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REPORT ON THE TWELFTH SESSION OF THE EASTERN MEDITERRANEAN ADVISORY COMMITTEE ON HEALTH RESEARCH

Lahore, Pakistan, 31 March - 2 April 1987

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1. INTRODUCTION

The Eastern Mediterranean Advisory Committee on Health Research (EM/ACHR) held its Twelfth Meeting in Lahore, Pakistan, during the period 31 March to 2 April 1987.

The Meeting was opened by H.E. Makhdoom Mohammad Sajjad Hussain Qureshi, Governor of Punjab, who welcomed the participants and pointed out that healthy manpower is a real asset to a nation and that the Government of Pakistan is making every effort to provide medical care to its entire population. He said that WHO can play a guiding role in this endeavour by providing technical expertise and advice.

Lt.General M.A.Z..Mohydin, Chairman of the Pakistan Medical Research Council, welcomed the participants and emphasized the importance of integrating health systems research (HSR) into the strategy for achieving Health for All.

In his address to the Meeting, the Regional Director for the WHO Eastern Mediterranean Region (EMR), Dr. Hussein A. Gezairy, welcomed the participants and thanked the Governor of Punjab and the Government of Pakistan for hosting this Twelfth Meeting of the EM/ACHR. He pointed out that this was the first Meeting of the Committee since its being renamed, reiterating that such a change had been anticipated earlier in the Region where research programmes had already been geared to the activities which are reflected in the new title.

He drew the attention of Committee members to the important research and development issues mentioned in the document "Regional Programme Budget Policy", approved by the Thirty-third Session of the Regional Committee, and briefly pointed out the subjects for discussion in this Meeting and their importance in the work of the Regional Office.

He also drew the Committee's attention to the low level of involvement in tropical diseases research in the Eastern Mediterranean Region compared with other Regions, despite the fact that many of the target diseases of WHO's Special Programme for Tropical Diseases Research constitute serious health hazards in countries of the EMR.

Following the opening ceremony, the Regional Director once again welcomed the participants and pointed out that during the last two years WHO/EMRO has been emphasizing in its dialogue with all Member States that research is a necessity for sound decision-making. Although all necessary data may not be available, it is still possible to make proper

and relatively informed decisions based on available information. Many managers still do not think that research can help them at all. To convince them, there is a need for good examples to be presented of the use of research in decision-making.

Dr. Gezairy invited Lt.General M.A.Z. Mohydin to act as Vice-Chairman and Dr. Amin Nasher as Rapporteur. The list of participants appears in Annex II.

The Agenda and the Programme of Work were then adopted (see Annexes I and III respectively).

2. PROGRESS REPORT OF THE EASTERN MEDITERRANEAN RESEARCH PROGRAMME (April 1986 - April 1987) (Agenda item 4)

Agenda item 4 was presented by Dr A. Nadim, Regional Adviser, Research Promotion and Development (RPD).. In his presentation, the activities of the Regional Office in the area of research promotion and development were briefly discussed under the following headings:

(1) Actions taken by the Regional Office in response to the recommendations of the Eleventh Meeting of the EM/ACHR, held in April 1986.

(2) Research Grants

(3) Research Training Grants

(4) WHO Collaborating Centres.

In the period covered by the progress report, two workshops on health systems research (HSR) were held, one in Kuwait in September 1986, as part of the activity of the Task Force for Implementation of the Regional Research Strategies in the countries of the Eastern Mediterranean Region, and the second in Sana'a, Yemen, in February 1987. There were some problems in the running of these two workshops which were mentioned briefly.

It was pointed out that, generally speaking, preplanning is the most critical phase of a workshop. In this case, it calls for identifying a few nationals who would work with the WHO team in organizing, planning, implementing and evaluating of a workshop on HSR.

In Kuwait, the planning was difficult because there had not been any opportunity to provide the authorities concerned with information about the purposes of the Workshop; this was done only a few days before the Workshop was due to start. The participants had no more than a few days' notice that

they were required to attend it, and they remained in doubt about its purpose until this was explained in the opening session. Also, participants were not free from their day-to-day work and,as a result, most of the sessions of the Workshop took place in the evenings.

In Sana'a, the consultants arrived only one day before the Workshop was due to start. Although 28 national participants attended, only a few of them were high-level health officials. Other top-level health managers did not have time to attend. In other words, no preplanning had taken place to convince these health officials that participation in HSR workshops is very important from the point of view of their own work.

Consultants who ran these workshops strongly recommended that, for any future workshop, national authorities should be provided well in advance with a full account of its purpose. The kind of participants for whom it is intended should also be agreed upon in advance and, if at all possible, the list of names prepared at the same time. These measures would be greatly strengthened if a consultant were to be sent to the country some months before the workshop. At the time of his/her visit, a national counterpart should be designated who would then have the main responsibility of making all necessary local arrangements.

It has also been suggested that any proposed workshop be held in a place far from the city in which the participants are working. This would be conducive to their concentrating on the programme of the workshop from the beginning until the end.

One of the activities of the Regional Office during this period was the development of educational programmes for two types of HSR workshop:

(1) Workshop for top-level health managers and policy-makers in the Ministry of Health and major national health agencies;

(2) Workshop for mid-level health administrators and university faculty members.

For both types of workshop, careful preplanning is recommended to ensure success.

Major topics to be covered in the first type of workshop, around which activities would be organized, have been identified as follows:

- reorientation to the nature and scope of the science of health research;
- raising perceived value of HSR;
- identifying high-priority HSR issues;
- analytical indicators;
- characteristics of good research;
- overview of research methods;
- stages and levels of HSR;
- implementation of HSR in health agencies;

- review and analysis of selected projects from the host country;
- preparation of the report including recommendations for follow-up.

For each subject under discussion, learning materials and case studies have been recommended.

For the second type of workshop, it has been suggested that only health administrators who have experience of or interest in clinical or community research and either have been national leaders as senior health directors, or have the potential for becoming so, should be selected as participants. As for participants from the universities, they should have potential for national prominence in their scientific field and interest in health matters as well as experience and interest in interdisciplinary collaborative research. For this type of workshop, a great deal of time will be devoted to constructing research protocols related to the major topics described above. The success of participation would be measured in terms of completing the research proposals. To ensure success, the topic of "overview of research methods" would be expanded to include specific descriptions of HSR techniques as applied to health problems.

Another activity has been the development of training modules for orientation on health systems research. These consist of the following five training modules:

(i) HSR in national strategies for HFA/2000
(ii) Subjects of HSR
(iii) Process of HSR
(iv).a. Examples of HSR studies
(iv.b.) Case study of Finland
(iv.c.) Case study of Yemen
(v) References to essential literature.

