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RENEWED HEALTH RESEARCH FOR DEVELOPMENT IN THE EASTERN MEDITERRANEAN REGION

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EXECUTIVE SUMMARY

Historically research has been an integral part of WHO's collaborative activities with its Member States. With the establishment, in 1976, of a regional programme for research promotion and development and of an Eastern Mediterranean Advisory Committee on Health Research (EM ACHR), these collaborative activities were intensified. Through site visits, the health research potential of several Member States was assessed and areas of collaboration determined. A system for the award of research and research training grants was set up. Research priorities in different programmes were identified. To promote collaborative research activities a large number of institutions were designated as WHO collaborating centres. An active programme for training in research methodology, research management and scientific writing was initiated. The coordination of research in the Region was facilitated through meetings of representatives of research councils or of analogous bodies and through close contacts with WHO's global programmes for research and research training. A scheme of small grants was established in collaboration with Tropical Disease Research (TDR) in WHO headquarters. A similar scheme is being planned with the Research and Training in Human Reproduction (HRT) programme. The establishment of the *Eastern Mediterranean health journal* in 1986 facilitated the publication of results of research by scientists in the Region. A task force visited ten countries between 1986 and 1994 to promote and develop national plans for research in support of national strategies for Health For All 2000.

The development of health research in Member States of the Region faces several constraints. These include: inadequate political commitment; an unfavourable research environment; lack of leadership and weak management and coordination of research; near absence of linkages and networking among scientists; poorly developed research capacity and inadequate resources. These factors are not peculiar to this Region but are common to most of the lower and middle income developing countries of the world.

The activities promoted and supported by the Regional Office over the years have had a positive impact on the development of health research in the Region. Political commitment is growing, national coordinating mechanisms have been established and allocations are being made for research in WHO collaborative programmes. However, it is felt that intensified efforts are needed now to enable Member States to develop their health research systems further and to use research increasingly to provide evidence for policy-making and health actions, especially in reducing health inequalities and in addressing the health problems of the poorer segments of their populations.

During the last decade several of the international agencies involved in funding health research, including WHO, have tried to seriously examine the role of health research as an important contributor to sustainable human development. They have also attempted to look at how governance of research at national, regional and global levels can be made more effective and efficient. As a result of these deliberations, it was decided to hold an International Conference on Health Research for Development. This landmark conference, which was held in Bangkok, Thailand, in October 2000, and attended by over 700 participants, was preceded by a year of intensive preparatory work including consultation with countries. The conference

recognized that the research efforts in many countries were fragmented with a lot of duplication and were not focused on national needs and priorities. This has led to the emergence of a vision of a systems approach to health research driven by equity, focused on national goals and priorities and operating within an interactive regional and global framework.

Based on the recommendations of a regional consultation on health research held in June 2000 to consolidate national views as well as on those emanating from the global conference itself, the Regional Office undertook an internal review of the regional research programme. Based on its findings and discussion with a group of national experts and staff in the Regional Office, a renewed health research for development programme was formulated.

The regional health research programme aims at being proactive, flexible and responsive to national needs. It will foster communication and cooperation among Member States, and support countries and institutions, through capacity-building, in their efforts towards the goal of equitable health development.

Regional support to countries would be strengthened through: strong advocacy for research as a means for providing the evidence for health policies and actions; more dynamic advisory and intercountry mechanisms such as an active EM ACHR and periodic meetings of responsible national organizations for health research; developing and supporting a regional programme for leadership in research management; and promotion of the development of a regional health forum. The regional research grant mechanism will be revived and focused on a few carefully selected priorities, with applications being subjected to a transparent peer review system.

Similarly, the collaboration with and support to the countries will also be intensified through active and continuing interaction with researchers and promotion of networking on subjects of national and regional interest.

In order to implement the proposed regional strategy, funds in addition to those budgeted for the Regional Office's research policy and cooperation programme in 2002–2003, are required. It is recommended that the governments in the Region allocate 2% of the JPRM budget starting from the coming biennium to support these activities. In addition, they are requested to seriously consider allocating 2%–3% of their budget for health research-related activities in their respective countries.

1. INTRODUCTION

Progress reports on WHO-sponsored activities in the Region have been presented to the Regional Committee for the Eastern Mediterranean regularly since 1979. On each occasion the Committee had passed a resolution (EM/RC29A/R.6; EM/RC30A/R.8; EM/RC32/R.6; EM/RC34/R.10; EM/RC36/R.8; EM/RC38/R.13 and EM/RC40/R.11). At its Thirty-fourth and Thirty-sixth Sessions the Regional Committee had also discussed health systems research as part of the managerial process in support of the strategy for Health for All 2000 and had approved respectively resolutions EM/RC 34/R.11 and EM/RC 36/R.9.

Since the Regional Committee last discussed health research in 1993, there have been major developments in the management of health research at the global level, and certain new ideas have emerged about coordination of health research at global, regional and national levels. Both of these developments have an implication for Organization's future work with Member States in this field. It was therefore considered worthwhile to present a summarized historical review of the Regional Office's involvement in research, the current challenges facing the development of health research in the countries of the Region and a summary of the recent developments, before presenting a revised regional strategy for health research for development.

2. WHO-SPONSORED ACTIVITIES IN THE REGION

Research has been an integral part of WHO collaborative programmes with Member States since the inception of the Organization. However, most of the research activities were originated and managed by technical units in WHO headquarters. The active involvement of regional offices (except for PAHO/AMRO) in health research began in 1976 with the establishment of Regional Advisory Committees on Health Research and with the re-allocation of funds from WHO headquarters to support research activities in the regions.

