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Report on the

**Expanded meeting for  
members of the Advisory  
Committee on Health Research  
and research experts to discuss  
integrating research in shaping  
the future of health in the  
Eastern Mediterranean Region**

Cairo, Egypt  
16–18 February 2014



**World Health  
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## 1. EXECUTIVE SUMMARY

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a meeting for members of the Advisory Committee on Health Research and research experts to discuss integrating research in shaping the future of health in the WHO Eastern Mediterranean Region, in Cairo, Egypt, on 16–18 February 2014. The objectives were to:

- discuss the current status and capacity for health research in the five key regional health priorities in terms of strengths and opportunities, weaknesses and challenges;
- propose research priorities, based on the challenges facing health development in countries of the Region, guided by the document *Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO*;
- recommend ways of strengthening national capacity for health research in Member States of the Region.

The conclusions corresponding to the meeting's objectives were as follows.

1. The importance of focusing on the five regional health priorities has been recognized by Member States and endorsed at the 59th session of the WHO Regional Committee for the Eastern Mediterranean in 2012. The need for evidence to enhance the performance of programmes in these priority areas is well-recognized by the Regional Office. However, there are weaknesses and challenges which need to be appropriately addressed. The first is the insufficient quantity and quality of the knowledge produced and utilized. One reason for this is the lack of recognition and underestimation of the role of research in health development. This leads to low political commitment and support for research in national health policies and plans. Another key problem is the failure to outline research priorities at national, subnational and institutional levels to ensure the relevance of research to health systems and community health needs. This results in a failure of efficiency in the utilization of scarce resources. Other shortcomings of country research systems are the inability to communicate or disseminate research and to translate research into action.
2. Working groups reviewed working papers prepared on the knowledge gaps in each of the five priority areas. While the list of gaps identified was substantial, the outcome of the working groups was considered a work-on-progress and more work is needed within a defined period of time for it to be finalized.
3. A variety of proposed action points were proposed to strengthen research in the Region's five health priority areas. These were:
  - Integrate research into the strategic directions of the Regional Office: priorities should be finalized by departments of the Regional Office, systematically reviewed and shared with Member States;
  - Map the regional research landscape with an emphasis on the five priority areas and the contribution of Member States to the Research and Development Global Health Observatory;
  - Strengthen the translation of knowledge from research findings into action by improving communication and trust between researchers and policy-makers;

- Advocate for the importance of research for policy-makers by showing the “payback” of research;
- Share best practices in research and its application for improved health practices and outcomes;
- Involve the media through communication and capacity-building to facilitate the impact of research on people and policy-makers.

## 2. INTRODUCTION

The WHO Regional Office for the Eastern Mediterranean held a meeting for members of the Advisory Committee on Health Research and research experts to discuss integrating research in shaping the future of health in the Eastern Mediterranean Region, in Cairo, Egypt, on 16–18 February 2014. The meeting was held to discuss and review the current status of health research in the Region and the way forward.

The objectives of the meeting were to bring together a group of regional and international experts to:

- discuss the current status and capacity for health research in the five key regional health priorities in terms of strengths and opportunities, weaknesses and challenges;
- propose research priorities, based on the challenges facing health development in countries of the Region, guided by the document *Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO*;
- recommend ways of strengthening national capacity for health research in Member States of the Region.

The meeting opened with an address by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who outlined the challenges to public health in the Region and noted the need to cultivate a culture of research to address these challenges and gaps. A combination of scaling-up research in the Region combined with a commitment to new ways of doing business was required in order to meet in a more effective way the needs of Member States regarding the conduct of research and the use of its outcomes. He observed that the Region had undergone significant change due to the health transition of the last three decades, and that the WHO had been undergoing a process of reform. There was a need to inject more energy into WHO’s support to health research, while ensuring that the Organization was investing in the right directions to meet the public health challenges of the Region, he said.