The draft modules were reviewed in the Regional Office in April 1986. After the first revision, the revised draft was prepared for use in the Workshop on HSR Methodology in Sana'a. This Workshop was held, as mentioned above, in February 1987. On the basis of the experience of the use of these modules in the Workshop, a second revision was felt to be necessary. This revision is now being undertaken and the final modules will be published for experimental use in future workshops on HSR.

At a later stage, a teachers' manual will be prepared to accompany the training modules.

In the field of HSR, there is always a need for case studies as a tool for better understanding of health problems, various options regarding their solution, and decision-making on the selection of any option on the basis of the results of HSR.

Because of the importance of case studies in HSR workshops, it has been decided to prepare a manual containing at least twenty case studies with all details as well as a guide for the trainer in each one of them. This manual is under preparation by two experts in this field, and it is hoped that the first draft of all these case studies will become available by end 1987. (For the HSR Workshop in Kuwait, eight case studies were prepared in summary form).

Other activities in relation to strengthening research capabilities of Member States included the visit of consultants and the Regional Adviser,RPD, to some countries of the Region.

A consultant visited Democratic Yemen in September and October 1986. One of the recommendations in his report was the establishment of a Health Services Research Office in the Ministry of Public Health. The Regional Adviser (RPD) visited Democratic Yemen in early December 1986 for follow-up of these proposals. Efforts are being continued for strengthening capabilities for HSR in that country.

Another consultant visited Iraq in March 1987 to help the Department of Health Research in the Ministry of Health in the preparation of their Five-Year Plan and also to hold a workshop on Health Systems Research Methodology in Baghdad.

A consultant visited Saudi Arabia in October 1986. As part of his activity he held several two-to-three-day workshops on diarrhoeal diseases and child health, in which the major aim was to acquaint participants with the main concepts, methods and techniques in Health Services Research. A national workshop on Health Systems Research Methodology is being planned by the authorities of the Ministry of Public Health, in which a consultant will assist and act as course facilitator.

In order to meet the information needs of the Region in health research in general, it was decided that a new journal entitled "Eastern Mediterranean Region Health Services Journal" be published, which will deal with the areas covered by two previous publications, i.e. "The Learner" and "Health Services Researcher". The Journal is to be published twice a year. (The first issue came out in September 1986 and the second in March 1987).

During the last twelve months, and thanks to the activities of some WHO Representatives and some of the members of the EM/ACHR, many requests for research grants were received in the Regional Office. Unfortunately, most of them were rejected, either because they were not those areas of research which have been granted priority for support by the Regional Office, or because their presentation was of poor quality.

One of the reasons for delay and hesitation in accepting new proposals is failure of implementation of previous technical services agreements for research on the part of the investigators. Another reason is that WHO has access to the research community only through the Ministries of Health and, unfortunately, in some countries there is little contact between the research community and health services authorities, resulting in undue delay. It is hoped that once this problem is solved, better proposals in the area of HSR necessary to solve the problems related to the implementation of HFA strategies, will be received in the Regional Office.

As for research training grants, many requests are received but they are mostly from postgraduate students, originally from the Eastern Mediterranean countries, for financial support to continue and complete their studies abroad. The number of such requests received during recent months is more than forty, but few of them met necessary criteria. Possibly the reason is that not many plans exist for research necessitating training in other institutions.

Guidelines provided in the last meeting of the EM/ACHR were taken into consideration in dealing with the proposals for designating WHO Collaborating Centres. Since April 1986, two new WHO Collaborating Centres have been designated, viz:

1. WHO Collaborating Centre on Acquired Immuno-Deficiency Syndrome (AIDS), National Institute of Health, Islamabad, Pakistan.

2. WHO Collaborating Centre for Schistosomiasis, Theodor Bilharz Research Institute, Cairo, Egypt.

Another Centre is being designated in Kuwait, as an additional WHO Collaborating Centre on AIDS.

A few other institutions are under consideration, for which the decision will be taken after site visits and preparation of plans of work.

In the discussions that followed the participants commended the paper presented and expressed the following opinions and comments:

(1) Workshops in HSR are badly needed in Member States to serve two purposes: firstly, to reorient health planners and decision-makers towards the need for HSR and, secondly, to train future researchers. However, concern was voiced by participants regarding the lack of enthusiasm of top-level managers to attend organized workshops. It was pointed out that such workshops should avoid being purely educational and be made more attractive both in content and in duration so as to motivate top-level managers and researchers alike to attend. Such workshops should also be country-oriented.

(2) Potential researchers find difficulty in designing and formulating research protocols. When protocols have been submitted, processing may take a long time and applicants lose interest. Some of the members expressed the need to train and advise potential researchers in research methodology and design. Such training could be in the form of workshops or a short training course (up to two months) conducted locally or in another Member State if necessary. Such training should also include mid-level researchers.

(3). Members noted with satisfaction the prompt action taken in response to some ACHR recommendations, such as the publication of a Regional journal of which two issues have come out since September 1986, and the assignment of the task force which has already studied the HSR situation in two Member States (Kuwait and Pakistan).

(4) Participants discussed the matter of applications for research grants from individuals away from their countries and from universities and the irrelevance of most of the proposed subjects for research in relation to the priority areas of HSR in the respective countries. It was felt that, while researchers and universities should not be discouraged from applying for research grants, the following criteria have to be observed:

- Research proposals should be in line with the priority areas and health strategies of the country.

- Universities and managers in the health ministries should get together to consider research priorities that are in line with the HFA strategy and the local health plans. In some countries, action to draw up common plans has been initiated.

- Research projects when sponsored have to be completed. At present, in the case of some of the research grants which have been made, the researcher either did not complete or even start his project, a matter which causes financial audit problems for the Regional Office.

(5) Members discussed the difficulties that hinder the smooth exchange of knowledge between researchers in different Member States. Smooth exchange of information and research experiences is necessary to motivate potential researchers and to promote HSR. It was felt that contact between WHO and the research communities in different Member States could be discussed at the next Regional Committee meeting; this could help the decision-making needed to facilitate such contacts, both with individual researchers and with research establishments, and thereby promote HSR.

(6) Some members pointed out that accurate and relevant health information forms the basis for HSR; it was felt that this is the same information that is required and used by health managers in making decisions. This is one way of orienting health manpower in favour of HSR.

(7) With regard to the development of learning materials, some members felt that, in order to avoid cultural and other problems involved in copying such materials, they should be initiated in the Region, utilizing a core of consultants from Member States, with some external consultants as advisers, as necessary.

(8) Some members reiterated the need for behavioural research as part of HSR; this might help in modifying the behaviour of health managers towards HSR..

3. REPORT OF THE TASK FORCE FOR THE DEVELOPMENT OF A RATIONAL POLICY AND STRATEGY FOR RESEARCH IN SUPPORT OF NATIONAL HEALTH DEVELOPMENT (Agenda Item 5)

This item was presented in two parts: one concerned the visit of the Task Force to Pakistan and the other its visit to Kuwait.