The first meeting of the Eastern Mediterranean Advisory Committee for Health Research (EM ACHR) was held in March 1976. Members (12 to 15 in number) of EM ACHR are outstanding research scientists from the Region, representing a balanced disciplinary and geographical distribution, who serve in their individual capacity for a term of three years, which is extendable. The committee, according to the original terms of reference, advises the Regional Director on national and regional research policy and priorities, on means of coordination at various levels, and on promotion of research capability nationally and regionally.

Soon after the first meeting of EM ACHR, a group of senior scientists visited Egypt, Islamic Republic of Iran, Iraq and Sudan to assess institutional resources for research and potential for participating in collaborative activities. Subsequently, similar visits were undertaken to other countries in the Region (Pakistan, Syrian Arab Republic and Tunisia) with an existing research infrastructure. Thus the Regional Office was quickly apprised of the health research situation in most of the countries with a potential for collaborating in the field of research. In 1977 a system of research and research training grants was established. A unit

for Research Promotion and Development, and subsequently renamed Research Policy and Cooperation (RPC), was created and staffed in 1978. This unit soon established and then maintained close contacts with similar units in other regional offices, with WHO global programmes for research and training such as TDR and HRP and with national focal points for research or medical research councils and major health research institutions in the Region.

In close cooperation with technical units in the Regional Office, priority areas for research were identified and communicated to the governments and the research community. Over the years, in order to promote research activities (especially health systems research), a number of intercountry and national courses on research methodology, research management and on scientific writing were held. Well-established institutions were formally designated as WHO collaborating centres. Their number rose from around 6 in 1976 to 61 in 2001. The terms of reference of most of these collaborating centres have included research related to their area of responsibility. In order to facilitate coordination of research activities within the Region and to promote intercountry collaboration in research, meetings of directors of medical research councils or analogous bodies were held every two years starting from 1981.

Until 1991, meetings of EM ACHR were held annually. Subsequently due to funding constraints they were held every two or three years. The last two meetings were held in 1995 and 1998. Similarly, the frequency of the meetings of the medical research councils and/or national focal points for health research was reduced: with the sixth and the last meeting held in 1994. The infrequency of these meeting during the last 6–7 years had an adverse effect on collaborative activities with Member States, just at a time when past promotional and advocacy efforts were beginning to have an impact. The funding constraints also affected the number of research grants that could be funded (by the middle of 1998, only 32 of 78 research proposals received during the past 3 years could be supported).

In the mid 1980s, the global ACHR had proposed a health research strategy to support health development aimed at achieving health for all by the year 2000. The EM ACHR, realizing the importance of the proposed strategy, recommended the establishment of a task force to visit selected countries. The objectives of these visits were to identify a national health research policy and research strategy, assist in preparing a plan of work for the implementation of the research strategy and identify ways of increasing resources needed for this purpose. Between 1986 and 1994 the task force visited 10 countries (Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Morocco, Pakistan, Saudi Arabia, Syrian Arab Republic, Tunisia and Republic of Yemen). Some of the countries were visited more than once for follow-up.

Apart from documenting the health research scene in the countries visited, the visits of the task force served to advocate the role of research in health development and, perhaps uniquely, brought together researchers (mostly biomedically oriented), scientists from other disciplines and health managers. Another outcome of these visits was an improved appreciation by the Regional Office of the problems facing health research in countries of the Region.

Another outcome of the visits by the task force and of the advocacy and the promotional efforts by the Regional Office was the provision of funds for supporting health systems research projects under the Joint WHO Government Collaborative Programme, by several Member States in the Region.

Scientists from the Region had experienced difficulty in successfully competing for research grants from global programmes such as TDR. Some of the diseases (leishmaniasis, malaria, schistosomiasis and tuberculosis) covered by TDR's mandate were serious health problems in some of the countries of the Region. In order to facilitate the development of young scientists in applied research related to these diseases, a scheme of EMRO/TDR small grants were introduced in 1992. The scheme supports projects of short duration (1–2 years) with a low budget (below US \$ 10 000) and is aimed at addressing the needs of the control programmes so that the results of research could be translated into policy/actions. So far eight rounds of applications have been invited. Out of a total of 447 applications received, 92 have been funded. Technical support has also been provided to principal investigators in improving their proposals and in implementation of their projects. Negotiations are under way with the Special Programme for Research and Training in Human Reproduction (HRP) to launch a similar scheme to build a corps of investigators in the area of reproductive health.

In addition to the above-mentioned collaboration, both of the WHO special programmes for research and training, i.e. TDR and HRP, over the years have supported a number of researchers and institutions in the Region through their research and development and capacity-building grants. However, due to their mandates, the activities supported by these programmes are related to the priorities of their various scientific committees, rather than based on national priorities and needs.

In some countries of the Region substantial inputs for health research have been received through bilateral assistance, either directly for individual projects or as a part of support provided to the health sector. In such cases the national coordinating bodies for health research have a marginal or minimal role in selection of topics for research or in their review process, especially as many bilateral agencies now prefer to channel funds directly to nongovernmental organizations.

