

WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale



مَنْظَرَةُ الصِّحَّةِ الْعَالَمِيَّةِ
المكتب الإقليمي شرق المتوسط

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Eastern Mediterranean**

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Agenda item 6 (b)

Report of the
**Twenty-fifth meeting of the Eastern Mediterranean
Advisory Committee on Health Research**

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Summary of main recommendations

To the ACHR

1. Request that the Regional Director establish a working group to support the process of developing regional input to the World Health Report 2012.
2. Request that the Regional Director establish the following subcommittees from among ACHR members:
 - research ethics subcommittee to review and propose the adaptation of the draft WHO Guidelines for Ethics
 - technical review subcommittee to technically review proposals submitted for grants
 - priority-setting subcommittee to create a tool for priority-setting and determining research for health priorities according to regional and national contexts
 - subcommittee to develop and set standards for the monitoring and evaluation of research for health.

Principles to guide development of the Regional Strategy on Research for Health

3. Add a goal to the strategy related to accountability, which is essential for mobilization of resources for research. Research funding in the Region is vulnerable and limited, therefore it is necessary to show that research is a good investment and complies to high standards.
4. Replace the term “capacity” with “empowerment” in the goals of the strategy, as it is more inclusive.
5. Consider “resource mobilization for research for health” and “working towards alignment of resources” as priorities.
6. Examine areas of research for health and how they relate to inequity.

To the Regional Office

7. Develop an “action-based” research for health strategy that builds on previous strategies and plans in the Region, and aligns with the global strategy.
8. Develop standards for the synthesis of health research activities supported by the Regional Office and present a unified report on research activities to the twenty-sixth session of the ACHR, focusing each year on research conducted in a specific area.
9. Implement a competitive process among technical programmes in the Regional Office to submit proposals for funds from a joint research fund (based on a priority-setting tool in their programmatic areas).
10. Promote/enhance dissemination and translation of knowledge to show the impact of capacity-building in research for health through publications, regional meetings and other methods, in addition to exploring the activation of networks in the Region, such as EVIPNet.
11. Establish a regional registry for clinical trials research based on guidelines developed by the International Clinical Trial Research Platform (ICTRP).
12. Review and promote the role of WHO collaborating centres in the Region, and identify potential new centres to focus on priority areas, such as knowledge translation.

13. Establish an in-house committee to set criteria and create mechanisms for harmonization of research, promote collaborative research across technical programmes and create indicators to monitor progress within the Regional Office.
14. Update the mapping of research activities funded/supported by the Regional Office and evaluate the impact of research funding.
15. Establish an in-house repository/public health observatory guiding the collection of comparable data, making data accessible and establish procedures for data sharing, management, interpretation and access to secondary data.
16. Undertake a critical review of health research supported by the Regional Office and how it relates to the Millennium Development Goals and identify priorities at both the regional and national level.
17. Explore and identify additional sources/donors to fund research for health in the Region.
18. Encourage Member States to develop and strengthen national health research systems/bodies.

1. Introduction

The twenty-fifth session of the Eastern Mediterranean Advisory Committee for Health Research (EM/ACHR) was held in Cairo, Egypt, from 18 to 19 October, 2010. Members of the ACHR from Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Pakistan, Saudi Arabia, Tunisia, United Kingdom and Yemen attended the meeting.

The objectives of the meeting were to:

- advise the Regional Director on:
 - the redirection of the ACHR given the global trend;
 - key strategies to build a research culture that contributes to evidence for health policy and implementation;
- contribute to the development of the framework for the Regional Strategy on Research for Health.

The meeting was inaugurated by Dr Hussein A Gezairy, WHO Regional Director for the Eastern Mediterranean. He said that a historical milestone had been reached in the Regional Office and there was a need to take stock of what had been achieved, what had been done in relation to research for health, identify where there had been success, what had been sustained and what needed to be done next. Continuously changing socioeconomic, political and environmental scenarios in the world needed to be taken into consideration when planning for the better health of populations. These included emerging diseases, the increase in health problems due to the epidemiologic transition and the state of emergency some countries were facing. It was time to shift thinking with regard to how research should be done to shape health and development policies, strategies and, most important, evidence-based interventions.

The Regional Committee for the Eastern Mediterranean in 2008 emphasized the need to bridge the gap between health researchers and policy-makers in the Region. In May 2010 the first Organization-wide strategy on research for health was endorsed by the World Health Assembly. The global strategy defined a common framework for how research was approached in WHO and the role WHO was taking in global health research. Therefore, advice was sought from the EM/ACHR with regard to ensuring that a regional strategy was developed and aligned with the global strategy, taking cognizance of both the global and local context of health and development issues. In particular, it was emphasized that there was a need to build evidence on the impact of climate change, disasters and emergencies and food insecurity on health and health services, and the impact of the financial crisis on achieving health and development goals. To achieve the Millennium Development Goals (MDGs), there was an urgent need to strengthen the scientific and technological capacities in the Region. This required directing research for health and development towards the specific challenges affecting the health of populations.