The terms of reference of the Task Force had been identified as follows:

(1) To identify a rational health research policy and a research strategy with emphasis on priority issues, especially those affecting the delivery of primary health care.

(2) To prepare a national plan of action for the implementation of the research strategy, including a plan of cooperation of all concerned groups and coordination of their activities for the promotion of health research.

(3) To identify ways of increasing resources needed for the implementation of research strategy at the national level.

(4) To identify areas of collaboration of Member States with the Regional and Global health research strategy, with the collaboration of the Global ACHR.

One of the aims of this activity was that, in future years, the outcome of work of this Task Force be used for the implementation of research strategies in countries of the Region.

A. The report of the visit of the Task Force to Pakistan was presented by Dr M. Abdussalam, Member of the EM/ACHR.

In Pakistan, the Task Force met all the Federal and Provincial Health Services, Directors of Health Services and key officials of the Health Department and visited some of the research cells as well as the National Health Research Complex of Pakistan, the Medical Research Council, three medical schools, the College of Community Medicine and several other governmental and non-governmental organizations.

Altogether, the Task Force met about 120 experts in the above-mentioned institutions and many more socially.

The following is a brief description of their findings:

In Pakistan, health-related research is being undertaken by a number of organizations, but with very little involvement of the end users of the results of research.

The main body responsible for medical research in Pakistan is the Pakistan Medical Research Council (PMRC). Its functions include organization, coordination and promotion of scientific research in various disciplines of medical sciences. The Council has established 13 research centres in medical colleges and institutions besides the Health Systems Research Centre at Islamabad. In addition, it has four HSR projects.

In 1986, a National Health Research Complex was established in Shaikh Zayed Hospital, Lahore. Its purpose is to coordinate clinical research work of all medical research centres as well as HSR in collaboration with HSR centres at Islamabad, Karachi, Peshawar and those which may be developed subsequently.

The PMRC has made rapid progress in establishing centres, recruiting staff and retaining most of those who have been appointed. It has undertaken research in many disciplines, has produced a number of research papers, and in the last ten years has held several seminars, workshops and national congresses. It has developed linkages with the medical colleges; however, linkages with the health system appear to be weak.

It has the potential to take the major role in health-related research but, in order to do so, needs to develop closer working links with Federal and Provincial Health Departments, and become more responsive to the needs which these departments identify.

Little research is being done in the medical colleges, apart from that funded by the PMRC. The medical colleges face many difficulties, with excessive numbers of students, relatively few academic staff and a general lack of facilities. There is no regular budget for research and, even if support could be obtained from elsewhere, there is little time available.

Individual research workers have a major role in health research. This includes postgraduate students and staff of the College of Physicians and Surgeons, Postgraduate Medical Institutes at Karachi, Lahore and Peshawar, the College of Community Medicine, Lahore, and the universities, particularly faculties of science, including social sciences.

In the private sector, the Medical College at the Agha Khan University in Karachi is actively engaged in research with a reasonable component for health systems research.

Elsewhere in the universities there appears to be little health-related research, and little collaboration with medical colleges in this field.

The Ministry of Health, Special Education and Social Welfare undertakes collection, collation and analysis of basic health information for the entire country. The basic health services cell has initiated some innovative approaches and takes a keen interest in promoting research in primary health care. The Ministry also carried out certain important surveys like those of incidence and mortality of preventable diseases of childhood and neonatal tetanus. The National Institute of Health, Islamabad, has a special role in research in parasitic and tropical diseases, nutrition, bacteriology and virology.

Within the health care services, hardly any research takes place. Most of the senior medical staff are fully occupied and generally have no experience of research. No funds are provided for research by the Health Departments and no recognition is given to research achievements. However, a few individuals receive grants from the PMRC.

Most significantly, health services managers do not use research in their work as a general rule. They have no experience of formulating questions for research, and generally do not appreciate its value in helping them to achieve their objectives. They make little use of the research results that are available, and are often unaware of their existence.

Basic information is collected by the Statistics Ministry and the Provincial Bureaux of Statistics; they are responsible for census-taking, vital statistics and economic data. During intercensal periods, they undertake population growth surveys which provide population growth rates, with morbidity and mortality information.

The Ministry of Planning has its own unit for socio-economic research. This Ministry has already undertaken some specific studies in health manpower to assist planning and a few others are in progress. It is assisted by the Pakistan Institute of Development Economics which has been actively involved in demographic and health studies. The Nutrition Cell of this Ministry deals in nutrition programmes, their monitoring, evaluation and research. This Cell is the coordinating body for the Joint Nutrition Support Programme.

The Population and Welfare Division, assisted by the Pakistan Institute of Population Studies and the Pakistan Institute of Fertility Control, undertakes most of the research in demographic and fertility regulations, including behavioural patterns and how to influence them.

A few other governmental and non-governmental organizations are involved in health-related research.

On the basis of these detailed observations, the Task Force had the following general recommendations for Pakistan:

(a) Provision should be made for a national approach to research planning, combining the biomedical and service interests and bringing together the multiple government departments whose activities impinge on health.

(b) The most urgent task facing health research in Pakistan is the determination of practical steps and actions needed to improve and protect the health of the population on an equitable basis. This has to be done within the framework of the country's health policy and on the basis of the existing health situation and sociocultural as well as economic conditions of its different regions.

(c) Biomedical research carried out in Pakistan and elsewhere has already provided a great deal of knowledge, the proper application of which could lead to rapid improvement in health and control of the more important diseases. Biomedical research should, of course, continue in order to fill the remaining gaps in knowledge, but the greatest need is for immediate application of existing knowledge under conditions prevailing in differnt parts of Pakistan.

Highest priority should therefore be given to the development and rapid expansion of HSR, which, as explained above, will provide answers to many managerial and other practical problems which stand in the way of full utilization of existing knowledge.

As for the plan of action, the following steps were foreseen by the Task Force as essential for the development of health research in Pakistan. Additions or modifications may be found necessary as the work proceeds:

(1) A small high-level advisory body should be established on which the Federal and Provincial Secretaries of Health, senior officers of other ministries concerned, the Chairman of the PMRC, scientists and health systems managers will be represented. This body will advise the Government on a plan of operations, allocation of resources and other policy matters including international cooperation. Its terms of reference should include the following:

- development of health research policy;
- determination of health research priorities;
- establishment of funding criteria;
- overall monitoring and evaluation of progress in health research;
- promotion of fund-raising for health research, locally, bilaterally and internationally;
- promotion of effective utilization of research findings.

(2) Similar advisory bodies should be set up at the provincial level to determine provincial priorities for research and advise on more practical problems such as training, development, support and execution of projects. They should also review, monitor and evaluate the work being done in the areas under their jurisdiction.