Researchers in the Region have faced serious problems in having their work published in scientific journals of repute. With the establishment of the *Eastern Mediterranean health journal* in 1986, the problem has been somewhat ameliorated. A scheme for awarding prizes to researchers under 35 years of age for health research and health systems research was introduced in 1990. In 1991 no prize was awarded due to lack of good proposals. In 1994, 39 applications and 64 research papers were received from 8 Member States. In 1996, only 14 applications and 31 papers were received from 7 Member States.

In spite of organization-wide financial constraints, it can be stated that due to advocacy and promotional efforts by the Regional Office, awareness about the need for and importance of research in health development has grown considerably. Many scientists have been exposed to research methodologies, especially those used for health systems research. Understandably, there has been minimal/negligible impact on establishing a research culture and improving the

research environment. Major constraints still exist in Member States in further development of health research, some of which are mentioned in Section 5.

Within the Regional Office an internal review of the RPC programme was conducted in late 2000, and the findings have been used to draft the revised strategy given later in this paper.

3. CHALLENGES FACING HEALTH DEVELOPMENT IN THE REGION

With the increase in the number of elected institutions in the Region, their role in various issues affecting their constituencies, including health, has grown. As such, many ministries of health are thinking of revising their structures in order to deal with decentralization in setting policies, financing services and running health institutions.

The demographic developments in the Region pose another important challenge. Some of the countries still have high rates of fertility and population increase coupled with high rates of child and maternal mortality, while others are witnessing a progressive decrease in fertility coupled with a high rates of life expectancy at birth, leading to an increase in the proportion of the elderly. Nearly all countries are experiencing a rapid urbanization with a shift of the population from rural areas to cities.

With the advent of increasing influence of the media, negative lifestyles are increasing steadily, as reflected in the number of smokers and drug addicts. There is also an increase in consumption of food with a high content of fat. This, coupled with lack of physical activity, has led to an increase in cases of obesity, diabetes, hypertension and cancer at a time when countries still have to deal with significant load of communicable diseases.

With the growth of market economies and expansion in the role of private sector, many countries are facing real reductions in health expenditure in the public sector. There is a trend, particularly in the low income groups, of an increase in the family income spent on health. The issue of health service financing is thus attracting increased attention in the Region. Efforts are under way to improve the utilization of available resources and to explore ways of mobilizing new resources. Governments are being forced to review their role in setting policies and as major providers of health services, especially in the areas of public health, ensuring greater equity in health and protecting the poor.

Thus, the challenges being faced in most countries of the Region and which have an implication for research are as follows.

- rising costs of health care, which governments are increasingly unable to bear, coupled with an increasing demand for quality health care
- the moral imperative of providing health care to the poor and marginalized segments of society

- political pressure for decentralization of administrative services, including provision of health care
- increasing the effectiveness and efficiency of the health care systems, which are largely based on tertiary care facilities and are inefficient
- persistent mismatch between the production of different categories of health care personnel and the needs of the health system and of communities
- decision-making which is not based on sound and scientific evidence
- increase in risk-taking behaviour, particularly among adolescents and young adults (especially as related to smoking, drug abuse and transmission of HIV)
- malaria (in a few countries) and tuberculosis
- maternal health and safe motherhood
- striking an appropriate balance between allocating resources to develop the potential for participating/contributing to the global development of knowledge and the need to carry out country specific health development research

4. CONSTRAINTS TO THE DEVELOPMENT OF HEALTH RESEARCH IN THE REGION

4.1 General

The diversity among the countries of the Region is also reflected in their state of health research. Indeed, within a given country the health research situation is not always stable or progressing depending upon the prevailing politico-economic conditions. Despite the above it is possible to discern some challenges that are common to the majority of countries in the Region.

4.2 Political commitment

There is a noticeable trend toward greater political commitment. This is evident in the existence of national structures for health research, provision of financial support (even though it is often meagre) and inclusion of explicit statements about research in relevant national policy documents, i.e. national health and/or science and technology policy and plans. However, there does not seem to be enough appreciation of the role that research can play in health development, especially in reducing the current inequities in health. In other words, health research is not valued as an investment in development.

4.3 Research environment

Due to undervaluing of health research by governments, by society at large and sometimes even by the medical profession, the environment in many low and middle income countries is not conducive to or supportive of research. There are few incentives or rewards for undertaking research. Researchers are poorly paid and promotions often depend on taking on administrative duties. Facilities are poorly equipped and access to information through electronic means is not readily available at affordable cost, which limits possibilities for networking with scientists within the same country and abroad. A very large proportion of the meagre funds allocated for health research is earmarked for salaries. National reports repeatedly speak of a lack of 'research culture'. It is therefore no wonder that the research productivity of the Region is generally low. In view of the economic situation prevailing in most countries of the Region, there are growing concerns about the weakening of public sector support for health research at a time when additional support is badly needed.

4.4 Leadership, management and coordination

Based on their historical links, countries have adopted different systems for managing and coordinating health research. It is not possible or even desirable to compare one system to another. Each system has its positive and negative aspects. What is worrisome is the widely held perception that health research in the Region is generally poorly organized and managed. Only a few of the countries have a coherent national plan for health research. Established mechanisms for defining research priorities have hardly been used. The research agenda is set by scientists themselves without any involvement of other stakeholders and is often not guided by national health priorities. Transparent and efficient systems for evaluating research proposals and for monitoring the progress of those approved for funding are not being used widely. There is a lack of appreciation of the need for appropriate ethical review of proposals involving human beings and communities, and formal ethical review mechanisms at institutional and national levels are poorly developed. Research results are rarely used for establishing or revising policy and changing health actions. Efforts at good management are hampered by the lack of adequate and functioning information systems, particularly those dealing with resource flows. It is therefore not surprising that productive scientists seek external sources of funding as they are much easier to work with, even though the funded research may not be a high national priority.