Regional priorities had been identified through extensive consultation with experts and Member States over a four month period, resulting in a working paper being presented to Member States and delegates at the World Health Assembly and the Regional Committee for the Eastern Mediterranean, who had endorsed it. The strategic document *Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO*, summarized the outcome of this exercise. Since then, he said, WHO had been developing an in-depth way of implementing the strategy through the strengthening of health systems and services in the Region to respond to the needs of the population, aligned with the aim of achieving universal health coverage, addressing the unfinished agenda of maternal and child health in nine priority

countries, controlling communicable diseases, strengthening the capacity of Member States in International Health Regulations (IHR), developing a strategic framework to address the burden of noncommunicable diseases guided by the United Nations General Assembly Declaration of September 2011, and strengthening emergency preparedness and response.

The document *Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO* reviewed the current situation of health in the Region and identified five priority areas, he noted. The document further outlined the challenges in each of the priority areas, making suggestions on how to address them and proposals for implementing the vision/strategy. To achieve this, health research was an underlying component for the five key priorities, the Regional Director observed.

This illustrated the importance of the meeting to the achievement of the goal of addressing the priority issues, he said. Dr Alwan then noted some of the constraints on research in the Region and areas where focus is needed: insufficient recognition of the importance of research; a lack of commitment to research in national health policy and plans; the underestimation of the value of research, not viewing it as vital to the achievement of health and development plans; and a lack of capacity in many areas such as setting priorities, identifying the kinds of research needed and the translation of research results into policy.

The Regional Director outlined the expected outcomes of the meeting that included a review of the current situation in relation to the constraints, gaps and successes in research for health, the identification of areas that require urgent attention by WHO and Member States (with clarity on what is needed regarding the promotion and encouragement of research), the identification of top-priority research that is essential, particularly in the five priority areas, and discussion on how to strengthen research capacity, with a focus on Member States, as well as other partners interested in health research in the Region.

Dr Alwan expressed confidence that the discussions and exchange of experiences during the meeting would result in clear and feasible plans of action to assist Member States in strengthening and promoting research that corresponded to the Region's needs and priorities.

Professor Mahmoud Fathalla, Chair of the Advisory Committee on Health Research, outlined the determinants of a successful meeting. These included the quality of the preparations for the meeting and quality of the participants, which in this case included experts from diverse disciplines in addition to two eminent social scientists. He also praised the representation of the technical departments in the Regional Office, which included the directors as active participants as well as relevant technical staff. He concluded with a few points to be considered during the discussion.

- Research should not be considered a luxury. On the contrary, health research is needed more when resources are scarce.
- There is a need to bridge the gap between researchers and policy-makers, as the current research culture is “publish or perish”, along with a need to demystify the research process.
- Collaboration in research is much needed in the Region.



### **3. TECHNICAL PRESENTATIONS**

#### **3.1 An overview of the research status in the Eastern Mediterranean Region**

*Dr Reza Majdzadeh, Medical Officer, Research Development and Innovation*

The status of health research in the priority areas across the Region is currently unsatisfactory. This may be due to critical deficits in research stewardship, weak translation of research into policy and practice, and the lack of a comprehensive research agenda. These problems are largely attributable to the weak political, and consequently financial, support available to health research systems in countries.

Based on the numbers of registered clinical trials and patents, it can be concluded that studies that lead to the manufacture of products are not well-grounded in the Region. The few studies that have been conducted across the Region indicate that research evidence does not influence decision-making. There is also an absence of data on financial investment in health-specific research. While investment in health research has remained low, there is political will in several countries to increase their gross expenditure on research and development. More effective stewardship is required for the Region's health research systems.

