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REPORT ON PROGRESS OF WHO-SPONSORED
RESEARCH ACTIVITIES IN THE EMR

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REPORT ON THE PROGRESS OF WHO-SPONSORED
RESEARCH ACTIVITIES IN THE EMR
(1 July 1989 to 30 June 1991)

(Agenda item 17)

1. Highlights of Regional ACHR Activities

The Eastern Mediterranean Advisory Committee on Health Research (EM/ACHR) held its fifteenth meeting in Abu Dhabi, United Arab Emirates, from 19 to 21 March 1990. Discussions centred mainly on the programme for Research Promotion and Development (RPD), which aims at strengthening national research capabilities of Member States to solve problems related to attaining health for all by the year 2000. Thus, while research in its widest dimensions (e.g., biomedical, clinical and applied) has a place, the emphasis is currently on health systems research (HSR), which is urgently needed for accelerating implementation of health-for-all strategies.

To activate research in Member States, WHO will offer help in coordinating ideas coming from the Member States and will help in proposal writing. With this approach in mind, and in following up recommendations of the fifteenth meeting of the EM/ACHR, application forms for research grants (both EMRO and TDR/HQ forms) were mailed requesting countries to submit proposals.

Other topics discussed last year were research on health and social care of the elderly, research in human reproduction and sociocultural aspects of AIDS. (In the case of the health of the elderly, an intercountry meeting is planned in the autumn of 1991).

The Special Programme of Research, Development and Research Training in Human Reproduction (HRP/HQ) expressed interest in increasing its activities in the Region during a visit by its Director to EMRO in 1990. Relevant research areas were discussed and it was agreed that a joint workshop between EMRO and headquarters should be organized to discuss research priorities in the Region. The outcome of the workshop will be very useful for Member States to utilize resources available in HRP.

HRP is, at present, supporting long-term institutional development by providing grants to improve research capabilities in Egypt, Pakistan and Sudan. Selected scientists from a number of countries in the Region are also participating in different HRP task forces.

The Government of the Islamic Republic of Iran has shown interest in conducting a trial with long-acting contraceptives. A team of research administrators and researchers visited headquarters and plans for a large-scale trial were discussed.

With respect to sociocultural research on AIDS, and in particular, the KABP (knowledge, attitudes, beliefs and practices) studies, an extensive research component was included in all short-term, interim and medium-term plans, which have been formulated in 17 EMR Member States, with assistance from the Global Programme on AIDS (GPA) at headquarters.

Todate, KABP studies in the Region are at varying stages of implementation. Several countries (i.e., Cyprus, Somalia and Sudan) have already completed their KABP studies. Some countries such as Oman, the Syrian Arab Republic and the Republic of Yemen have completed their planning stages, with the assistance from WHO consultants, and are in the process of conducting research. Other countries (e.g., Afghanistan, Egypt, Morocco and Tunisia) have requested WHO technical assistance for their planning and training components. Consultants have been contacted and arrangements to take up the assignments are being finalized.

Besides national KABP studies, most interim and medium-term plans have included behavioural research studies on high-risk groups, which are identified individually by each country. These more sensitive studies were conducted after the KABP studies. However, during the past two years, several universities and national research institutes in various countries (e.g., Egypt, Jordan, Kuwait, Morocco, Tunisia, Republic of Yemen, etc.) have conducted small-scale behavioural research studies among university students, health workers, labourers and the general public. These studies need to be encouraged and helped.

The sixteenth meeting of the EM/ACHR was held in Alexandria, 24-25 April 1991. It reaffirmed the policy to support health systems research (HSR) in strengthening research capabilities of Member States to attain health for all by the year 2000. A strategic plan for HSR was approved and a plan of action is forthcoming.

Research in accident prevention, health economics and environmental health was discussed. The latter, in particular, was of great importance owing to an increase in pollution, rapid urbanization and problems of refugees.