Over the years, coordination of health research, especially in larger countries of the Region with well-developed research infrastructure and with access to external sources of funding, has become increasingly difficult. The coordination issue is likely to become more complex as multiple or pluralistic systems (including those based in the private sector) emerge for managing health research.

4.5 Linkages, partnerships and networking

Even with the widespread recognition that many of the determinants of health are outside the domain of the health sector (system), the majority of health researchers in the Region remain insular and not inclined towards establishing linkages with their counterparts

in sectors such as agriculture, education, social welfare and finance or with scientists outside their own disciplines. Also, the existing systems for managing and coordinating health research do not lend themselves to the establishment of linkages with other sectors. Similarly there is a reluctance to form networks. All this results in the national research effort tending to be fragmented and unable to benefit from potential synergies. However, a good sign is that medical schools in some of the countries have recently begun to engage with civic society/communities around them.

Health researchers in Member States of the Region, with a few exceptions, have not been able to tap the resources for research available within development assistance provided on a bilateral basis or through international lending agencies. Most of this is due to the absence of linkages with planning and finance sectors.

4.6 Research capacity

Broadly speaking, research capacity in countries of the Region is generally low both in terms of quantity and the range of skills available. The low and middle income countries find it difficult to retain well-qualified and experienced researchers and have been hit hard by the continued brain drain. Skills related to population sciences and relevant to the new public health are particularly in short supply and those possessing such skills are greatly in demand. As far as could be ascertained, no country in the Region has prepared a medium- to long-term plan for capacity-building keeping in view the current and forthcoming health challenges.

Capacity-building efforts by global programmes (e.g. TDTR, HRP) and international funding agencies have tended to emphasize the 'supply side'. In other words, support has been provided for the production or for advanced training of scientists and in strengthening research institutes. Little attention has been given to generating a demand for research among policy-makers, health workers, community groups and other stakeholders. More recently it has become obvious that most researchers receive little training in areas which are vital for the research for development process such as leadership, advocacy, partnership development and networking, priority-setting, impact assessment, communication etc.

4.7 Financing

The Commission on Health Research for Development in its 1990 report noted that only 5% of worldwide investment in research was devoted to health problems of developing countries, which accounted for 93% of the years of potential life lost in the world. It made two recommendations regarding the levels of health research financing. One, that developing countries should invest 2% of national health expenditures in research and research capacity strengthening, and second that at least 5% of project and programme aid for the health sector from development aid agencies should be earmarked for research and capacity building. Although detailed information from countries and development agencies is lacking, it is clear that eleven years later these targets have not been met. In its last report (2000), the Global Forum for Health Research noted that still less than 10% of global spending on health research is devoted to 90% of the world's health problems—the so-called 10/90 disparity.

In view of the above, countries need to immediately develop the capacity for monitoring resource flows for health research (on its own or as part of national health accounts) so that any changes in financial resources for research are documented, as well as providing information on areas of research where these resources are directed.

Among many of the senior health research managers, there is a feeling that additional research output could be obtained with the same resources provided they were utilized more efficiently. Widening the range of stakeholders and building partnerships/coalitions are other ways of attracting resources.

5. DEVELOPMENTS IN MANAGEMENT OF HEALTH RESEARCH AT THE GLOBAL LEVEL DURING THE LAST DECADE.

During the last 10–12 years, international development funding agencies, multilateral organizations and major health research funding organizations have made a serious effort to examine the role of health research as an important contributor to sustainable human development. These efforts were initiated by the work of the Commission on Health Research for Development. The publication of the Commission's report in 1990 coincided with technical discussion at the Forty-third World Health Assembly in 1990 on the role of health research in the strategy for health for all by the year 2000. It was followed by an international conference on essential national health research (EHNR) later in the same year. During the following year (1991) a Task Force on Health Research for Development began its work and, in 1993 when the Council on Health Research for Development (COHRED) was created, it took up the work initiated by the task force. Also in 1993, the World Bank's annual report dealt for the first time with health. As an outcome of its publication, an Ad Hoc Committee on Health Research Relating to Future Interventions Options was established under the auspices of WHO. This committee, which reviewed the health needs and related priorities for research and development in low to middle income countries, published its report in 1996. One of its recommendations was the creation of a mechanism to review global health needs, assess research and development opportunities and monitor resources flows. It also updated the earlier estimates of the Commission regarding disparities in research expenditures on health problems of developing countries. According to 1992 estimates, of the US\$ 56 billion spent globally by both public and private sectors on health research, less than 10% is devoted to diseases or conditions that account for 90% of the global disease burden. In June 1997 the Global Forum for Health Research (GFHR) began its work. Its central objective is to help correct the so called 10/90 gap and focus research efforts on the health problems of the poor by improving the allocation of research funds and by facilitating collaboration among partners in both public and private sectors. Through its annual meetings, it provides a forum for stakeholders to review the global health research situation and priorities.

During the same period a number of international programmes (in addition to those in WHO such as TDR and HRP), were established to build research capacity in developing countries. These included the International Clinical Epidemiology Network, International Health Policy Programme, Applied Research on Child Health Project, Multilateral Initiative

on Malaria, etc. In addition, some of the developed countries such as Sweden and Canada had undertaken initiatives to support research in developing countries.