(3) Units for health-related research should be established at both Federal and Provincial levels. The staff of these units should include experienced research workers from health and social science disciplines. Each unit would have its own budget. They would be in close contact with the information and planning components of the health care system. The units would provide the secretariat support for the above advisory bodies, and in addition undertake the following activities:

- act as a bridge between policy-makers, planners, managers and researchers;
- develop and advertise technical requests for undertaking research;
- review submitted research proposals using appropriate mechanisms (e.g. peer review);
- recommend acceptable proposals for funding to the advisory group;

- make contractual arrangements for research with appropriate research organizations;
- monitor and follow up implementation of research projects;
- evaluate outcome of finished research proposals;
- disseminate research results to potential users and interested agencies;
- undertake analytical research and participate in field research projects;
- prepare the necessary documentation for the functioning of the Health Research Advisory Group.

(4) The recognition that HSR is an integral part of the process of management should be developed at all levels of the health care system, so that health service managers learn to use it as an aid in solving problems and in choosing between options for action.

(5) Since much of the HSR directed to the solution of urgent problems will be carried out in the provinces, adequate financial resources should be provided for this purpose. The benefits from this investment will accrue in the more effective use of resources for better health care.

(6) A number of government institutions for training managers and policy-makers at different levels have the necessary expertise in economics, social sciences and modern methods of management. Their participation in types of HSR which are in particular need of this kind of knowledge will be extremely helpful.

(7) Training of research workers and their assistants is urgently required and should start as soon as possible. It should concentrate upon the following groups:

(a) a small number of full-time research workers who could best be trained by a short (2-3 months) course, followed by work, in collaboration with an experienced research consultant, on practical projects. Such a consultant could be provided with the help of WHO;

(b) a larger number of research workers who would take part in such projects, but on an intermittent part-time basis. Their training could be one of the responsibilities of the full-time workers, with the help of the consultant;

(c) policy-makers and senior managers of health services should learn how to utilize HSR in their work and particularly in their day-to-day problems. They should learn to identify researchable topics relating to their current problems and how to formulate demands and questions. This could be done in short seminars extending over one week or so;

(d) students in medical schools and those studying sociology and other behavioural sciences should be exposed to the concept of HSR and should be encouraged to take part in work in progress by assigning them relatively simple tasks, e.g. information gathering, and assisting in field work.

(8) One or two centres of excellence in HSR should be developed. These centres will carry out HSR training at different levels and provide consultation services. Each centre should be adequately staffed with a competent health research worker as its head, supported by instructors. Such a centre could be located in an existing institution which has community orientation, e.g. a medical college or research centre of the PMRC.

(9) There is need to review the role of the PMRC in HSR, with a view to making it more responsive to the needs of the health care system. This review could be either an internal one, or conducted with some external assistance.

(10) Means must be found to distribute and publicize the results of research so that all to whom such results may be useful learn of them as soon as possible.

WHO may consider assisting HSR in Pakistan in the following ways:

(i) developing a Plan of Operations for HSR in Pakistan by recruiting some consultants, either from within the country or from outside;

(ii) organizing workshops for training researchers in the methodology of HSR, financing workshops and providing some facilitators for them;

(iii) providing research training grants for some research workers in HSR, to expose them to research methodology and research being undertaken abroad; and

(iv) supporting some of the research proposals which will form components of the Plan of Operations and Plan of Action of HSR.

In the discussions that ensued, participants in the meeting noted the following:

(1) The Task Force is to be commended on its excellent report which described with clarity the situation of researchers and HSR in Pakistan during a somewhat limited period of time. A vote of thanks was expressed to the Pakistani nationals who facilitated the mission.

(2) Although there are many researchers, actual and potential, and many research projects under way, research tends to be fragmented and uncoordinated.

(3) There is a need for increased motivation through incentives.

(4) A gap exists between research institutions and the Ministry of Health, Special Education and Social Welfare; health managers seem to be unaware of the need and importance of HSR. Such a problem is universal in Member States where it is found that those who are motivated and capable of conducting HSR may have no authority to do so. This of course impedes progress in HSR.

(5) The participants felt that in such a situation more coordination is needed and streamlining of scientific efforts should take place.

(6) Some participants expressed anxiety about the state of HSR in the Region as a whole where efforts in HSR are not coordinated and health problems/ priorities are not identified in relation to such research activities. They felt that interested persons/institutions have to be identified and motivated. WHO can play an important role here by facilitating and catalysing coordination between ministries of health and other institutions conducting research activities.

(7) It was felt that a very important challenge in HSR is to motivate and coopt researchers and health manpower who are not as yet well versed in HSR and transform them into advocates and promoters of such research.

(8) Some participants felt that a brief description of the health services organization in Pakistan could have added to the value of the report of the Task Force. It was also noted that, although the allocation for health research has increased from under one million rupees in 1972/73 to twenty-five million rupees in 1985/86, these figures in fact represent only 0.8 and 0.4% of the health budget allocation, respectively. Furthermore, from this modest allocation, only about 10% goes to HSR.

(9) It was also noted that the recommendations of the Task Force at the end of the report laid a foundation for the ACHR to try to work out solutions to problems facing the development and promotion of HSR, especially as the Regional Office realized that research in the Region was in a state of imbalance.

(10) The participants felt that medical schools have given insufficient recognition to HSR when such research should be done by them and Medical Research Councils should only be coordinating bodies channelling funds and offering advice.

B. The report of the visit of the Task Force to Kuwait was presented by Dr. W.A. Hassouna, Member of the EM/ACHR.

In view of the small population and geographical size of Kuwait, the Task Force decided that the most suitable strategy to fulfil their assignment was to:

(1) interview senior health managers in the Ministry of Public Health and visit research and training centres and institutes to assess the overall potentials for health research as well as the perception of the interviewed senior personnel of major issues which could be dealt with through HSR;

(2) utilize the preplanned HSR workshop for top managers of health zones, research-related departments in the Ministry of Public Health and university staff interested in health research so as to orient them to HSR, identify major obstacles facing the promotion of HSR and suggest suitable recommendations to overcome the identified problems. Information acquired by the Task Force during the first phase of the visit was utilized to modify the Workshop to elicit the required responses.

The main issues were identified through individual interviews. The Workshop centred around improving systems efficiency and alternative financing through cost-sharing mechanisms. Efficiency issues included developing (i) performance standards to evaluate quality of services rendered and (ii) resource utilization guidelines to reduce the over-utilization of supplies and equipment, e.g. modern multidiagnostic equipment.

The Workshop participants developed two alternative organizational structures, one based in the existing Health Research Department which is strongly oriented to biomedical research, and the other in the Department of Planning, Monitoring and Evaluation. The need for a zone HSR unit was emphasized for both alternatives.