The following is a summary of the recommendations made at the meeting:

- to continue efforts to promote advocacy of health systems research (HSR) in the countries of the Region through focal points in ministries of health, with involvement of academic institutions;
- to encourage independent HSR;
- to exert efforts to guarantee a continuous flow of information and to provide a mechanism for its analysis;
- guided by a strategic plan, to develop a detailed, budgeted five-year action plan;
- to augment task force activities in the countries of the Region;
- in the field of accident prevention, the fact that there has been little research done on accidents in the Region and that causes of accidents differ among countries, necessitates the need for more support for research in accident prevention;
- countries should be encouraged to develop their particular environmental health policies, taking sociocultural and ethical aspects into account. However, an overall regional policy on common environmental problems is still needed. Differences in priority may not allow adoption of a similar policy on a regional basis, however;
- with regard to research on health economics, combined training courses for health professionals and economists are needed;

- encourage joint research in health economics between health professionals and economists;
- the EM/ACHR expressed its satisfaction on the progress of TDR-sponsored activities in the Region and recommended that efforts be made to generate more fundable proposals on malaria and schistosomiasis.

2. Follow-up of the Forty-third World Health Assembly (WHA43) Technical Discussions on Health Research

The recommendations of the Technical Discussions on Health Research by the Forty-third World Health Assembly were discussed in the fourteenth meeting of the Regional Consultative Committee (RCC), which was held in Damascus, Syrian Arab Republic, 5-6 October 1990. The following conclusions and recommendations were made:

- the RCC felt that HSR, as well as increasing research capabilities at the country level, is an essential area that should be promoted;
- countries should be encouraged to establish "research focal mechanisms" of a multidisciplinary and multisectoral nature;
- while funds are not necessarily a problem in this area, what is needed is a change of "attitude" towards research. This could be achieved through advocacy, incentives, compensation and development of an attractive career structure;
- training of health and other programme managers is required. Training should bring together trainees from health and other sectors to promote a multidisciplinary team approach;
- WHO should spare no effort in its support of HSR through advocacy, institutional strengthening, intercountry commissioned research, fellowships, workshops, consultancies, and by incorporating in all programme areas an element of HSR;
- the ethical aspects of research should be given consideration. National committees on ethical issues should be promoted to safeguard ethical human rights;
- a scheme to recognize and reward young scientists should be developed as an incentive. Research on priority topics needs to be undertaken, and two papers (one on basic research and the other on HSR from each country) should be short-listed, and from among them, the best paper in each category should be identified and presented to the Regional Committee by the authors themselves. This should commence as from 1993.

3. Review of Research and Development Activities in the Region

Although EMRO's RPD programme was affected by the Gulf crisis, some important activity was maintained. The "Consultation on the Development of a Regional Programme for Research Promotion and Development, with emphasis on HSR", which was recommended by the fifteenth meeting of the EM/ACHR, was held in Teheran, Islamic Republic of Iran, from 15 to 19 December 1990. A detailed and ambitious five-year workplan for HSR and strategies were prepared. It is hoped that this might be implemented in 1991.

Unfortunately, other scheduled visits by short-term consultants (STCs) to the Gulf area had to be postponed, but they will be rescheduled before the end of the year, it is hoped. These include a proposed visit to Qatar to conduct a training course in HSR; to Iraq to help develop a national research register and to conduct a workshop on research methodologies and cost-effectiveness; and to Saudi Arabia to participate in the development and formulation of a national plan for research and to train workers in the health field in research methodology.

4. Health Research Task Force

The Task Force for the Development of a Regional Policy and Strategy for Health Research in Support of National Health Development is continuing its functions. The Task Force visited the Republic of Yemen from 1 to 14 November 1990. This was an opportune time since it followed the reunification of both Yemens and reorganization of the Ministry of Health. Invitations for the Task Force to visit other countries have also been received.

The Task Force has been very productive and was, again, commended by the global ACHR.

A consultant visited the Islamic Republic of Iran from 11 to 16 August 1990, to finalize an HSR plan (community health survey) and to advise on steps to establish WHO collaborating centres for rheumatic fever, thalassaemia and cancer, especially stomach, breast and uterine cancers. These areas were extended to include some communicable diseases as well.

Dissemination of information on health research (HR) in general, and HSR in particular, is a very important activity. In this respect, the *Eastern Mediterranean Health Services Journal* is now up-to-date, and there are, in the pipeline, enough manuscripts for two or three future issues. Ideas for improving both format and content are being conducted. A special supplement on topics of concern in the Region may soon be published.

Bridge, an HSR newsletter, is being regularly translated. Both Arabic and English versions are widely distributed to administrators and researchers in Member States. For further dissemination of knowledge, the following World Health Assembly documents on research are being translated into Arabic, and will soon be distributed:

- Research for Health: A Global Overview
- Health Systems Research
- Research Capability Strengthening
- Nutritional Research
- Recent Advances in Biological and Physical Sciences and their Implications for Health Care

To show the value of HSR in solving health problems in the Region, a book of case studies on HSR and a methodology manual have been published.