Even though the promotion and conducting of research is an article (No. 2) of its Constitution, WHO itself is not primarily a research organization. However, as mentioned above, it has been actively involved in research through a variety of mechanisms including regional programmes for research policy and cooperation, and through programmes such as TDR and HRP in collaboration with other agencies. From the mid 1980s to early 1990s, WHO's goal of achieving Health For All 2000 had shaped its research strategy. This is what led to the establishment and work of the regional task force mentioned above. In 1997, following 2–3 years of work, the Global ACHR published a research policy agenda for science and technology. The agenda visualized using modern communication and information technology to create a global planning networks for health research.

In 1998–1999, the incoming administration in WHO headquarters appointed an internal and external group to carry out an extensive review of WHO's research strategy. A report of this review, which had focused primarily on WHO headquarters, was presented to the WHO Executive Board in May 1999. The review made recommendation in the areas of research promotion and programme reviews; expert advisory panels and expert committees; WHO collaborating centres; the role of the ACHR; and the role of Department of Research Policy and Cooperation. Following this review, a large informal consultation on ACHR was held in late 1999 in place of the annual meeting. The consultation made recommendations concerning its terms of reference, structure and method of work and agreed that a refocused and revitalized ACHR could play a crucial role in advising the Director-General and in guiding, improving and communicating the research efforts of the Organization. Following the above, some of the regional ACHRs have already revisited their role and method of work to render them more effective.

In late 1990s, four major international agencies involved with health research, i.e. WHO, World Bank, GFHR and COHRED, felt that it was timely to take stock of the global, regional and national initiatives in health research since the publication of the Commission's report in 1990. There was a need to assess the impact of these initiatives on health and equity, to determine the current situation in health research and to decide where to go from there. This need was all the more pressing in view of the rapidly increasing globalization and the advances in communication and information technology.

This led to the convening of an international conference on health research for development (ICHRD), held in Bangkok, Thailand, from 10–13 October 2000. This landmark meeting, attended by nearly 700 participants, was preceded by more than a year of preparations, including consultations with countries and regions to obtain their experience in health research and to solicit ideas on critical issues for coming years. An Eastern Mediterranean regional consultation for this purpose was held in June 2000 to review the experience of ten countries from the Region in managing health research. The preparations for the ICHRD also included an analysis of major health research initiatives introduced during the last decade.

The broad objectives of the conference were to review health research over the past decade and draw lessons for the future, and to agree on both a common strategy for health research for the coming years, including raising the level of resources currently available for health research in developing countries, and on a framework of improved international cooperation in health research. Participants from several countries of the Region (Bahrain, Egypt, Iraq, Islamic Republic of Iran, Lebanon, Pakistan, Saudi Arabia, Sudan and Republic of Yemen) attended the conference.

Based on the preparatory work, summarized in a detailed working document, and on intensive discussions in working groups, the conference recognized that research efforts in many countries were fragmented, with a lot of duplication, and not focused on national needs and priorities. In response to this, a vision emerged of a systems approach to health research, driven by equity, focused on country health priorities, adequately linked to goals of health systems and operating with an interactive regional and global framework.

The need for a 'research system' was also based on the appreciation that certain research issues or the needs of the health system required collaboration between different research organizations or different disciplines. Regarding the constituent parts of a health research system, it was realized that most of the developing countries had some existing structures, stakeholders etc. What is required now is a more effective and efficient coordination and functioning of these constituent parts.

The Bangkok conference recommended formulation of clear health research policies with well-defined priorities, utilization of transparent review mechanisms for ensuring quality of research, promotion of multisectional and multidisciplinary research and integration of research in health development. The broad objective was to promote equitable health care through sustainable health research systems. Strategies for knowledge production and management, research capacity strengthening and retention, financing and governance were spelt out for implementation at national, regional and global levels. The declaration adopted at the conclusion of the meeting is included as Box 1.

Activities to follow up the conclusions and recommendations of the ICHRD have already begun. Within the Region, an informal consultation on health research management was held in Teheran, Islamic Republic of Iran, in April 2001. The concept and qualities of an effective health research system (clearly defined goals and shared values, etc.) were discussed in detail, as were its primary functions, such as stewardship, financing, knowledge generation, utilization and management of knowledge, and capacity development.

Box 1.**Bangkok Declaration on Health Research for Development**

The International Conference on Health Research for Development brought together more than 700 participants representing a wide range of stakeholders in health research from developing and developed countries. Conference participants from over one hundred countries welcomed the interactive and participatory nature of the decisions.

Having reviewed the reports from the various regional and country consultations, and taking into account both the in-depth analysis of progress in health research over the past decade and the discussions before and during the meeting, we the participants make the following Declaration.

The Conference reaffirms that the health is a basic human right. Health research is essential for improvements not only in health but also in social and economic development. Rapid globalization, new understanding of human biology, and the information technology revolution pose new challenges and opportunities. Social and health disparities, both within and between countries, are growing. Given these global trends, a focus on social and gender equity should be central to health research. In addition, health research, including the institutional arrangements, should be based on common underlying values. There should be:

- A clear and strong ethical basis governing the design, conduct and use of research;
- the inclusion of a gender perspective;
- a commitment that knowledge derived from publicly funded research should be available and accessible to all;
- an understanding that research is an investment in human development; and
- a recognition that research should be inclusive, involving all stakeholders including civil society in partnerships at local, national, regional, and global levels.
- an effective health research system requires:
 - coherent and coordinated health research strategies and actions that are based on mutually beneficial partnerships between and within countries;
 - an effective governance system;
 - a revitalised effort from all involved in health research to generate new knowledge which addresses the problems of the world's disadvantaged, and increases the use of high quality, relevant evidence in decision-making.