The participants developed an outline for an HSR plan, the goals and objectives of which emphasized the following areas:

(a) information system;
(b) measures to evaluate efficiency and quality of services;
(c) measures to rationalize consumers' utilization of health services;
(d) better interface between the Ministries of Health, Planning and Finance;
(e) development of a national core of health system researchers through a long-range training plan; and
(f) strengthening the dissemination and utilization of results of HSR.

The conclusions derived from the Workshop indicate that Kuwait has good potential for development of HSR as an integral component of the managerial process for national health development. What is needed is stronger leadership at the middle level to guide and motivate managers to use HSR and mobilize available research capabilities from the Ministry of Public Health and the University to develop a team for HSR. In addition, a system of incentives should be built up to encourage personnel to develop their research skills and use research results.

The ensuing discussion highlighted some of the factors which had led to the strong interest of Kuwait in HSR. A large reduction in allocations for the health services was mentioned as a crucial factor. A relative increase in Kuwaiti health personnel, a strong belief of the health leadership in HSR as a tool for improving management of health services, as well as availability of reasonable resources to finance HSR activities were among the factors mentioned. It was also noted that HSR could be used to assess service needs to meet the changing disease pattern and health needs of the population and reorient the available resources accordingly. The rationale behind the optimal organization for HSR and the need to assess the effectiveness of alternative organizational patterns was highlighted.

Further, it was remarked that the educational and training activities in Kuwait provide an excellent opportunity to train health system researchers from various countries of the Region.

4. REPORT OF THE THIRD INTERCOUNTRY MEETING OF NATIONAL OFFICERS RESPONSIBLE FOR MEDICAL RESEARCH, KHARTOUM, 25-27 NOVEMBER 1986 (Agenda item 6)

This item of the Agenda was reported by Dr A. Nadim, Regional Adviser, Research Promotion and Development. Twelve countries were invited to nominate participants, namely: Democratic Yemen, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Pakistan, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen.*

The subjects discussed during this three-day meeting were as follows:

(1) Update of information on national health research councils or analogous bodies in participating countries.

(2) Implementation of the research strategy of the EM/ACHR.

(3) HSR and the role of the national health research councils in its implementation.

(4) Coordination of research among various institutions and ensuring intersectoral collaboration.

(5) Research-capability-strengthening programmes of WHO.

* No reply was received from Jordan and Yemen.

Country reports showed that political commitments to support health research had considerably increased and some sort of structure for coordination of research exists in most reporting countries. The following were identified as important constraints of health research:

(a) scarcity both of competent research manpower and of mid-level research workers;

(b) cumbersome administrative procedures in financing research projects;

(c) difficulty in coordination of efforts of various institutions;

(d) poor quality of health research proposals, especially as regards their presentation.

The subject of HSR, its characteristics, scope and uses, were fully discussed in the meeting, and the following five strategic areas for future development of HSR at country level were indicated:

(1) Establishment of an effective HSR process, e.g. country research programme plans, setting of priorities, allocation of funds, managerial structures, evaluation.

(2) Manpower development and training, e.g. review of manpower resources, training activities, grants or fellowships, training material.

(3) Institutional strengthening, e.g. national health research committees, research structures and institutions, networks.

(4) Facilitating the utilization of research findings, e.g. mechanisms for interaction between decision-makers and researchers.

(5) Diffusion of information through, for example, HSR directories, newsletter-type publications, community organization and mass media.

The role of national health research councils or research units in the Ministries of Health was identified as follows:

(a) centralization of research information;
(b) development of programmes based on national health goals;
(c) encouragement of HSR;
(d) manpower development;
(e) international cooperation.

With regard to the role of the medical or health research councils in intersectoral collaboration, the following activities were listed:

(1) development of clear policies and strategies that encourage intersectoral health research;

(2) establishment of priorities for health research to achieve overall health development goals;

(3) guiding the allocation of research funds to support research proposals which address research priorities;

(4) promoting intersectoral health research through various mechanisms, including development of research capabilities, networking, dissemination of information, reward of distinguished researchers, etc.

Research-capability-strengthening (RCS) programmes of WHO were presented under the following headings:

(1) research-capability-strengthening (RCS) activities of the Regional Office;

(2) RCS programmes of the Special Programme for Research and Training in Tropical Diseases;

(3) RCS programmes of the Special Programme for Research, Development and Research Training in Human Reproduction.

At the end of the Khartoum meeting the following recommendations had been made:

(1) Since health research has important implications for health development, in which health and other services and production sectors need to coordinate their efforts, the role of mechanisms such as health research councils or analogous bodies should be not only to coordinate but also to support the roles of the participating sectors in their efforts to develop health research.

(2) The word "health" instead of "medical" should be used in naming existing medical research councils and analogous bodies, in order to emphasize their wider role and implications regarding their composition and broader terms of reference.

(3) Health research councils and analogous bodies should strongly support the initiation and/or strengthening of an effective HSR process at country level, aiming at contributing to improvements in the health system. More efforts should be directed towards motivation of potential health systems researchers, using appropriate and innovative approaches, with regard to both material and non-material incentives for HSR.

(4) Training activities in HSR should include a behavioural component dealing with attitudinal and behavioural requirements of researchers embarking on HSR.

(5) Health research councils should identify research priorities. In doing so, they should involve decision-makers, research workers and communities.

(6) Health research councils should adhere to priorities in support of research and make every effort to reorient ongoing research towards them.

(7) Ministries of health should allocate adequate resources for HSR.

(8) Active support of the Regional Office in the promotion of HSR should continue.

(9) WHO, together with the various health research councils, should actively collaborate in diffusing and disseminating health systems information, taking into consideration the recommendations of various WHO consultations on health information systems.

(10) Wide distribution of the booklet on Health Research Strategy and translation of this document into national languages, where necessary, are highly recommended. This document should be used by countries in preparing their national health research plans.

The following problems in relation to the Khartoum meeting were brought to the attention of the Committee:

(1) Originally, that meeting had been planned to bring together heads of the national medical research councils or analogous bodies. Although in many of the invited countries such councils do not exist, those countries in which medical research councils do exist and operate were not fully represented in the meeting. Except for the host country, Sudan, other medical research councils had had no suitable representation at the meeting.

(2) Some of the participants, although involved in research, were neither heads of health research councils nor directors of the research departments in the ministries of health. Therefore, their participation could not bring about the desired effect in their respective countries.

(3) Some of the countries invited did not nominate any participants and some of the nominated participants did not attend.

(4) Considerable turnover of the participants in series of such meetings is a major constraint in the continuity of work. Only two of the participants were the same persons who had been present at the 1984 meeting in Islamabad, Pakistan.