A regional strategy was deemed an opportunity to evaluate and revitalize the role of research within the Region. It was necessary to be cognizant of the emerging technologies and scientific breakthroughs and how such advancements might be used for knowledge translation. The paucity of research in this Region was indeed grave while the utilization of research results as evidence by the policy-makers needed to be scaled up. Networks, such as the Eastern Mediterranean Region Evidence-Informed Policy Network (EM EVIPNet) which was launched last year, needed tremendous support.

The focus of the World Health Report 2012 would be on research for health and the impact of health research. The report would highlight the significance of conducting health research and translating the results into informed policies that helped promote health and well-being. Advice of

the Committee was therefore needed on how best the Regional Office could contribute to this report, emphasizing the lessons learnt from the Region in health research and development.

Professor Mahmoud Fathalla, Chairman, formally opened the meeting and Dr Sawsan Al Majali was elected as Rapporteur by the Committee. The agenda and list of participants are included as Annexes 1 and 2, respectively.

2. Research for health in the Eastern Mediterranean Region

2.1 Regional support for health research in Member States

Agenda item 4. The EMRO/TDR Small Grants Scheme for Operational Research in Tropical and Other Communicable Diseases

Communicable disease control and TDR/EMRO activity report

The EMRO/TDR Small Grants Scheme for Operational Research in Tropical and Other Communicable Diseases supports programme-based operational research. Its objectives are to: support projects that contribute to the prevention and control of communicable diseases; collaborate with control programmes in translating research results into policy and practice; and strengthen research capacity in the Region. For 2010–2011 funds from the Small Grant Scheme will amount to US\$ 400 000, in addition to Global Fund grants in countries. The Scheme has approved 16 research projects in 2010 in areas of communicable diseases, such as tuberculosis, malaria, leishmaniasis, viral haemorrhagic fever, hepatitis, HIV/AIDS, and related areas, such as the adherence of travellers to the International Health Regulations (2005).

The Regional Office hosts the Research Disease Reference Group (DRG6 on Zoonoses and Marginalized Infectious Diseases [ZOOM]) whose objectives are knowledge acquisition, innovative syntheses and agenda setting. The development of the DRG 6 final report will feed into the global report on research on infectious diseases of poverty in 2011. The Group have identified challenges ranging from the impact of social, cultural, political and behavioural factors on research for health to the need for health system research. Areas identified as macro-priorities for focused research include: surveillance of zoonotic diseases in humans and animals; systems research; community experience in control of infections and diseases; cost benefit of community-based interventions; effectiveness of community-led sanitation; integration of animal and human disease expertise; and the costs of interventions.

Agenda item 5. Research for health: generating evidence for action

Health protection and promotion research

Research conducted/supported by the Regional Office on health promotion and protection includes: systematic data collection and surveillance to accumulate evidence supporting decision-making; pricing and economics to advise programme efficiencies; intervention studies, including behaviour change communication to test effectiveness of service delivery interventions; diagnostic studies, including standard setting; and evaluation studies.

It is believed that the concepts and benefits of operational research in the Region are not adequately shared, understood or welcomed by institutions. There is a lack of qualified human and financial resources and poor quality of research conducted. Compliance to ethics is neither institutionalized nor enforced. The culture of dissemination and utilization of available research as evidence in decision-making is lacking. Countries require guidance in identifying priorities and assistance in capacity-building.

The following areas have been identified as priority research areas for health promotion and protection.

- Climate change and health;

- Food crisis and micronutrient deficiencies;
- Fostering change for scaling-up best policy and programme practices in maternal, child and adolescent health;
- Integration of mental health services; opioid substitution treatment for substance dependence and suicide prevention;
- Efficiency and effectiveness of the health-promoting school initiative;
- Monitoring the effectiveness of cardiovascular and cancer control interventions, especially palliative care;
- Road traffic injuries;
- Tobacco;
- Identification of interventions to sustain effective child public health interventions and their outcomes;
- Situation analysis of adolescent health in the Region.

Agenda item 6. Health systems and services research in the Region

The latest health system research model suggests the following steps to health system research: define the need; assess internal/external environments; define root causes and provide solutions; and implement and measure. Some examples of this approach to health systems research supported by the Regional Office include: analysis of national health accounts; conducting of baseline survey on medical devices; analysis of burden of disease; equity analysis; research on the social determinants of health; and small-scale health system and services research.