#### **3.2 Demand responsive and embedded research: a way to improve performance of national health systems**

*Dr Abdul Ghaffar, Executive Director, Alliance for Health Policy and Systems Research*

The scope of WHO's role in relation to health research includes the full spectrum of research from basic, biomedical research to social science research, strengthening the capacities of researchers from design to dissemination, and engaging with policy-decision-makers to increase their interest and abilities in demand for and use of research evidence. This is often hindered by the lack of relevant policy and systems knowledge in the Region, limited capacity for health policy and systems research generation and use, and lack of opportunities and tools for engagement with decision-makers.

One solution is to change the mind set on health research by promoting demand-driven research and encouraging policy-makers and researchers to work not only as allies but as colleagues who are accountable to one another and share responsibility for the outcomes of policy and decisions. In terms of building capacity, it is important to focus on the development of capacities that are central to the effectiveness and sustainability of an embedded approach, build upon what already exists and learn from other industries, invest in opportunities for innovation and the development of new models, and provide institutional and individual incentives. Research is most likely to be useful where implementers, such as policy-makers, have played a part in the identification, design and conduct of research and are not just the passive recipients of results.

### **3.3 Setting health research priorities: a global perspective**

*Mr Robert Terry, Manager, Knowledge Management, Special Programme for Research and Training in Tropical Diseases (TDR)*

When it comes to setting research priorities, there are many tools but no ideal template. Every exercise is different, and there are no universal methods or standards that apply to all. A review of WHO methods identified common elements of good health research priority setting. The three broad domains it identified that should be considered in any research priority setting process were feasibility, public health benefit/impact and cost.

The workflow for setting research priorities, in line with the strategic document *Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO*, would follow the outline: review of background material → common understanding of the challenges → identifying knowledge gaps in each of the technical programmes → converting knowledge gaps to research domains.

WHO is currently in the process of developing a global health research and development observatory with information that will enable users to analyse data on financing and policy for global health research and development, produce analyses to inform national research and development portfolio management, guide research and development priority setting at national, regional and global levels, benchmark activities (for example, between countries), monitor and evaluate trends against national, regional and global strategies, and facilitate coordination.

## **4. PRESENTATIONS ON RESEARCH IN PRIORITY AREAS FOR SHAPING THE FUTURE OF HEALTH IN THE EASTERN MEDITERRANEAN REGION**

Working papers developed by the technical departments in each of the five priority health areas were presented that outlined the current situation, the challenges and the proposed research questions that need to be addressed. These papers served as the basis for discussion during the working group sessions. Below is a summary of the priority research areas identified in each.

### **4.1 Health system strengthening for universal health coverage: research priorities in the Eastern Mediterranean Region**

*Dr Sameen Siddiqi, Director, Health System Development*

The overarching challenges that undermine health system performance in the Region and contribute to exacerbating inequities in health outcomes include the need for:<sup>1</sup> high-level political commitment to the achievement of universal health coverage; strengthening of the capacities of ministries of health; reduction in the share of out-of-pocket payment;

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<sup>1</sup> Health systems strengthening in countries of the Eastern Mediterranean Region: challenges, priorities and options for future action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2012 (EM/RC59/Tech.Disc.1).

enhancement of the contribution of the private sector to public health and its regulation; development of a balanced, skilled and motivated health workforce and adoption of workable models of family practice; reinforcement of health information systems; improvement in access to essential technologies; and support for priority public health programmes.

With this in mind, the proposed set of priority research questions that need to be addressed in the Region are in the following six areas: achieving universal health coverage; strengthening health financing systems; strengthening leadership and governance in health; promoting a balanced and well managed health workforce; improving access to quality health care services; and ensuring access to essential technologies.

#### **4.2 Research priorities for addressing MDGs 4 and 5: maternal and child health and nutrition research**

*Dr Haifa Madi, Director, Health Protection and Promotion*

The current challenges facing maternal and child health in the Eastern Mediterranean Region include the low coverage of maternal and child health interventions in most of the Millennium Development Goal (MDG) priority countries, with coverage disparities within countries reflecting existing inequities. This is reflected in the slow pace of progress towards achieving MDGs 4 and 5 in many countries, most of which are in situations of complex emergency. Underlying this is a weak health system response to maternal and child health, with limited allocation of financial and human resources, inadequate quality of services, and priority areas sometimes left unaddressed.

