable this Programme to benefit from scientists available in our Region.

In conclusion, may I once again thank the Government of Cyprus for hosting this meeting and Your Excellency for having agreed to inaugurate it. Also I wish to thank the Committee Members for travelling to this meeting, and I wish all of you a very pleasant stay in Cyprus.

ANNEX III

AGENDA

1. Opening of the Meeting
2. Election of Officers
3. Adoption of the Agenda
4. Regional Research Programme on Cancer
5. Review of the reports of the meetings of:
 - (a) Ad hoc Working Group Meeting on Health Literature Services
Alexandria, 7-8 December 1982
 - (b) "Task Force" Meeting on Research in Primary Health Care
Alexandria, 25-28 October 1982
 - (c) Meeting of National Officers Responsible for Medical Research
Limassol, 13-15 April 1983
 - (d) National Workshop on Research Management
Alexandria, 3-7 January 1983
6. Progress Report on Research in Diarrhoeal Diseases
7. Regional Research Activities supported by the Special Programme for
Research and Training in Tropical Diseases (TDR)
8. Review of the recent activities of the Global Advisory Committee on Medical
Research
9. Research in Behavioural Sciences
10. Recommendations and Summary Report
Closure of the Meeting