Agenda item 7. Research policy and cooperation

Report on EMRO/WHO grants for funding research for health

The EMRO Special Grant for Research in Priority Areas of Public Health (RPPH) and the EMRO/Organisation of Islamic Conference Standing Committee on Science and Technological Cooperation (COMSTECH) Grant for Research in Applied Biotechnology and Genomics in Health are two major health research funding programmes being supported by the Regional Office, since 2002 and 2004, respectively. During 2008–2009, support to research through RPPH was continued and 19 proposals were funded, making a total of 140 proposals funded in 15 countries of the Region from the first to the sixth round of the EMRPPH. Another 14 research grants were provided under the EMRO-COMSTECH Grant, bringing the total to 49 proposals funded in nine countries of the Region from the first to the third round. National and regional level training programmes for building capacities in different aspects of health research were undertaken and about 160 participants received trainings in these workshops from different countries of the Region. International collaboration with several agencies was strengthened. The biennium also witnessed the launch of the Eastern Mediterranean Evidence-Informed Policy Network (EM/EVIPNet).

The fourth call for proposals for health research in selected priority areas of genomics and biotechnology is underway. For the seventh round of the RPPH, 2010–2011 priority areas have been identified as: climate change and environmental health; preparedness, risk reduction, and response to emergencies and disasters (man-made and natural); knowledge generation leading to evidence-informed health policy; assessing the burden of noncommunicable diseases; and the development and sustainability of community ownership in socioeconomic and health-related interventions.

Future directions for the research policy and cooperation programme include to:

- establish an advisory group and a regional plan in response to global strategies and plan of action for Public Health Innovation and Intellectual Property and develop and implement the plan.
- maintain the functionality of the EM/EVIPNet for networking, sharing and dissemination of knowledge and evidence for improved use of evidence.
- continue strengthening national capacities in ethical review of research; writing and reviewing research for health and scientific proposal development in health systems research.
- further strengthen national capacities for harnessing genomics and biotechnology in health research.

2.2 Strategy on research for health

Agenda item 8. WHO strategy on research for health

In May 2010 the World Health Assembly adopted resolution (WHA63.21) which set out WHO's roles and responsibilities in health research and endorsed the WHO strategy on research for health. The three principles of quality, impact and inclusiveness inform the approach to the strategy and five interrelated goals – organization, capacity, priorities, standards and translation – were identified in order to achieve the strategy's vision of research for health. The next steps are to: roll out the strategy to Regional Offices; ensure reference/use of strategy by WHO departments in setting priorities; classify, describe and communicate the research associated with WHO; conduct joint work on the global strategy and plan of action on public health, innovation and intellectual property; develop policy; ensure harmonization; translate research evidence; and mobilize resources.

Common themes support the global strategy but advice is needed on how the Regional Office can support Member States in capacity-building; setting priorities; setting standards and sharing best practice; disseminating knowledge; engaging/informing policy-makers; and making use of research evidence.

Actions identified to improve research for health in the Eastern Mediterranean Region include:

- disseminating evidence, informing/engaging policy-makers
- ensuring good research practice
- broadening partnerships
- developing tools for analysis of research findings
- mapping health research and stakeholders
- increasing database resources
- mobilizing resources, building donor profiles and coordinating approaches to donors
- creating in-house forums for shared learning
- adopting a global view and synthesizing analysis of both human and financial resources
- providing assistance with evaluation and impact measures
- synthesizing information.

Discussion

The Region is ranked one of the lowest in terms of quantity and quality of published research. Some countries have funding for research but insufficient numbers of researchers to carry out research, while other countries have good quality researchers but little or no funding. When effective research is being conducted, the research findings are seldom used to inform policy-

makers. Effort needs to be exerted to improve the quality of research and interventions and resources mobilized. In addition, the Region suffers from brain drain of researchers to other parts of the world. Incentives need to be identified to retain good researchers in the Region and in countries. EVIPNet needs additional support in bringing researchers together to manage research and identify ways in which the quality of the network can be sustained and the benefits of research maximized for impact.

While funding is available in the Region research proposals are often weak. Even though a variety of activities have been carried out in countries including meetings, workshops, training in proposal writing and report writing to promote conduct and utilization of research, undergraduate medical and allied health curricula do not emphasize the importance of research and skills for conducting research. A research culture needs to be developed and technological innovations need to be promoted with the support of society and especially in the educational system and by industry. In terms of a systems approach in promoting research for health it is necessary to identify the major stakeholders, such as the public, nongovernmental organizations and the media. The media could specifically be used for health system development which would engage public opinion in improving performance.