The proposed set of priority research questions that need to be addressed in the Region in the areas of maternal and child health are: coverage of interventions and the factors causing low utilization of maternal and child health services; the health system response, including availability of human resources, task shifting and quality of outcome, infection control measure outcomes over time, availability of lifesaving medicines, availability of emergency obstetric care and blood transfusion, and quality of available health information systems; assessment of the quality of maternal and child health services in terms of both technical (performance against standards) and perceived quality; community practices and health care-seeking behaviour related to maternal and child health; a study of the main causes of death among children and mothers at the subnational level; and the effect of using Mhealth in improving coverage of interventions.

In the area of nutrition, priority research questions include: the prevalence of micronutrients deficiencies especially iron, zinc, vitamin D, folic acid and calcium; the socioeconomic causes of stunting, at community and household level; the impact of de-worming campaigns on acute and chronic malnutrition; and food consumption patterns.

#### **4.3 Research priorities in noncommunicable diseases prevention and control in the Eastern Mediterranean Region**

*Dr Samer Jabbour, Director, Noncommunicable Diseases and Mental Health*

Prior work at the global and regional level has pointed to crucial knowledge gaps and led to the identification of corresponding research priorities. The noncommunicable disease programme agenda is based on four important strategic documents including the: 1) *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*; 2) *Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases* endorsed by regional ministers of health; 3) *NCD global monitoring framework*; and 4) *Global action plan for the prevention and control of NCDs 2013–2020*.

These were the basis for defining the knowledge gaps that need to be responded to in the field of noncommunicable diseases. The priority research questions thereby identified that need to be addressed in the Region are in the following five areas: epidemiology and burden of noncommunicable diseases and their risk factors; governance for noncommunicable diseases; prevention and reduction of risk factors; health system response, including implementing priority interventions and improving access and utilization; and surveillance, monitoring and evaluation.

#### **4.4 Research priorities in communicable diseases prevention and control in the Eastern Mediterranean Region**

*Dr Gabriel Reidner, Department of Communicable Diseases*

The main challenges facing communicable disease prevention and control in the Region include: estimating the disease and socioeconomic burden; understanding the environmental, social and behavioural determinants and risk factors; developing the most efficient technologies and public health strategies to interrupt transmission and reduce morbidity and mortality; and evaluating impact of interventions and programmes.

The priority research questions that need to be addressed in the Region include understanding the magnitude and burden of diseases and trends over time (a cross-cutting area), the economic burden of disease, trends in risk and protective behaviours of target populations (all diseases) and the determinants of uptake of interventions and services (prevention, diagnostic and treatment services).

Research on how to optimize disease prevention and control strategies is another priority including the application of new technologies (prevention technologies, vaccines, diagnostics, medicines and vector control), cost-effective screening strategies, reaching underserved populations (mobile, remote rural, marginalized and stigmatized populations), the involvement of communities and civil society organizations, and health systems challenges and opportunities. Impact evaluation, including developing standardized methodologies and instruments for impact evaluation of communicable disease programmes is also a priority.

#### **4.5 Operational research and public health in crisis situations**

*Dr Qudsia Huda, Emergency Preparedness and Response*

The knowledge gaps in relation to public health emergencies in the Region include the lack of cost-benefit analysis of emergency risk management interventions and humanitarian response, and assessing the impact of emergency programmes to support advocacy with donors and national governments for more engagement and investment of national resources. Comparison between response and preparedness is also critical in order to ensure adequate investment of national resources in risk reduction, as humanitarian responses have become very expensive. Disaggregated disaster-related mortality and morbidity data is needed to ensure the optimum interventions in relief operations. The impact of disasters on vulnerable groups is another knowledge gap.