It is the responsibility of an active civil society through their governments and other channels to set the direction for the health research system, nurture and support health research, and ensure that the outcomes of research are used to benefit all their peoples and the global community.

We the participants commit ourselves to ensuring that health research improves the health and quality of life of all peoples.

The work carried out in preparation for, and during, the Conference should continue, through a process that will allow all stakeholders to contribute to debate and decisions on the key issues for the future of health research for development.

Participants proposed that the functions of a national health research system could be as follows.

- promotion of evidence-based decision-making
- working towards an effective health care system
- promotion of research culture
- cost-effective use of resources
- ensuring the contribution of the country to global health research knowledge
- setting research priorities with all stakeholders
- mobilizing resources, capacity-building
- utilizing results of research for policy and action
- networking and coordination

The following were considered to be the main actors with in a national health research system:

- public sector health institutions, e.g. ministries of health and education
- senior health managers and policy-makers
- universities and academic institutions
- statutory national research councils and research institutions
- financing agencies
- professional associations/societies
- public and nongovernmental health providers
- communities
- international donors and health research organizations.

Some of the entry points considered for strengthening national health research systems were: ensuring political commitment; developing appreciation of research as a tool for policy change and health development; establishing effective coordination mechanism(s) through partnerships; motivating researchers to work in harmony with each other and focusing on

national priorities; and promoting a demand for research by policy-makers and by other stakeholders.

Representatives from the participating countries decided to establish an intercountry network to share information on various aspects of national health research systems, to explore possibilities for planning and carrying out of collaborative research projects and to organize training activities.

6. RENEWED REGIONAL STRATEGY FOR HEALTH RESEARCH FOR DEVELOPMENT

The importance attached to health research by the Organization is evident from one of the six core functions mentioned in the latest general Programme of Work for the period 2002 to 2005. It reads as “managing information by assessing trends and comparing performance; setting the agenda for, and stimulating, research and development”.

Support for research at the regional level could be gauged by the regional mention made during the presentation of the Annual Report at the Forty-seventh Session of the Regional Committee for the Eastern Mediterranean of the Regional Office's efforts in reviving the collaborative programme for research and its commitment to present a new strategy to the next Regional Committee, to be held in October 2001. Such support is also evident in the substantial increase in the budget allocation for the regional research policy and coordination (RPC) programme in the coming biennium (up from US\$ 85 000 to US\$ 453 000).

In this connection it is also worth recalling the main recommendations of the Eastern Mediterranean regional consultation on health research for development, held in Cairo in June 2000. These included strengthening political commitment, promoting health research as a tool for sustainable health development and as a means for generating evidence for policy formulation, expanding the pool of stakeholders and involving them in priority-setting, using research results for policy and action and improving evaluation and monitoring of research projects.

It is envisaged that the regional health research system would:

- be responsive, flexible, inclusive and proactive
- foster communication and cooperation among Member States
- support countries and national institutions in their efforts towards the goal of equitable health development
- identify common problems and develop mechanisms to address them
- interact with other regional partners and funding agencies.

The objective of the regional health research system should be promote equitable health and health care through a sustainable health research system focused on knowledge production and efficient and effective use of available knowledge.

The strategic framework must: focus on national needs which are based on valid priority-setting mechanisms (ENHR and burden of disease approach); be founded on ethical partnership, complementarity and on the principle of subsidiarity; and support national capacity development.

It is recommended that the main thrusts of the strategy should be:

- strengthening the regional support to countries
- reorganization of EMRO's research grant scheme
- intensified collaboration with and support to Member States.

Recommendations for actions in support of these thrusts are given below.

Recommendations

Strengthening regional support to countries

1. The Regional Office should award a high priority to the regional research programme and to strengthening national health research systems. In addition to its technical and coordinating role, it should now assume a stronger financing role as well.
2. Regional support for research should be flexible, inclusive and proactive and should focus on national needs and priorities with an emphasis on equity and gender sensitivity. It should foster communication and cooperation between Member States and support national capacity development and interaction with other regional and global partners and funding agencies.
3. Various regional health forums should be utilized to advocate the integral roles of research in health development in redressing health inequalities and of research that addresses the problems of the poor.
4. More dynamic advisory and intercountry mechanisms should be initiated, such as an active EM ACHR and periodic meetings of heads of medical research councils, research managers and fund holders.

The EM ACHR would be reconstituted with revised terms of reference. It would meet regularly every year. A more active role for the Chairman and members (even though they serve in their individual capacity) is envisaged. They would be invited to take part in the work of the RPC unit, visit countries for promotional and advocacy purposes in between the annual meetings.

Similarly, it is proposed to hold, at least on a biennial basis, meetings of the representatives of medical research councils and/or analogous bodies and fund holders to exchange information on national mechanisms for coordination and management and to consider ways and means for enhancing collaboration between countries in research and research training.