The World Health Report 2012 will focus on the significance of conducting health research and translating results into informed policies that promote health and well-being. The Regional Office needs to address new challenges in the Region such as decreasing rates of communicable diseases and increasing rates of noncommunicable diseases in both high-income and low-income countries. There is a need to focus on national systems through the mapping of health systems and human resources and to conduct institutional capacity-building. A regional database of health research also needs to be created.

WHO's role is to advise countries on research priorities but its limited health research budget can only support "research" in the form of needs assessment and data collection. Priority-setting needs to be translated into qualitative objectives relevant for policy-makers and the public, especially when conducting impact assessment. There is a need to focus on diseases which have the greatest impact on a population's health; hepatitis C, for instance, represents a greater health problem in the Region than malaria. Epidemiologic studies are also needed to assess the impact of genetic diseases as a result of consanguinity. Research priorities should be identified specific to individual countries.

2.3 Research for health in the Eastern Mediterranean Region

Agenda item 9. Research for health in the Region: challenges and opportunities

The expected outcomes of the current meeting are to: expedite the development of the regional strategy on research for health; clarify the role and functions of the research policy and Cooperation programme; and reiterate the importance of standards and consistency in the regional strategy. Strategic programme framework documents, serving as reference, include the Common Country Assessment, UNDAF and Country Cooperation Strategy, which are guided by the MDGs, the General Programme of Work and the Mid-Term Strategic Plan. Other "resources" include WHO collaborating centres; EVIPNet, a social and collaborative network that promotes the systematic use of health research evidence in policy-making; and the Eastern Mediterranean Regional Academic Institutions' Network (EMRAIN), which supports health systems-based primary health care by promoting and enhancing education, training and research.

Discussion

The importance of conducting health needs assessment and adopting a quantitative approach to assessing the burden of disease in countries of the Region was stressed. Donors providing funds through the UNDAF, as reflected by the commitments made in the Paris Declaration on Aid

Effectiveness, need to see improved strategic positioning of UN agencies at country level for aid effectiveness. The needs of the Region are not always clearly identified. It is imperative that the role of civil society as stakeholders in research for health should be recognized.

3. Group work

3.1 Group work 1: Organization of research at the national level

Group 1

Group 1 examined the organization of research at national level through national set ups (ministry of health, academic institutions, research centres), identified priorities and discussed WHO support and funding opportunities. The relative advantage of WHO is the Organization's ability to speak to policy-makers, its strong regional influence and ability to bring together collaborators and partners and to facilitate capacity-building. WHO Representatives need to be proactive in bringing together researchers and policy-makers, as these two groups are the key to progress. The goals of the strategy are empowerment and inclusiveness. Accountability should also be added to the principles. Capacity (both individual and institutional) should include empowerment and nurturing.

The main challenge for the Regional Office is providing successful examples at country level to encourage multisectoral approaches. National agencies are often not pro-active and do not adequately identify needs and priorities. Besides, in the absence of any standards or culture for research it is difficult to identify priorities. WHO could assist countries in selecting priorities by providing support in conducting activities such as surveys and focus groups and in providing tools for guidance.

The role of the Regional Office in research is to harmonize, facilitate, monitor and evaluate research for health and ensure ethical standards. The Region is characterized by common boundaries, but vast differences exist in capacities, resources and security. The Regional Office should play a catalytic role by promoting improved communication and networking in the Region. As WHO funding for research is limited this role may allow an improved use of scarce resources.

A system is needed to train researchers in health system research at the national level. Mapping exercises are important in establishing the governance of research at the country level and in identifying which research projects are being conducted.

WHO could convene inclusive workshops for developing scientific proposals for funding, attended by students, researchers, policy-makers, funders, clinicians, etc., with particular reference to the role for all stakeholders in research for health.

Group 2

Group 2 highlighted the need for both a regional strategy on research for health and a Regional Office strategy on research for health. They identified climate change, nutrition and emergencies (8 out of 22 countries are currently experiencing crisis) as emerging issues in the Region. Research on nutrition would necessarily include obesity, malnutrition and vitamin D deficiency. Research on emergencies needs to address preparedness and response; vulnerability and impact assessment. Impact assessment needs to be conducted in relation to progress towards the MDGs, health system sustainability and the efficiency of emergency services.

Priority-setting should be based on the estimates of the burden of disease and assessment of population needs. Research priority-setting can be driven by both countries and the Regional Office. In setting priorities the components of the strategy need to be addressed: the priority-setting process, research capacity-building, how to involve stakeholders and how WHO can

support countries in identifying national priorities. It was acknowledged that health research priorities may differ from public health priorities. The group suggested UNDAF priorities be grouped, i.e. ageing populations, social determinants of health, care centres, health systems. They emphasized the need for improved knowledge management and evidence-based management in health policy.