In the discussions of this report, Professor El Sheikh Mahgoub, Chairman of the Sudan Medical Research Council, who was Chairman of the meeting in Khartoum, pointed out that despite the problems mentioned, the meeting had been a great success. Dr Al Majali proposed that in future, to ensure the continuity of this activity, WHO should identify the most suitable candidates and invite them direct or through the relevant Ministry of Health, mentioning that the participation of that particular person was requested. Selection of these candidates should be done very carefully, in the light of a study of the situation in each country. Also, it was suggested that the agenda of such meetings should be mostly related to the problems of health research councils or analogous bodies.

5. DISCUSSION ON "COLLABORATIVE INITIATIVE TO PROMOTE UTILIZATION OF RESEARCH IN DECISION-MAKING IN HEALTH SYSTEM AND MANPOWER DEVELOPMENT, (Agenda item 7)

This Agenda item was presented by Dr. Y.Nuyens, Chief, Health Systems Research (HSR) WHO Headquarters, Geneva. He first gave a brief description of HSR, including its scope and distinctive characteristics, its subject matter and uses and also reviewed WHO's involvement in this area from the time of Alma-Ata to date. He noticed that, in spite of remarkable progress in strengthening national capabilities and initiation of substantive research in priority areas, the impact of HSR has been restricted. He indicated as one major reason for this limited impact, the lack of integration of HSR into the managerial process for national health development. To realize such an integration, HSR has to become more responsive to the information needs of those responsible for the delivery of health care; with this aim, a collaborative initiative involving several divisions of WHO, both at Headquarters and in the Regional Offices, had been drawn up.

The assumption which underlies the approach adopted in this initiative is that increased utilization of research findings may be facilitated through explicit linkage between research and decision-making at all levels of health care. The starting point is the identification of information needs for decision-making in Health Systems and Manpower Development (HSMD). Research is then designed to respond directly to

these needs and to decrease the element of uncertainty in decision-making. It is postulated that a collaborative effort, involving both decision-makers and researchers from the outset, can enhance the impact of research. This type of interaction calls for orientation of both to their respective roles and for a framework in which they can work together.

Using this approach, research findings can be applied in several ways. They may raise awareness of issues in health systems and manpower development and help to clarify basic assumptions. Research can significantly change the way in which problems are perceived and, consequently, the types of solutions envisaged. It may also play a role in expanding options and provide a basis for selecting among them. Feedback from evaluation research can be decisive in assessing the relative merits of alternative ways in which health systems can respond to the challenges of HFA/2000.

Several outcomes may be anticipated. Research is more likely to focus on questions which are pertinent to needs of decision-makers. By involving the latter early in determining the purposes of research, the proposed approach increases the probability that research findings will actually be put to use by them. As a result, decisions in health systems and manpower development will tend to be more informed and thus less arbitrary and less influenced by subjective considerations. This could result in more effective use of the often extremely limited resources available to countries.

Evidence is rapidly accumulating that countries are prepared to explore the extent to which a decision-linked approach to research in health systems and manpower development results in the outcomes described above and leads to more effective responses to requirements for achieving HFA/2000.

In order to coordinate implementation of this initiative, working groups have been established in each WHO Regional Office and at WHO Headquarters to explore options for action by Member States. Based on the outcomes of these working groups and specific actions at country level, an Interregional Consultation could be held by the end of 1988 in order to:

(a) compare experience acquired at country and regional levels in promoting the use of research for decision-making in health systems and manpower development;

(b) recommend action that Member States can take to enhance their capabilities for utilizing health systems and manpower research, including development of integrated mechanisms for facilitating interaction between decision-makers and researchers;

(c) formulate strategies based on networking for mobilization of resources in support of country action; and

(d) catalyse implementation of the strategy through the development of initiatives, primarily at regional level.

During the discussions the strategies for HSR in the managerial process for national health development were strongly emphasized. In this context the meeting was informed that HSR as a component of the managerial process for national health development will be the subject for the technical discussions in the Regional Committee in October 1987. There was general agreement that the impact of results from HSR on decision-making for national health development is a major justification for the existence as well as the promotion of HSR. Therefore participants recommended that WHO should not only support efforts in countries for enhancing the capacity to conduct HSR but at the same time increase capabilities to use research findings for decision-making. The meeting also agreed that increased utilization of research findings can be facilitated through explicit linkage between research and decision-making at all levels, taking the identification of information needs of decision-makers and managers as the starting point. Assessing the proposed approach in its general terms as promising and valuable, the participants recommended pragmatism and flexibility in its concrete implementation. In this context it was suggested to take advantage of the work of the Task Force in two countries (Kuwait and Pakistan) and recent collaboration of the Regional Office with one country (Democratic Yemen) in order to orient or reorient planned follow-up activities in those three countries towards the goal of the proposed initiative. The terms of reference of the Task Force should be reviewed along these lines. The results of these efforts could then be used as a Regional input to the proposed Interregional Consultation in 1988 and, after evaluation, new initiatives could be developed. Finally, the meeting emphasized the need to build on ongoing activities at country level rather than introducing still another approach or series of activities.

6. REVIEW OF RESEARCH ACTIVITIES SUPPORTED IN THE REGION BY THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR) (Agenda item 8)

This Agenda item was presented by Dr J. Hashmi, Responsible Officer, Research Capability Strengthening, TDR, WHO Headquarters.

After a decade in existence, the results of research and development activities sponsored by TDR are evident now, not only in the form of publications (about 5000 to date) but in the more tangible form of products. About 60 products have reached the stage of clinical testing or are being incorporated into national disease control programmes. During this period, the research-capability-strengthening component of the Programme has provided 95 institutional grants and approximately 650 research training

grants of varying duration to institutions and scientists respectively in developing countries. Efforts are now under way within the Programme to integrate the activities being supported by its two components so that institutions and scientists in the developing, endemic, countries become increasingly involved in the Research and Development efforts of TDR.

Since this Programme became operational, it has supported 82 projects in Member States in EMR, with a total cost of US$ 2842 million. These include 50 Research and Development projects, five institution-strengthening training grants and 27 research training grants. It was pointed out that the number of active projects supported by TDR in this Region has gradually been decreasing.

The Committee recalled its concern, expressed at previous meetings, at the low participation of EMR scientists in TDR activities. It was felt that, in view of this prevailing situation in the Region, increased emphasis needs to be given to the strengthening of national research capabilities in TDR-related fields, including training of research manpower. It was recommended that the Regional Office, in consultation with Member States, identify research institutions which would benefit from institution-strengthening grants and assist them in preparing proposals for submission to TDR.

The Committee recognized that there were some very well-equipped laboratories in some Regional countries, where TDR diseases are no longer a public health problem; these facilities could be used for training research workers in recent techniques for the diagnosis of TDR diseases and other related biomedical technologies.