The research priorities in the area of emergency preparedness and response include the estimation/calculation of disaster loss in terms of lives (morbidity and mortality), and property and health service-related loss in terms of health facilities and health workforce (hazard-specific). Identifying best practices in preparedness, response and recovery is another priority, as is community perceptions of disaster risks (knowledge, attitudes and practices). A cost-benefit analysis of disaster preparedness and response interventions is also needed, along with an impact assessment of emergency risk management interventions and a comparison and impact analysis of health sector interventions compared to non-health measures. The role of International Health Regulations (2005) in developing national capacity for emergency preparedness and response is another research priority, along with a comparative analysis between prepared and non-prepared emergency responses. The impact of disasters on maternal and child health, noncommunicable diseases, mental health and the environment is a further priority.

### **5. WORKING GROUPS ON STRENGTHENING HEALTH RESEARCH IN THE EASTERN MEDITERRANEAN REGION**

Based on the discussions on the priority health areas for the Region, participants were divided into five groups, corresponding to the five areas, to discuss each of the components of strengthening health research.

#### **5.1 Utilization of knowledge in priority areas**

WHO has a leadership and convener role in promoting a culture of health research among policy-makers and researchers. Bridging the gap between researchers and policy-makers is needed, ensuring that they speak a common language and enhancing intersectoral collaboration to involve all relevant stakeholders. Integrating and embedding research in health programmes is also needed.

For the utilization of evidence to inform health policy and practice, the role of the Evidence-Informed Policy Network (EVIPNet) is important and the Region should build on the experience of other regions. It is also important to support centre(s) of excellence in knowledge management, including WHO collaborating centres. Strengthening the capacity of

researchers to communicate their research results and of policy-makers to communicate their needs and use knowledge is vital. There is also a need to provide support, such as capacity-building, for the production and utilization of evidence-informed decision-making materials (e.g. policy briefs).

## **5.2 Supporting research in priority areas**

There is a need for a comprehensive mapping exercise to understand the health research settings and structures in the Region (the health research systems). This includes the mapping of funding, institutions, researchers, best practices and projects. Preparing an impact assessment report(s) on research would support advocacy for health research.

Investing in leadership development in health research for both institutions and individuals, including researchers and policy-makers, and sharing best practices and case-studies, would contribute to promoting a culture of health research in the Region, helping in the creation of “knowledge-based” societies. The involvement of the media in communicating research results and advocacy on health research is also important, as is improving the accountability of countries in their support of health research systems.

## **5.3 Needs and knowledge gaps in priority areas; and research priorities and questions in priority areas** *(These sessions were conducted and reported together)*

In identifying needs and knowledge gaps, the following key needs were highlighted: the need to strengthen health information systems in countries to address incomplete, incomparable and unreliable basic data; a need for data on researchers and research institutions, topics and outputs; the lack of availability of evidence in emergencies, including lack of awareness of rapid sources of evidence; a need for data on the social and environmental aspects of health; a need for intersectoral collaboration and the involvement of stakeholders; and a need to understand the role of the private sector. Health system strengthening and emergency preparedness and response were seen as cross-cutting issues.

In identifying the key research priorities and questions that need to be asked in order to address the key challenges facing public health in the Region, and provide solutions to the problems, participants were asked to consider if the research questions addressed an important research problem, if the research was feasible, taking into consideration the availability of research expertise (institutional and individual) and funding, if there was a comparative advantage for the Regional Office to conduct the research, and what the potential impact of research solutions would be.

Research priorities and questions were identified by the working groups in each of the following priority areas.

### *Health system strengthening*

Research priorities and questions for health system strengthening include: identifying the impediments to good governance in health systems; public-private partnerships; the most

appropriate prepayment schemes; approaches to targeting and covering vulnerable groups; wastage of resources; primary health care delivery networks and how to transform them into effective family practice programmes; better health information system tools to support the overall evaluation of health system performance in an integrated way; the marketing of unethical and regulated practices in health technologies and medical products; health technology assessment; best practices in performance-based incentive schemes; the disjunction between the training of health professionals and the needs of the health system; improving quality of care through accreditation, quality assurance and clinical governance; and how research and innovation is taking place in the Region.