Discussion

WHO helps shape the global health research agenda and has an obligation to support Member States in carrying out research although clarity is needed on the role of the secretariat in research. WHO standards can add value and experiences shared worldwide can provide evidence that is tangible and amenable to adoption by countries. Regional research capacity needs to be strengthened.

While three main areas were identified by the EM/ACHR during the 24th Session of the ACHR in 2009, as strategic research topics – food and nutrition, climate change, and disasters and emergencies – countries need to determine and set their own national priorities. Research questions could be shaped by measuring progress towards the targets of the MDGs and identifying gaps and shortcomings in countries.

The Regional Office needs to build on the role of WHO collaborating centres in supporting research and enhancing collaboration. It also needs to maintain the quality of EVIPNet as a forum at country level to bring together researchers, policy-makers and civil society to improve policy-making.

A fixed 2% of the Joint Programme Planning and Review Mission (JPRM) is allocated for the research policy and cooperation in the Region, which represents an achievement compared to other regions. The involvement of civil society is needed in health research. The quality of research at country level is often poor. A synthesis of published or analysed data is needed for informed decision-making. There is a gap between research and management and, therefore, there is a need for evidence-based research to show that research funds are well spent and thus ensure further investment. To improve the quality of research, conducting research on one or two research focus areas may be more effective than supporting fragmented research projects; as research needs to produce an impact. The use of technology must be encouraged. The Islamic Republic of Iran provides an example of high-quality research being conducted in universities and there are many committees that support student research. Ethical research committees in the Region need to be strengthened; ethical practices have yet to be applied in many instances. To more effectively disseminate research findings, the findings should be translated into local languages.

3.2 Group work 2: Shaping the framework for the research for health strategy in the Region

Members deliberated on how the Regional Office could support Member States in strengthening their health research systems to improve health outcomes. Group 1 focused on the goals of empowerment, standards and organization and Group 2 focused on priority-setting, translation of research findings and organization.

The groups deliberated on and identified specific actions to be undertaken at regional and country level, as well as within the Regional Office, i.e., mapping of research, assistance with national priority-setting, sharing good practices in health policy-making, strengthening research ethics etc., as well as identifying relevant stakeholders.

In order to establish mechanisms to harmonize and align research efforts in the Regional Office, members discussed:

- the need to identify incentives for collaboration.

- how to disseminate evidence, inform and engage policy-makers.
- good research practice and whether there was a need for a Regional Office policy.
- how to broaden partnerships.
- what analysis tools should be developed (e.g. tools to evaluate research evidence).
- what mapping was needed (regional research, political, stakeholders).
- what database and other (online) resources were needed.
- resource mobilization and how to improve and coordinate approaches to donors.
- how to align donors with national priorities.
- how the Regional Office could create an in-house forum for shared learning.
- how the Regional Office could create a regional synthesis/analysis of resources, including human resources and report this to the ACHR.
- how to improve monitoring, evaluation and measure the impact of research.

Group 1

Empowerment

To ensure achievement of the goal of empowerment at the regional level, there is a need to: improve communication; increase the number of research publications on the Regional Office web site to make the information more accessible; convene more regional meetings to share research findings in specific topics; and exploit the role of collaborating centres in relation to research for health.

At country level there is a need to: establish national bodies to coordinate research for health; conduct needs assessment; build capacity (tools, skills, infrastructure, human resources); disseminate information through meetings with stakeholders, health fairs, schools, colleges and universities; encourage the conducting of research and the sharing of information; and advocate the importance of research as a tool.

At the level of the Regional Office, the group identified a need to: build capacity (tools, skills, infrastructure, monitoring and evaluation); disseminate health research information by holding collaborative meetings between technical programmes; and clarify the mandate of the research policy and cooperation programme.

Standards

In terms of setting standards at the regional level there is a need to: adapt and develop ethical guidelines for health research and establish a greater number of ethics review committees; develop guidelines for proposal writing and for research proposal review; develop guidelines or tools to help identify health research priorities; and develop guidelines for establishing a system for the monitoring and evaluation of health research.

Countries should: adopt and disseminate ethical guidelines; adopt guidelines on proposal writing; implement tools to identify health research priorities; adopt guidelines for the review of research proposals; and adopt a monitoring and evaluation system for health research.

The Regional Office should support the establishment of ethics committees across the Organization, harmonize standards for the review of WHO-supported research and develop standards for the monitoring and evaluation of WHO-supported research.