In view of the considerable investment in the training of Ph.D.s, the Committee recommended that their performance on completion of their studies should be carefully monitored.

7. REVIEW OF THE DISCUSSIONS OF THE 28TH SESSION OF THE GLOBAL ACHR, (Agenda item 9)

Dr. M. Abdelmoumène, Chief, Research Promotion and Development, WHO Headquarters, briefly recalled the history of the ACHR and its recent evolution, before presenting highlights of the 28th Session of the Global ACHR, focusing on the work of its four sub-committees.

(1) The conclusions reached by the Sub-Committee on Enhancement of Transfer of Technology to Developing Countries with Special Reference to Health were explained. There were four main recommendations, viz:

(a) WHO should select centres which have experience of design and of medical equipment and instruments for designation as WHO collaborating centres;

(b) Developing countries, in order to facilitate technology transfer, should consider the establishment of one or more research and development units to evaluate technology to be transferred in relation to the needs of the country.

(c) The ACHR should make arrangements to monitor new and emerging technologies on a continuing basis.

(d) WHO should establish pilot projects to catalyse action in and demonstrate the major potential of the new technologies for its programmes. The pilot projects proposed relate the use of expert systems to (i) measles vaccine production and (ii) health manpower planning.

(2) Concerning health research strategy, the EM/ACHR members were informed regarding follow-up activities. Emphasis was placed on the great importance of continuing discussing the strategy, organizing the debate at country level and participating in close collaboration with the Regional ACHRs in case studies such as those carried out by the Task Force (described earlier in this report).

(3) The strategy adopted on health manpower research was recalled. The approach to implementing it was based on <u>support for efforts</u> in Member States to build up capabilities for conducting research in health systems and manpower development (HMSD) while, at the same time, increasing the potential for using research findings in decision-making. It called for close collaboration between researchers and decision-makers in identifying information needs and implementing studies to respond directly to these needs.

(4) The Sub-Committee on Research on Ageing presented its final report which was adopted by the Global ACHR. It proposed to establish a modest WHO Coordinated Research Programme. The goal of the programme was to determine how decline in well-being with ageing can be reduced to a minimum.

<u>The objectives were:</u> to understand the basic processes of ageing, to find ways to prevent and control the clinical manifestations of age-related disorders, to promote interaction between elderly people and society, and increase the opportunity, motivation and support for older people's contribution to society.

<u>The components included:</u> a research methodology resource network; research training and institution-strengthening; a collaborative scientific group for epidemiological and social research and research in nutrition, immune function and neurobiology, and dementia; an international data base; and research information exchange.

The programme would function through a network of regional centres, one of which would perform an interregional coordinating role.

(5) Finally, nutrition was discussed at the 28th session. A background paper identifying current problems in research in nutrition was presented. The Global ACHR commended this paper and recommended that, after appropriate modifications, the document should be discussed by the Regional ACHRs and a document on Global strategy for nutrition research should be presented to the next session.

In the discussions, the need for continuing collaboration in health research strategy was stressed, in particular through participation in the activities of the Task Force in different countries of the Region.

The Committee expressed great interest in the work on transfer of technology which is and will remain a necessity in the field of health for a long time. With a view to reducing the waste which occurs in technology transfer the need for appropriate training was emphasized. The examples of countries of the Region which had successfully transferred advanced technology for vaccine production were underlined and more intercountry observations and intercountry meetings were suggested.

In conclusion, the change in the frequency of ACHR meetings at Global and Regional levels was briefly discussed; it was agreed to keep the issue open for the future. It was decided that, for the time being,in EMR, the meeting of the ACHR will take place every year.

8. PROGRESS REPORT ON RESEARCH ACTIVITIES IN DIARRHOEAL DISEASES,(Agenda item 10)

During 1986/87, a total of nine new research proposals were considered for funding by WHO at Meetings of the Regional Scientific Working Group (RSWG) on Diarrhoeal Diseases Research. Three were funded, two referred to the Global SWG and the remainder returned for revision. In 1986, US$47 000 were allocated to the three funded research projects.

During 1986, eight operational research projects were completed and final reports received. Once project, on rotavirus transmission in Lebanon, was discontinued due to circumstances beyond the control of the principal investigator.

Consultations on control of diarrhoeal diseases (CDD) research were held in Islamic Republic of Iran, Iraq, Jordan, Pakistan and Saudi Arabia.

The ninth Meeting of the RSWG was held in Lahore, Pakistan, during the two days immediately preceding the ACHR meeting. It considered a review of progress in CDD programmes, both the health services and the research components in Pakistan and in the Eastern Mediterranean Region. In addition, the RSWG meeting reviewed progress in CDD research at the global level in vaccine development, case management and especially in epidemiology and disease prevention.

The RSWG considered one research application for funding, i.e. that from Dr. Jalal, National CDD Programme Manager in Jordan, on the subject "Behavioural determinants of the incidence of diarrhoea in Jordan". With minor revision, it was agreed that the proposal merited support.

In addition, three proposals were defined in draft letters of intent from Pakistan; these were noted after discussion.

The RSWG held a technical discussion based on a paper prepared by Dr. Hassouna, entitled "Challenges in the re-orientation of health professionals towards appropriate management of diarrhoeal diseases". The meeting appreciated the excellence of this paper and urged its wide distribution.

The meeting was informed of the recommendation of the Technical Advisory Group (TAG) which met in Washington DC, USA, in March 1987. The TAG, having considered an analysis of operational research supported by CDD/HQ, recommended that future operational research be considered under two main headings. Firstly, problem-solving, designed to ensure rapid and effective progress of national CDD programmes, would be the responsibility of the programme manager supported, where necessary, by consultants or Regional advisory staff; additional funds would be channelled through the Regional Office to meet additional needs in this section. Secondly, research to define risk factors and behavioural factors in diarrhoeal diseases would be the responsibility of the Global SWG on Epidemiology and Disease Prevention.

The RSWG considered these recommendations, expressing concern that in developing operational HSR in Member States, they constituted a step backwards.

As a result of its discussions, the RSWG formulated the following seven recommendations:

(1) that Member States should increase their capability to conduct HSR based on needs identified by programme managers, and that support and monitoring mechanisms should remain at the Regional level;

(2) that social scientists and anthropologists should be more involved in CDD research;

(3) to promote national meetings of researchers involved in CDD;

(4) to promote intercountry collaboration between CDD researchers;

(5) to ensure wide circulation of CDD research, especially to programme managers;

(6) to give priority to studies on community water supplies and sanitation, including water quality and environmental health aspects;

(7) to consider "factors affecting the acceptance of ORS/ORT" as the subject for technical discussion at the next RSWG meeting.