5. Visits of Regional Adviser/RPD

In an effort to activate HSR, the Regional Adviser on Research Promotion and Development, EMRO, visited the Pasteur Institute of Morocco (PIM) in Casablanca, 21-25 May 1990. An agreement was reached to strengthen, redesign and support some PIM research proposals.

A visit was also undertaken to Oman, 26-31 May 1990, to advise the Ministry of Health on the role and functions of a new unit for research and studies. Some positive recommendations were made regarding the focal point, establishment of the unit and a strategy for setting up a health research policy.

RA/RPD, together with two representatives from the Region who are senior managers from Morocco and Sudan, participated in the Second Interregional Training Workshop on HSR, which was held in Arusha, Tanzania, 4-13 July 1990. The workshop was the second in a series of three meetings intended to review and adopt existing training and learning modules in a systematic attempt to improve HSR training and orientation. Its primary purpose was to enable managers to facilitate their institutions or organizations to contribute to and support the development of HSR in their countries, and in the utilization of research in improving the health of the people. Through individual efforts, interaction in participant groups and discussions with WHO regional offices, the participants developed their own plans of action, which will help promote HSR in their respective countries.

During his participation in the fifteenth meeting of the Research Strengthening Group in June 1990, the Regional Adviser, TDR/RPD, EMRO, discussed with the responsible officer, research capability strengthening, as regards tropical disease research (TDR) in the EMR. The following were thought to be helpful in activating TDR in the Region:

- EMRO must make more effort to help individuals and institutions in writing up proposals. Appropriate Regional Office staff member(s) should visit the countries and help scientists in developing proposals. The example of PAHO (Pan American Health Organization) was impressive in the meeting. They have made great efforts and are in constant collaboration with the TDR secretariat.
- It was clear that with the help of the TDR secretariat and EMRO through site visits, proposals could emanate from the following:
 - Malaria, Schistosomiasis, and Leishmaniasis Training and Research Centre in Gizan, Saudi Arabia;
 - Pasteur Institute in Tunis, in leishmaniasis;
 - problems of leishmaniasis, in Iraq (MOH);
 - grant to study leishmaniasis in Sudan (Medical Research Council);
 - malaria, in the Islamic Republic of Iran (Ministry of Health and Medical Education);
 - schistosomiasis, in Egypt (concerned authorities).

During a visit to Tunis (10-17 November 1990), together with the Regional Adviser/LAB, EMRO, the subject of HSR was discussed with the Director-General, Ministry of Health; Director of Pasteur Institute, Tunis; and staff of a district hospital.

The important role that HSR has in solving health problems was highlighted and the need for its institutionalization was confirmed.

The Regional Adviser, RPD, also participated in the Consultative Meeting to Develop Criteria for the Appraisal of HSR Project Proposals, which was held in SEARO, New Delhi, 2-4 April 1991.

6. WHO Collaborating Centres

Two new WHO collaborating centres were designated:

- WHO Collaborating Centre on Nursing (Nursing Division, College of Health Sciences, Ministry of Health, Manama, Bahrain); and
- WHO Collaborating Centre for Haemoglobinopathies, Thalassaemia and Enzymopathies (Department of Medical Biochemistry, College of Medicine, King Saud University, Riyadh, Saudi Arabia).

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Summary of Recommendations

It is recommended that Member States:

1. Adopt a policy that considers that while research (i.e. biomedical, clinical and applied) in its widest dimensions has a place, the emphasis is currently on health systems research (HSR), which is urgently needed for accelerated implementation of health-for-all strategy in the next decade.
2. Continue efforts to promote advocacy of health systems research in the countries of the Region through focal points in the Ministries of Health, with involvement of academic institutions.
3. Establish research focal mechanisms of a multidisciplinary and multisectoral nature.
4. Promote training of health and other programme managers. This training should bring together trainees from health and other sectors to promote the multidisciplinary team approach.
5. Initiate task-force visits and follow-up activities.
6. Encourage research in HSR that leads to self-reliance.
7. Exert efforts to guarantee continuous flow of information and ensure a mechanism for its analysis.
8. Promote national committees on ethical issues to give due consideration to the ethical aspects of research and to safeguard ethical human rights.