Organization

At the regional level:

- disseminate success stories from countries in which research has informed policy-/decision-making
- support establishment of specialized journals (e-journals)
- disseminate success stories and failures through the Regional Committee meeting
- revise promotion criteria in universities and international journals
- establish an online database of Master's and PhD theses produced in the Region
- endorse research conducted by professional groups and stakeholders.

At country level:

- give priority to funding collaborative research
- provide incentives for students to conduct research and for mentors (promotion, tenure, funding, publications, patents, expertise)
- ensure main stakeholders are kept abreast of valuable research findings through dissemination activities and their use of research results
- ensure industry-driven health research needs assessment and funding
- support/ facilitate publication of Masters and PhD findings related to research for health.

Regional Office:

There is a need for an operational budget allocation in a common "pool" giving high priority to funding collaborative research proposals.

Group 2

Members agreed that regional health research priorities could be determined through the global agenda – the MDGs can serve as a framework for goal-driven health research; assessing the burden of disease; and promoting research for health at country level. They agreed on the need for a model for setting priorities to assist governments, decision-makers and planners. Problem areas identified for priority need not only to be identified, but solved.

"Enablers" for research for health needed strengthening, such as the collecting of routine data and the establishment of observatories. National health research systems should be established, similar to those in Pakistan and Islamic Republic of Iran, to coordinate priority-setting, translate evidence and promote innovation.

The group felt that there was a need to build on country-specific characteristics to stimulate most efficiently the process of research for health and for continuation of the health system mapping exercise. Barriers need to be identified with regard to the feasibility of research; collaboration would improve research.

The translation of research evidence covers the full spectrum from selecting the research question, assessing the quality of evidence and translating evidence into policy. A regional workshop on translating evidence into policy would be useful.

Impact assessment improves research for health outcomes, and improving coordination between technical programmes in the Regional Office is a critical element in improving research for health in the Region.

The *Eastern Mediterranean Health Journal* needs to be improved in terms of quality and special editions should be issued on research for health. A database on health research projects may also be a useful tool for monitoring research being conducted in the Region. Promoting a culture of research through universities and ministries is an important part of the strategic process to improve research in the Region.

Discussion

Policy-makers are concerned about whether health systems meet the needs of populations and are “fit for purpose”. The Region has a great opportunity as a result of the health system mapping that was systematically conducted, initially in 10 countries of the Region and then extended to a further seven countries. Most countries have still to identify research for health priorities. A systematic monitoring and evaluation process has been identified by some countries as a missing core factor. The lack of compatibility of baseline data between countries is less of a concern than the need for more systematic reporting to ensure implementation of interventions.

WHO collaborating centres are considered as a good resource for addressing research questions to inform policy-makers and build research for health capacity. In 2008, a review of 800–900 collaborating centres in Europe and North America. A review is currently being conducted in the Region to ensure maximum utilization of those regional collaborating centres. A regional network of these centres could be established through which they could be linked to national and the regional research for health strategy.

The lack of clinical trials registration is a serious issue in the Region and countries require advice on this complex issue. The Islamic Republic of Iran is currently establishing a national registry known as the Inter-clinical Trials Registry Platform.

4. The World health report 2012

The World Health Report 2012 will focus on current issues in health research, such as: transparency, accountability and access to research data, literature and tools; ethical conduct of research; best use of information and evidence; knowledge translation; imbalance and gaps in types of research funded: global health research governance; capacity-building in low-income and middle-income countries; and the intersectoral and global nature of research in response to global needs. It is hoped that the report will: demystify research; target non-researchers; allow those involved in producing and using research to identify their roles; send a message that research serves the core business of all actors in health; be of practical value to low- and middle-income countries; and be outward and forward-looking. The target audience are: the general public; policy-makers and health care managers; civil society; leaders of funding agencies; frontline health workers; and the mainstream media. The report’s overall objectives are to: improve understanding of the value of research; change behaviour; influence policy; strengthen support; and build capacity.

Discussion

In terms of content for the report it is difficult to reach consensus. From a health systems perspective it is important to highlight the extensively weak institutional capacity in medium- and low-income countries of the Region and look at research from the demand side (community, policy-makers). There is a need to focus the Global Fund's attention on health system research by providing the Fund with more information on health systems. It was suggested that a small subcommittee be formed to develop content for the regional input into the report. It is important to avoid "sloganism". The system developed by the consultative group on sustainable funding on research and development should be exploited.