### *Maternal and child health and nutrition*

Research priorities and questions for maternal and child health and nutrition include: health care-seeking behaviour and the determinants of timely health care-seeking behaviour and low utilization of services; the integration of services, including whether linking low coverage services with high coverage services has an impact on better utilization (for example, for immunization, deworming, breastfeeding and micronutrient services); integration of services for vulnerable populations, such as integration of social services and health in HIV services and family planning; the quality of services, including the availability of medicine and supplies, and comprehensive emergency obstetric care, the performance of the health system, and differences between technical and perceived quality; the involvement of the community, including evaluating the available evidence, bringing to scale success stories and using innovative approaches (for example, Mhealth); and service coverage and effectiveness in humanitarian crises, including identifying the needs of populations and appropriate services and supplies.

### *Noncommunicable diseases*

Research priorities and questions for noncommunicable diseases include: barriers to intersectoral collaboration; determinants of physical activity and sedentary behaviours; impact of community-based interventions on prevention and control of noncommunicable diseases; health system requirements for implementing interventions; therapy and counselling for high risk individuals; evidence-based delivery of interventions at primary health care level; cost-effective approaches to patient education, improving adherence and strengthening self-care; health system barriers to early detection; alternative approaches to measure noncommunicable disease-specific mortality; and mechanisms and processes for knowledge translation and utilization.

### *Communicable diseases*

Research priorities and questions for communicable diseases include: involvement of stakeholders (including the private sector) in surveillance; involvement of the community in priority setting, care delivery and prevention; integration of vertical programmes into health systems; measurement of the social and economic impacts of communicable diseases at country level; determinants of emerging communicable diseases; supporting countries in

impact assessment of control programmes; and building and sustaining intersectoral collaboration in the combat of communicable diseases.

#### *Emergency preparedness and response*

Research priorities and questions for emergency preparedness and response include: the status of preparedness; a cost analysis of interventions on preparedness, response and recovery; the level of resilience of facilities; the capacity of the health workforce; risk perception of communities including health care providers; the impact of interventions, including training; the development, sharing and dissemination of case studies; the estimation of disaster loss; the impact on vulnerable groups; the role of IHR (2005), the Hyogo Framework for Action 2005–2015 and the Transformative Agenda; and a comparative analysis between prepared and non-prepared responses to emergencies.

#### **5.4 Production and dissemination of research in priority areas**

In the production and dissemination of research, WHO should act as a conduit of evidence between researchers and policy-makers, provide guidance and support to countries to establish national bibliographic databases, including for grey literature, advocate with journal editors to publish evidence using dissemination modes that are useful to policy-makers, develop and support virtual information platforms in the Region (such as Arabic language journals and linking national databases), support a stronger role for the Eastern Mediterranean Health Journal in disseminating information and evidence, encourage and support research which addresses national priorities, establish research observatories in priority areas, network among research stakeholders, support knowledge management and informed policy networks, such as Eastern Mediterranean Association of Medical Editors (EMAME) and EVIPNet, and formulate technical policy briefs.

#### **5.5 Capacity-building and research support**

To strengthen research capacity in the priority areas, regional training on health research in general should be supported, a WHO collaborating centre on research promotion and training should be established and a regional research manual and online course developed.

### **6. THE REGIONAL OFFICE'S ROLE IN STRENGTHENING RESEARCH IN PRIORITY AREAS**

WHO's role in strengthening health research in the five priority areas was discussed. The dissemination of identified research priorities to ministries of health and academic institutions, through national focal points, is needed, as well as an evaluation of the research capacities (individual and institutional) available in the Region. Also required is the mapping of who is doing what in each of the priority areas in relation to research and research capacity strengthening, and a review of the global literature to ensure that there is not re-investment in work that has already been done elsewhere.