5. The role of WHO collaborating centres in the Region should be enhanced in support of health research.

Currently there are 61 WHO collaborating centres in the Eastern Mediterranean Region. A large number of them were designated from the mid 1980s onwards. About half of them are located in three countries (Egypt, Islamic Republic of Iran and Pakistan). The first intercountry meeting of WHO collaborating centres was held in 1997. Their active support would be solicited in strengthening national capacities for health research in their respective areas of expertise through imparting of training and implementing intercountry joint research projects.

6. Support should be given to national health research systems initiatives including leadership and training in various aspects of research management.

There is a conspicuous dearth of effective leaders of health research in the Region. A number of competencies for effective and efficient functioning of national health research systems have been identified, e.g. priority-setting, research to action, leadership, knowledge management, demand creation, team building and network development. Learning material for some of these competencies already exists and is under preparation for others. An attempt would be made to build up these various competencies rapidly among mid to senior level researchers and research managers. It may thus be anticipated that within five to ten years several leaders would emerge in the Region to lead the movement for health research for development.

7. Support should be provided to regional networks in specific programme areas.

With the advent of electronic communication, networking has been greatly facilitated. However, in this Region there is little evidence of functioning networks of researchers with common interests. It is proposed to actively promote and support setting up of networks for exchange of information, developing multi-centre research projects, planning training activities, etc. In this connection contacts would be made with national and regional professional societies, as they could be of helping in setting up these research networks. Research managers from five countries who participated in an informal consultation on research management held in April this year have already requested the Regional Office to facilitate setting up a network among them.

8. A "research profile initiative" should be carried out to strengthen the national health research systems.

In order to facilitate the strategic planning for the strengthening of the health research systems (HRS) in Member States of the Region, it is necessary to begin with a clear understanding of the strengths and weaknesses of each country's health research system. It is therefore proposed during the coming biennium that a few countries use a participatory approach to carry out a comprehensive and systematic situation analysis of their current situation of health research through a 'research profile initiative'.

It would involve a forward looking critical assessment of a wide range of issues, e.g. national planning and coordination mechanisms for health research, identification and contribution of existing stakeholders, documenting the entire research process and ascertaining methods used for priority-setting, resource flows for research, working environment and career structures for young researchers. This initiative is to be undertaken in collaboration with WHO/TDR.

It is expected that such an analysis would eventually lead to a consensus on future strategic directions of the health research system (HRS) in the selected countries. It is understood, however, that actions to strengthen the HRS need not wait for the completion of situation analysis, but could be taken while it is being conducted.

9. Partnerships should be established with international stakeholders, such as COHRED, Global Forum for Health Research, Alliance for Health Policy and Systems Research, etc.

The Regional Office has lagged behind in establishing working relationship and/or partnerships with various international stakeholders and funders of health research. Attempts have already started to rectify the situation. Contacts have been established with several such organizations. A joint plan of work for 2001–2002 has been developed with COHRED dealing with areas of knowledge production, management and use; promotion of stewardship and capacity development in research management, for implementation in selected countries in the Region.

10. Promotion, advocacy and fund-raising for health research should be conducted.

Health systems are becoming increasingly complex with multiple players each with their own diverse interests. Therefore, in addition to promoting and supporting health research within the framework of WHO's collaborative programme with Member States in the Region to deal with these emerging complexities, there is a need for designing and launching a well-planned campaign at promoting and advocating health research aimed at civil society (nongovernmental organizations), the private sector and the public at large. This effort should aim at clarifying the critical role of health research in health development and at demonstrating the needs and benefits of investing in health research.

At the moment there is no regional organization which is uniquely devoted to serving as a forum for advocacy for health research and for discussion on matters of regional interest and for fund raising. It is proposed to promote and generate support for

establishing a regional health research forum. It would consist of representatives of national health research systems, regional and large national nongovernmental organizations dealing with health, eminent political leaders/community representatives interested in health development and research, major health donors in the Region and United Nations agencies concerned with health. This forum would also serve to advocate the perspective and needs of the countries in the Region at global health research forums.

11. A “research culture” in should be inculcated in the Regional Office.

The technical staff in the Regional Office has in common a broad public health background and experience. However, not all them have the same degree of research experience or exposure. Therefore, a research-oriented approach to health development would be promoted together with an introduction to emerging research topics. This would be done through seminars given by invited guest speakers and by a systematic identification of research topics within the staff’s respective programme areas of responsibility, for implementation in countries of the Region or on an intercountry basis. They would also be closely involved in the scheme of regional research grants.

12. During the next Joint Programme Review Mission an effort will be made to secure the approval of governments to set aside 2% of the WHO country budget to activities (mentioned above) in support of the countries.
13. The management of the RPC programme in the Regional Office should be upgraded and its coordinating role strengthened.

In addition to carrying out the functions and activities mentioned above, RPC would become more sensitive to research priorities and needs of the countries in the Region through an active and continuing dialogue with the research community in the Region (not just being responsive to queries from researchers). RPC would also be proactive in identifying priority research topics in various technical and country programmes and opportunities for funding for research, through close interaction with staff in the Regional Office and in WHO headquarters. A database on available resources for research (institutional, human and financial) and on WHO-funded proposals in the Region would be established.

