

Summary report on the

Meeting of the Eastern Mediterranean Advisory Committee on Health Research

WHO-EM/RPC/036/E

Cairo, Egypt
6–7 July 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The WHO Regional Office for the Eastern Mediterranean held a meeting for members of the Eastern Mediterranean Advisory Committee on Health Research (EM-ACHR) in Cairo, Egypt on 6–7 July 2015.

The objectives of the meeting were to bring together EM-ACHR members with some international research experts to:

- acquaint EM-ACHR members with revised terms of reference;
- streamline research activities in the Region with the five strategic health priorities of work in the Region; and
- discuss best methods to support capacity-building for health research in the Region, with special emphasis on priority-setting, research methods (especially health systems and implementation research) and research ethics.

Prof Gamal Serour was elected as Chairman of the meeting, while Dr A. Mandil served as Rapporteur.

In his opening address, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, emphasized the role of WHO in supporting and promoting health research as per the WHO Constitution and World Health Report 2013. He highlighted the importance of partnership with different stakeholders in building consensus on a research agenda in line with the five strategic priorities for WHO's work in the Region.

The terms of reference of the EM-ACHR are to advise the Regional Director on issues related to health research and development in the Region including: recommending and evaluating regional health

research and development policies and research agenda in line with the five strategic priorities of the Region; promoting research as a key tool for health development and formulating evidence-based policies and actions for change; supporting the development of effective health research systems and strengthening research capacities; providing advice on ethical criteria applicable to health research activities; and reviewing research activities, monitoring their execution and evaluating their results from the standpoint of scientific and technical policy development and application.

2. Summary of discussions

Support and capacity-building for research on health

WHO support for research on health in the Region is coordinated by the Research Promotion and Development unit which serves as Secretariat for the EM-ACHR and the Research Ethics Review Committee (mandated for ethical review of WHO-funded research on human subjects). As well the unit coordinates three research grants: Research in Priority Areas of Public Health (RPPH); Small Grants Scheme (SGS) jointly with the UNICEF-UNDP-World Bank-WHO Special Programme on Research and Training in Tropical Diseases (TDR); and Improving Program Implementation through Embedded Research (iPIER) grants in coordination with the Alliance of Health Policy and Systems Research. It also manages WHO collaborating centres (WHO-CC) operating in the Region.

The Alliance of Health Policy and Systems Research aims at moving from evidence-based to evidence-informed, translational to transformative research, embedding research within decision-making processes, supporting demand driven research, strengthening capacity for research and use of evidence, establishing repositories of

knowledge, improving the efficiency of investment in research and increasing accountability for actions. The Alliance is supporting improved Program Implementation through Embedded Research (iPIER) grants in an effort to support implementation research within existing implementation processes and programme activities and catalyse the use of research by implementers to improve programme implementation and scale-up related outcomes. The role of the Institute of Community and Public Health, Birzeit, Palestine, in support of the iPIER grants in the Region was discussed, as well as related capacity-building workshops, including the implementation research and protocol development (carried out in the Regional Office during March 2015) and the second on data management and policy implications (planned to be held in May 2016).

Concurrent TDR activities include intervention research for developing and evaluating methods, tools and strategies for effective treatment and control of disease, as well as translation of innovation to health impact in disease endemic countries. TDR provides an opportunity for conducting research on vectors, environment and society for addressing complex interactions influencing disease transmission and control, through integrated, multidisciplinary, ecosystem- and community-based research. Training, leadership development and capacity-building to strengthen the ability of countries and regions to respond to their own research needs are among the main areas of TDR activities. TDR-supported activities in the Region were discussed, including supporting the TDR Regional Training Centre (RTC) at the Institute Pasteur in Tunis, providing regional Small Grants Scheme for implementation research and capacity-building, providing new international post-graduate training scheme on implementation research for which the AUB Faculty of Health Sciences was selected and the capacity-building workshop on

implementation research for tropical diseases (June 2015, Pasteur Institute, Tunis).

Participants discussed the main roles of academic institutions, which are generating articles and systematic reviews, observing and identifying research problems relevant and important for the community, and enhancing systematic thinking and writing to translate evidence into effective policies.

A newly proposed course for mid-career professionals was discussed with the main objectives of: increasing health research capacity in countries of the Region, improving the use of research by health care decision-makers and improving regional capacity for the provision of training needed in areas of interest.

Among the issues discussed were ways to address difficulties in financing research; proper research systems and structures; lack of governance mechanisms for research on health in the Region; importance of knowledge translation; and WHO's key role in linking academia with health care delivery institutions. It is also important to ensure that health information systems are conducive to research production and collect information for sound policy-making, en route to a regional health research observatory. Research needs to be integrated in forthcoming operational planning with Member States.

Challenges facing bioethics include: lack of national regulations, inadequate diversity in the membership of national bioethics committees, membership competence, human and capital resources and inability to monitor approved protocols. Other challenges to research in the Region identified by participants include: low investment for health research; scarce health systems research focusing on: governance, social determinants of health and equity,

monitoring and evaluation); implementing systematic approach to building national research capacities; lack of informing academic institutions/centres about research priorities; weak dissemination of research findings to different stakeholders; weak knowledge and skills of national junior researchers on research analysis and research report writing; lack of national research ethical review committees in some countries; need for networking of research centres; disconnect between researchers and policy-makers, and incongruity between academic and applied research.