A comprehensive working paper on the importance of research in promoting health care would be useful, and a commitment should be made to seek extra-budgetary funds to support research of regional interest corresponding to the priority areas. The compilation of success stories at the global, regional (including the experiences of other WHO regions) and national levels on integrating research within identified priorities would also be worthwhile. The interconnections between the five priority areas should to be highlighted.

WHO has a comparative advantage in promoting knowledge to inform policy through its role as a convener, in the setting of standards, and in communicating with policy-makers. This should be built on, and facilitated, through work to improve the quality and relevance of research in the Region, build communication and trust between researchers and policy-makers (such as in the EVIPNet initiative), and cultivate a culture of transparency and accountability among policy-makers and researchers. Systematic reviews in the priority areas should be done and made available to policy-makers. The potential contribution of knowledge repositories should also be assessed.

The development of a clear agenda for research priorities in the priority areas is needed, following a systematic approach to research priority setting that adds credibility to the outcome. Priority setting should be institutionalized and embedded within the work of the Organization, and not seen as a one-time only activity. At the departmental level, it is necessary to look at agreed research priorities to make them more specific and focused. Accordingly, an action plan can be developed that is clear, measurable and contains a monitoring component. Further work on how to systematically set research priorities, and how to set criteria for Member States to set priorities, is needed, building on the experiences of Member States who have already done their priority setting at national level.

The terms of reference and work plans of WHO collaborating centres should be reviewed and realigned with the identified research priorities. The role of the Advisory Committee on Health Research at regional level should be refined to play more of a guiding and quality control role.

It is important to promote the idea that the publication of research is not the end of the research cycle, and that research results need to inform health policy and practice. An annual report by the Regional Office on the status of research for health in the Region, sharing good examples and ideas for cross-fertilization across the Region, would be useful.

Networking and collaboration within the Region, facilitated and coordinated by WHO, has produced very good outputs. Good researchers need a critical mass and networking to support each other, and many elements of this already exist.

Liaising with national counterparts (scholars and institutions) to invest in training people is important, as sustainability has been a major impediment to capacity-building initiatives. Investing in research governance and leadership issues is much needed. Strengthening health research information management at the national level is also needed, through the contribution of Member States to the Global Observatory for Research and Development.

## **7. PROPOSED ACTION POINTS**

This area is a work in progress and the list of research priorities in each priority area will continue to be further refined. The meeting benefited from the active participation of Regional Office staff, reflecting joint ownership of the process rather than a single unit (or technical department) dictating research priorities.

The proposed action points were as follows.

1. Map the regional research landscape focusing on the five priority areas, through desk reviews, on the type of research being conducted, the capacity to undertake research, who is doing research and the donor landscape (current and potential).
2. Review the research already supported by WHO in each of the five priority areas.
3. Search for and identify research centres for the five priority areas, based on track record and potential. This should not be limited to designated WHO collaborating centers. From the results, identify more general centres interested in promoting health research and acting as champions in the area. Consider expanding these centres into a research network corresponding to the priority areas.
4. Benefit from the research done by others by gaining access to information that is relevant and applicable to the Region. Find out what other regions are doing that is relevant and applicable to the Region.
5. Define and clarify implementation research (including the “integrating” and “embedding” of research).
6. Improve communication of research findings to policy-makers and the needs of policy-makers to researchers.
7. Get the public media on board through communicating with the media. This can be achieved through training the media in the communication of health messages.
8. Integrate research into the strategic direction of the Regional Office response to the priority health challenges of the Region. In this regard, the Regional Office technical departments need to embed research within their activities.