5. Conclusions

The 2% budget allocated by countries to health research in the JPRM represents a real achievement for the Region, as does the establishment of the Evidence for Informed Policy Network and the increase in electronic publishing, of which the *Eastern Mediterranean Health Journal* is a good example. Technical programmes in the Regional Office are contributing to effective capacity-strengthening activities and training in health research methodology. The Region has established ethical review procedures but it was suggested that further strengthening of ethical review could be achieved through establishing an ethics subcommittee to set standards and provide advice to Member States.

Some of the challenges facing the Region include the low level of research output, brain drain and a situation in which some countries have researchers but little or no funding and other countries have no researchers but funding.

In framing the principles of the regional strategy the need for feasibility and accountability is paramount. Accountability is vital for the mobilization of resources, research is vulnerable without accountability. It is imperative to show the achievements and impacts of research and verify that research conducted has been cost effective and represents a good investment, for without tangible results there is no opportunity for continued support.

In terms of priority-setting equity is a fundamental principle that must underlie any effective priority-setting process. Inequity is often hidden by figures showing decreased prevalence of disease. Equitable priority-setting requires the widest range of stakeholder involvement—civil society, government, nongovernmental organizations—and as health research prioritization varies according to the context decisions regarding prioritization must be made at country level. There is a need for the establishment of more public health observatories as without data priorities cannot be effectively identified. Support has been mobilized for research for health in order to reach the targets of the MDGs. It is important to differentiate between priorities for health and priorities for research for health.

There is a need for a harmonization mechanism in the Regional Office to ensure standards are set and maintained for measuring the impact of research, ethical review, monitoring and evaluation, etc. and increased collaboration between departments should be encouraged as a step in improving research culture. A "pool" of resources could be established through which priority access would be given to programmes conducting collaborative research. Committee members stressed their preferred use of the term "empowerment" rather than capacity strengthening in relation to the support provided to Member States. There is a need to exploit WHO collaborating centres to improve research for health and for discussion on the translation of research findings and ways in which to encourage policy-makers to use research evidence, such as through the dissemination of success stories and failures.

6. Recommendations

To the ACHR

1. Request that the Regional Director establish a working group to support the process of developing regional input to the World Health Report 2012.
2. Request that the Regional Director establish the following subcommittees from among ACHR members:
 - research ethics subcommittee to review and propose the adaptation of the draft WHO guidelines for ethics
 - technical review subcommittee to technically review proposals submitted for grants
 - priority-setting subcommittee to create a tool for priority-setting and determining research for health priorities according to regional and national contexts
 - subcommittee to develop and set standards for the monitoring and evaluation of research for health.

To the Regional Office

3. Develop an “action-based” research for health strategy that builds on previous strategies and plans in the Region, aligns with the global strategy and takes into account:
 - adding a goal to the strategy related to accountability, which is essential for mobilization of resources for research. Research funding in the Region is vulnerable and limited, therefore it is necessary to show that research is a good investment and complies to high standards.
 - replacing the term “capacity” with “empowerment” in the goals of the strategy, as it is more inclusive.
 - considering “resource mobilization for research for health” and “working towards alignment of resources” as priorities.
 - examining areas of research for health and how they relate to inequity.
4. Develop standards for the synthesis of health research activities supported by the Regional Office and present a unified report on research activities to the twenty-sixth session of the ACHR, focusing each year on research conducted in a specific area.
5. Implement a competitive process among technical programmes in the Regional Office to submit proposals for funds from a joint research fund (based on a priority-setting tool in their programmatic areas).
6. Promote/enhance dissemination and translation of knowledge to show the impact of capacity-building in research for health through publications, regional meetings and other methods, in addition to exploring the activation of networks in the Region, such as EVIPNet.
7. Establish a regional registry for clinical trials research based on guidelines developed by the International Clinical Trial Research Platform (ICTRP).
8. Review and promote the role of WHO collaborating centres in the Region, and identify potential new centres to focus on priority areas, such as knowledge translation.

9. Establish an in-house committee to set criteria and create mechanisms for harmonization of research, promote collaborative research across technical programmes and create indicators to monitor progress within the Regional Office.
10. Update the mapping of research activities funded/supported by the Regional Office and evaluate the impact of research funding.
11. Establish an in-house repository/public health observatory guiding the collection of comparable data, making data accessible and establish procedures for data sharing, management, interpretation and access to secondary data.
12. Undertake a critical review of health research supported by the Regional Office and how it relates to the Millennium Development Goals and identify priorities at both the regional and national level.
13. Explore and identify additional sources/donors to fund research for health in the Region.
14. Encourage Member States to develop and strengthen national health research systems/bodies.