Priority-setting in health research

The priority areas for health system strengthening in the Region which suit each group of regional countries (low, middle and high income) were discussed including: accelerating progress towards universal health coverage – overarching, strengthening health financing system, strengthening leadership and governance, promoting balanced and well managed health workforce, improving access to quality health care services, ensuring access to essential medicine and health technologies and strengthening health information systems. The main studies commissioned by the Regional Office were also discussed including quality and cost of care in private sector, review of medical education, analysis of capacity of planning units in the Ministry of Health, situation of family medicine training and family practice implementation, status of pharmacovigilance in countries, and health financing in countries of the Gulf Cooperation Council (GCC).

The reproductive, maternal, child health and nutrition research priority areas in the Region related to coverage of interventions were discussed, including: implementation of cost-effective interventions, exploring factors behind poor health-seeking behaviour and social determinants of nutrition, in addition to priority areas related to health

system support including workforce availability, task shifting versus quality of outcome, availability of lifesaving commodities, quality and availability of health information systems and quality of maternal and child health services. The main research priority areas related to nutrition were also discussed and include in-depth analysis of causes of anaemia, assessing causes of stunting and low birth weight in the Region including socioeconomic causes, identifying causes of low exclusive breastfeeding, exploring food consumption patterns (intake of salt, fat and sugar), identification of barriers to improve the malnutrition situation and vitamin D deficiency.

It was emphasized that the priority research agenda for noncommunicable diseases and mental health should be designed to accelerate implementation of the commitments in the UN Political Declaration on Prevention and Control of Noncommunicable Diseases, develop norms and standards to support implementation of the commitments, generate evidence on strategic interventions and accelerate implementation of the Global Action Plan for mental health 2013–2020 to scale up mental health care. Research priority areas were highlighted in the form of: governance, prevention and reduction of risk factors, surveillance, monitoring and evaluation, and health system response. Mental health and substance use research priorities were discussed including: raising awareness of the global burden, health-system and policy responses, improving management and expanding access to care, investigating root causes, risk and protective factors and prevention; assessing implementation of early interventions.

Current priority communicable disease research areas include vaccine preventable diseases and immunizations, HIV/AIDS and sexually transmitted infections. Examples of concurrent research projects as per area of work include: tuberculosis (“Improving diagnosis of

pulmonary tuberculosis in children using stool specimens as alternate to gastric aspirate using Xpert MTB/RIF assay in a high burden setting”, Pakistan); malaria (“*Plasmodium vivax* malaria in central and eastern Sudan: Molecular epidemiology, burden, and development of Arcview GIS maps”, Sudan); neglected tropical diseases (“Randomized, double blind, clinical trial on efficacy of topical nano-liposomal amphotericin B for the treatment of anthroponotic cutaneous leishmaniasis caused by *Leishmania tropica* (Phase 3), Islamic Republic of Iran”; “Prevalence of glucose-6-phosphate dehydrogenase deficiency among schoolchildren and evaluation of a rapid diagnostic test for its detection in malaria endemic areas of Yemen”; “Molecular xenomonitoring and transmission assessment survey of lymphatic filariasis elimination in a sentinel village in Menoufyia governorate, Egypt; “Bio-efficacy of new generation of long-lasting insecticide nets against natural resistant populations of *Anopheles arabiensis* in Sudan”; “Sand fly vectors composition in urban and peri-urban areas of Khartoum State in a region of cutaneous leishmaniasis transmission, Sudan”).

Priority research areas for emergency preparedness and response were discussed and included: hazard specific response and impact models; the epidemiology of disasters; resilience of the health system to cope; structural, non-structural and functional integrity; capacity and knowledge of health care workers; testing and updating plans; risk communication and public awareness/community engagement. Challenges include encouraging researchers and research forums to include aspects of emergency management and public health and integrating applied research throughout the phases of emergency management.

The discussion focused on need for “research branding” where ACHR members highlighted the need for a supporting movement towards

implementation (from why to how), embedding research within policies/programmes (through operational planning), building bridges between research output and practice and encouraging young and women researchers.

ACHR members identified the following criteria for research prioritization: helping development of research infrastructure; assisting long term engagement of research in the institution; having impact, not only locally but also regionally in health improvement of population; linking research institutions (evidence producers) with public health practice/health policy-making; and addressing knowledge gap(s).

The meeting also emphasized that criteria for health research prioritization should include relevance to served populations. Other key criteria include addressing national public health priorities emanating from disease control programmes and serving needs of health policy-makers, who should be involved as much as possible. There must also be a mechanism to consider change of priorities over time.

3. The way forward

Based on outcomes of discussions of the working groups, ACHR members suggested a number of strategic actions for WHO to support increased capacity for health research in the Region.

- Building institutional capacity and linkages between well established and newly developed institutions (academia and programmes)
- Providing support through implementation and follow-up of outcomes (training, research grants)

- Supporting institutional research careers (universities, research institutions)
- Identifying centres of excellence/collaborating centres which could provide and sustain capacity-building
- Changing the culture and mind-set to promote research and ethics for all health professionals
- Encouraging intersectoral collaborative and joint research (national, regional, international)
- Developing large databases for research (building on available databases in each country)
- Promoting research in health ministries, and enhancing the priority given to use of results in health-policy making
- Focusing both on researchers and on those who draw on research to guide policy and decision-making
- Building skills necessary for:
 - commissioning research
 - understanding and using research results
 - using the research results to brief health policy-makers
 - publicizing the results of the research.



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