## **8. REGIONAL DIRECTOR’S CONCLUDING REMARKS**

The final outcome of the meeting will be presented as a report, and work will follow, based on the outcome, to develop an action plan for implementation of the recommendations for strengthening research for health in the Region, aligned with the five priority areas. The focus will be on what can realistically be achieved and is absolutely necessary. The discussions focused on two main areas: a) reviewing the situation of research for health in the

Region, although more in-depth analysis is needed in this regard, and b) research priorities corresponding to the five priority areas.

Other areas that require further attention include strengthening research for health in the Region. As resources are scarce, there is a need to prioritize and focus on high impact actions and recommendations. Therefore, the process of identifying research priorities and developing an action plan for implementation needs to be completed. More work is also needed on capacity-building and how to achieve the desired outcome.

Partnership and networking is needed with key partners at the regional and international level for funding and implementation, and ways need to be identified to strengthen partnerships for research at global, national and regional levels. Partnerships can contribute to the challenge of increasing the resources allocated to research. A concrete plan is needed.

The role of WHO in communicating the research agenda is important, not only to policy-makers in ministries of health, but to ministries of higher education and research, as well as academia. An action plan is required that is concrete and credible enough to facilitate resource mobilization and attract funders. Technical guidance and advice to researchers in the identified priority areas will also contribute to mobilizing resources. Conducting a mapping of the regional research for health landscape is also needed, as is working with other institutions on the issue of knowledge synthesis, for example, through systematic reviews.

**ANNEX 1****PROGRAMME****Sunday, 16 February 2014**

08:30–09:30	The need for a solid research agenda for shaping the future of health in the Eastern Mediterranean Region Opening remarks by the Chair of the Eastern Mediterranean Advisory Committee on Health Research Introduction of participants Selection of Chair, Vice-Chair and Rapporteur Adoption of the Agenda	<i>Dr A. Alwan</i>  <i>Professor Mahmoud Fathalla</i>
09:30–09:50	An overview on the research status in the Region	<i>Dr Reza Majdzadeh</i>
09:50–10:45	Discussion: challenges of research in the Region	
10:45–11:00	Demand responsive and embedded research: a way to improve performance of national health systems	<i>Dr Abdul Ghaffar</i>
11:00–11:15	Setting health research priorities: a global perspective	<i>Mr Robert Terry</i>
11:15–11:45	Discussion	
11:45–14:00	Working groups session 1: Utilization of knowledge in priority areas	
14:00–15:30	Working groups session 2: Supporting research in priority areas	
15:30–16:30	Reporting back and discussion on capacity-building and research support	

**Monday 17 February 2014**

08:30–08:40	Recap of the discussions of day 1	
08:40–09:30	Research in priority areas for shaping the future of health in the Eastern Mediterranean Region	<i>Dr Sameen Siddiqi/Dr Fariba Al Darazi, Dr Haifa Madi, Dr Samer Jabbour, Dr Gabrielle Riedner, Dr Qudsia Huda</i>

- 09:30–10:45 Working groups session 3: Needs and knowledge gaps in priority areas for shaping the future of health in the Region
- 10:45–4:00 Working groups session 4: Research priorities and questions in priority areas
- 14:00–15:15 Reporting back and discussion on knowledge gaps and research priorities in priority areas
- 15:15–16:30 Working groups session 5: Production and dissemination of research in priority areas

**Tuesday, 18 February 2014**

- 08:30–08:45 Recap of the discussions of day 2
- 08:45–10:15 Reporting back and discussion on production, dissemination and capacity-building
- 10:15–11:15 The Regional Office's role in strengthening research in priority areas
- 11:15–12:15 Summary of the meeting recommendations and Regional Director's concluding remarks

**ANNEX 2**

**LIST OF PARTICIPANTS**

**BAHRAIN**

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Dr Naeema Al Gasseer	Manager, Interagency Affairs and Partnerships
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Dr Khalid Saeed	Regional Adviser, Mental Health and Substance Abuse
Dr Kassem Sara	Regional Adviser, Global Arabic Programme



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