Annex 1

Agenda

- 1–3. Opening session
4. The EMRO/TDR Small Grants Scheme for Operational Research in Tropical and Other Communicable Diseases
5. Research for health: generating evidence for action
6. Health systems and services research in the Region
7. Research Policy and Cooperation progress report
8. WHO Strategy on Research for Health
9. Research for health in the Region: challenges and opportunities
10. The World health report 2012.

Annex 2

List of participants

Eastern Mediterranean Advisory Committee on Health Research Members

Chairman

Professor Mahmoud Fathallah, Emeritus Professor, Former Dean, Faculty of Medicine, Assiut University Hospital, Assiut, Egypt

Members

Dr Hashim Al-Madani, Associate Professor, Transportation Engineering, University of Bahrain, Manama, Bahrain

Dr Sawsan Al Majali, Assistant Professor, School of Nursing, University of Jordan, Amman, Jordan

Dr Arwa Al-Rabea, OB/GYN Department, Sana'a University, Sana'a, Yemen

Dr Rafic Baddoura, Head of Epidemiological Unit, School of Medicine, St Joseph University, Beirut, Lebanon

* Dr Zulfiqar Bhutta, Aga Khan University, Karachi, Pakistan

Professor Hassen Ghannem, Director Department of Epidemiology and Medical Statistics, University Hospital Farhat Hached, 4000, Sousse, Tunisia

*Professor Mhamed Harif, Director of University Hospital Mohammed VI, Marrakech, Morocco

Dr Walid Karam, Director of Laboratory, National Institute of Pathology, Beirut, Lebanon

Professor Bagher Larijani, Chancellor, Tehran University of Medical Sciences, Tehran, Islamic Republic of Iran

Dr Ziad Memish, Assistant Undersecretary for Preventive Medicine, Ministry of Health, 11426-Riyadh, Saudi Arabia

*Professor Farahat Moazam, Professor and Chairperson, Centre of Biomedical Ethics and Culture (CBEC), Sindh Institute of Urology and Transplantation (SIUT), Karachi, Pakistan

Dr Huma Qureshi, Executive Director, Pakistan Medical Research Council, Islamabad, Pakistan

Professor Hoda Rashad, Research Professor and Director, Social Research Centre, American University in Cairo, Cairo, Egypt

Professor Salman Rawaf, Director of WHO Collaborating Centre, Imperial College London, Surrey, United Kingdom

*Professor K. Srinath Reddy, President, Public Health Foundation of India, 4/2, Siri Fort Institutional Area, New Delhi, India

Professor Abdel Aziz Saleh, Former Deputy Regional Director, WHO Regional Office for the Eastern Mediterranean

*Professor Gamal Serour, Prof. of OB/GYN and Director International Islamic Center for Population Studies and Research, Al Azhar University, Clinical Director, The Egyptian IVF and ET Center, Cairo, Egypt

Dr Abdul-Salam Sultan, Internist, Communication Skills Expert, Human Resources Training and Development Center, Ministry of Health, Baghdad, Iraq

Professor Samia Temtamy, Clinical Genetics Department, Division of Human Genetics and Genome Research, President of National Society of Human Genetics, National Research Centre (NRC), Cairo, Egypt

Dr Mohammad Vasei, Head of Committee for Stem Cells Development, Adviser to the Minister in Research and Technology Affairs, Teheran, Islamic Republic of Iran

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Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, WHO Regional Office for the Eastern Mediterranean

Dr Abdullah Assa'edi, Deputy Regional Director for the Eastern Mediterranean, WHO Regional Office for the Eastern Mediterranean

Dr Naeema Al Gasseer, Assistant Regional Director for the Eastern Mediterranean, WHO Regional Office for the Eastern Mediterranean

Dr Jaouad Mahjour, Director, Division of Communicable Diseases, WHO Regional Office for the Eastern Mediterranean

Dr Haifa Madi, Director, Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean

Dr Sameen Siddiqi, A/Director, Health Systems and Services Development, WHO Regional Office for the Eastern Mediterranean

Dr Mohammad Afzal, A/Regional Adviser, Research Policy and Cooperation, WHO Regional Office for the Eastern Mediterranean

Dr Robert Terry, Project Manager, Research Policy and Cooperation, WHO headquarters

Dr Olla Shideed, Technical Officer, Research Policy and Cooperation, WHO Regional Office for the Eastern Mediterranean

Ms Samantha Ward, Editor/Web editor English, WHO Regional Office for the Eastern Mediterranean

Ms Amani Kamal, Administrative Assistant, Research Policy and Cooperation, WHO Regional Office for the Eastern Mediterranean

Ms Marwa El Saghir, Senior Secretary, Research Policy and Cooperation, WHO Regional Office for the Eastern Mediterranean

*Unable to attend