The Unit would also need to develop the capacity for tracking resource flows for research with the Region, mapping centres of excellence as resource for capacity-building, analysing the weaknesses and strengths of the national coordinating mechanisms and facilitating contacts between international donors and the regional research community to increase the availability of resources. It should also be involved with the efforts under way to develop and test indicators for assessing the performance of national health research systems

Reorganization of EMRO's research grants scheme

Since the establishment of regional mechanisms for promotion and development of research in 1976, WHO EMRO has been funding a small number of research proposals received from within the Region. So far, proposals are received on an ad hoc basis and deal with a wide range of topics, very often bearing no relationship to regional programme priorities. They are reviewed only internally within the Regional Office and there are no mechanisms for technical monitoring of funded proposals. It is therefore proposed to improve this scheme through the following mechanisms.

14. Instead of receiving proposals on an ad hoc basis, proposals should be invited on defined priority areas during the first and fourth semester of each biennium.
15. The research grants should focus on strengthening national health systems.
16. A technical committee consisting of outside experts (which may include one or two EM ACHR members) and relevant Regional Office staff should be constituted to review the proposals.
17. The funded proposals should be carefully monitored and evaluated on their completion and efforts made to ensure utilization of the results.
18. The EMRO/TDR small grants scheme should be continued and the amount of funds for this purpose increased. This mechanism has helped regional scientists become more competitive in seeking grants at the global level.
19. Similar types of grant mechanisms should be developed with other programmes within WHO, e.g. reproductive health, STD/AIDS, health policy and system development, and other research funding bodies.
20. Intercountry research projects should be developed and implemented within technical programmes.
21. Monitoring and evaluation of funded research should be improved and dissemination of results would be disseminated for possible action and policy change.

Intensified collaboration with and support to countries

22. The Regional Programme for Research Policy and Cooperation through intensified collaboration with and support to countries, should attempt to help them meet some of the more pressing challenges mentioned above. It should do so through:
 - 22.1 Expanding interaction through electronic communication with scientists and research managers in the countries;

- 22.2 Providing assistance, where needed, to develop national health research policies and plans linked to health development policies and plans and to facilitate decision-making on what proportion of national research endeavour should be directed at contributing to global knowledge versus application of existing knowledge;
 - 22.3 Promoting the enlargement of the pool of stakeholders and their active involvement in the health research system;
 - 22.4 Advocating an improved environment for the researchers including granting of incentives, better working facilities and ready access to electronic communication;
 - 22.5 Streamlining the entire research process, ranging from priority-setting, technical and ethical appraisal of research proposals to ensuring utilization of research results and timely publication of results;
 - 22.6 Ensuring participation of researchers and research managers in the training programmes in research management as mentioned above;
 - 22.7 Promoting knowledge management. By assisting health research managers in making full use of information and communication technologies to access global knowledge base and in applying available knowledge to specific local health problems. This also includes the ability to critically appraise the validity of the evidence base for health interventions;
 - 22.8 Active promotion of networking on subjects of common regional interest;
 - 22.9 Enhanced collaboration and partnership with international funding bodies with a view to expanding their support to researchers in the countries of the Region; and
 - 22.10 Advocacy for the national ministries of health to allocate 2% to 3% of their budget for supporting national health research systems.
3. In addition, attempts should be made to provide for funds to support research projects within priority technical programmes and for financing the strengthening of the national health research system on a cost-sharing basis.

A transparent peer review system would be established with the country for proposals generated in this fashion.

4. The WHO Representatives and their offices should be made aware of the new strategy and briefed on becoming fully engaged in supporting national health research systems.

25. To the extent possible, the Regional Office should try to ensure the sustainability of research initiated by external resources.
26. Subject to the approval of the above by the Regional Committee, a plan of work for the next biennium should be developed and its implementation carefully monitored both through the regional mechanisms for this purpose and by the EM ACHR.

7. FINANCING AND EVALUATION OF THE RENEWED STRATEGY

A detailed plan of work for the period 2002–2003 with costing will be elaborated soon after the Regional Committee has approved the above-mentioned revised regional strategy for health development.

A provisional minimal estimate for the proposed activities during the coming biennium covering regional activities and support to national health research systems comes to around US\$ 1 million. This includes cost for two annual meetings of the EM ACHR, a biennial meeting of research councils, promotional and advocacy efforts for health research, technical meetings to develop national health research systems, training activities in research management, initiating and supporting networking and funding for two rounds of research grants. There is a substantial increase in funds budgeted for the RPC programme in the coming biennium: US\$ 453 000 as opposed to US\$ 85 000 during the current biennium. Additional resources of over US\$.5 million are needed to meet the anticipated needs. It is therefore, hoped that the Regional Committee would give serious consideration to the proposal for allocating up to 2% of the JPRM funds to support the various planned regional initiatives for strengthening the role of research in health development in the Region.

It is anticipated that the momentum generated in the Member States by activities funded with these additional resources will lead to an expanded and intensified collaboration with the Regional Office in the area of health research. It would then be appropriate to consider the feasibility of establishing a regional fund for health research.

Regarding evaluation of the revised strategy, the EM ACHR would be the primary body responsible for monitoring its implementation. Appropriate indicators will be developed to assist the EM ACHR in this task. There is currently a lot of interest in developing methodologies and tools for assessing the impact of health research. In this connection it may be noted that following several years of preparatory discussions, one of the WHO global research programme (TDR) is already assessing the impact of its research capacity strengthening activities. Furthermore, following pilot studies on health research profiles supported by COHRED and triggered by the ICHRD and the WHO *World health report 2000* on assessing the performance of health systems, work has already begun on indicators to assess the performance of national health research systems.