During discussions, the ACHR expressed concern both at the increasing centralization of CDD operational research and at the expectation that some elements could readily be dealt with by health service activity only. The meeting endorsed the recommendations of the RSWG on CDD research. In addition, it was urged that WHO should follow up on the impact and influence of policy in CDD programmes at the country level.

Finally, the Meeting urged harmony and consistency in HSR activities between different units of WHO. The report of the RSWG and its recommendations were adopted by the Committee.

9. NOMINATION OF CANDIDATES FOR THE JACQUES PARISOT FOUNDATION FELLOWSHIP, (Agenda item 11)

It was reported to the Committee that three proposals had been received, namely:

(1) Professor Nabila Hidayat and Dr Yousri Bedawi, Faculty of Medicine, Alexandria University, Egypt. Title of project: "Evaluation of Primary Health Care Services in Alexandria as reflected by the level of child health below five years of age".

(2) Dr Yacoub Y. Al Mazroue, Director-General of Health Centres, Ministry of Public Health, Riyadh, Saudi Arabia. Title of project "Measuring Awareness, Acceptance and Participation of Saudi Community in PHC programme".

(3) Dr Faiz Wahid Jargis, Supervisor of ORT programme, Deyala Governorate, Iraq. Title of project: "Effectiveness of Iraqi Women's Federation (IWF) activities in increasing coverage and community participation in PHC".

The Committee endorsed all three requests and recommended them for consideration of the Regional Committee since all three proposals were very important for decision-making on better delivery of primary health care services. Questions were asked about the first proposal which has two investigators. It was decided that, before sending the recommendation to the Regional Committee, the matter should be discussed with the principal investigator so that only one name is forwarded.

10. SUGGESTIONS FOR THE AGENDA, TIME AND PLACE OF THE 13TH MEETING OF THE EM/ACHR, (Agenda item 12)

For the Agenda of the next meeting, the Committee decided upon three subjects for special discussion, namely: Nutrition, Accident Prevention and Transfer of Technology. To these will be added the report of the activities of research task forces, as well as the annual report on research promotion and development activities, the biennial presentation of the Special Programme for Research and Training on Human Reproduction and the reports of the scientific meetings on diarrhoeal diseases and other disease problems. The place of the meeting will be identified during the coming year in consultation with Member States. The date of the meeting was proposed to be 2 through 4 April 1988 following upon the Annual Meeting of the RSWG on CDD research scheduled for 30 and 31 March 1988.

11. RECOMMENDATIONS

The Committee made the following recommendations:

(1) During 1987, intensified efforts to be made by WHO, and countries to be encouraged to further promote the understanding of HSR and its use in decision-making.

(2) Highly commending the work of the Task Force (TF) and this approach as an initiative, that more TF visits be carried out in 1987 to those Member States where action has started, and to others as seen feasible. Greater association of nationals with the work of future TFs is considered desirable as this will facilitate the latters' functions. As before, this work should be carried out in collaboration with the Global ACHR.

(3) Based on the specific needs of countries, to continue organizing workshops and training courses for potential researchers and research managers, especially at the middle level. Such training activities should be conducted locally with appropriate planning.

(4) WHO/EMRO to support national meetings for senior health services managers, research workers, academicians and other interested parties to enhance coordination and to reach common understanding on HSR and its use, determine research priorities and develop a plan of action for implementation.

(5) Concerted efforts to be made to develop a core of Regional experts in HSR by reorientation of interested health professionals and social scientists in HSR in order to meet the increasing demand in the Region.

(6) WHO to continue its efforts to identify and designate collaborating centres in HSR that meet the criteria laid down for such centres.

(7) WHO to support and follow up the recommendations of the Ninth Meeting of the Regional Scientific Working Group on Diarrhoeal Diseases Research.

(8) The Regional Office, in consultation with Member States, should identify research institutions which could benefit from institution-strengthening grants and assist them in preparing proposals for submission to the Special Programme for TDR.

ANNEX I

AGENDA

1. Opening of the Meeting
2. Election of the Vice-Chairman and Rapporteur
3. Adoption of the Agenda and Programme of Work
4. Progress Report of the Eastern Mediterranean Research Programme (April 1986-April 1987)
5. Report of the Task Force for the Development of a Rational Policy and Strategy for Research in Support of National Health Development
6. Report of the Third Intercountry Meeting of National Officers Responsible for Medical Research, Khartoum, 25-27 November 1986
7. Discussion on "Collaborative Initiative to Promote Utilization of Research in Decision-Making in Health Systems and Manpower Development"
8. Review of Research Activities Supported in the Region by WHO/TDR
9. Review of the Discussions of the 28th Session of the Global ACHR
10. Progress Report on Research Activities in Diarrhoeal Diseases
11. Nomination of Candidates for the Jacques Parisot Foundation Fellowship
12. Suggestions for the agenda, time and place of the 13th meeting of the EM/ACHR
13. Review of the Draft Report
14. Any other Business
15. Recommendations
16. Closure of the Meeting

ANNEX II

LIST OF PARTICIPANTS

1. EM/ACHR MEMBERS

Professor Dr. M. Abdussalam
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2. OBSERVERS

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Professor El Sheikh Mahgoub
Chairman
Medical Research Council
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SUDAN

Dr Siraj-ul-Haq Mahmoud
Senior Chief, Health and Nutrition
Planning Division
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Islamabad
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* Unable to attend

3. WHO SECRETARIAT

Dr Hussein A. Gezairy	Regional Director	Eastern Mediterranean Regional Office, Alexandria
Dr A. Khogali	Director, Programme Management	Eastern Mediterranean Regional Office, Alexandria
Dr M. Abdelmoumène	Chief, Research Promotion and Development	WHO Headquarters, Geneva
Dr Y. Nuyens	Chief, Health Systems Research	WHO Headquarters, Geneva
Dr J. Hashmi	Responsible Officer, Research Capability Strengthening, TDR	WHO Headquarters, Geneva
Dr A. Nadim	Regional Adviser, Research Promotion and Development	Eastern Mediterranean Regional Office, Alexandria
Dr N. Ward	Regional Adviser, Diarrhoeal Diseases Control	Eastern Mediterranean Regional Office, Alexandria
Dr B. Cvjetanovic	Consultant	Kuciste, Yugoslavia
Ms A.N. Hetata	Conference Officer	Eastern Mediterranean Regional Office, Alexandria
Mrs N. Mourad	Secretary	Eastern Mediterranean Regional Office, Alexandria

ANNEX III

PROGRAMME OF WORK

Time	Agenda Item	Presented by	Basic Document	Background Material
<u>Tuesday, 31 March 1987</u>				
09.30 - 10.00	Registration		EM/12th.MTG.ACHR/3	
10.00 - 10.30	1. Opening of the Meeting - Address of Welcome by Lt.Gen. Prof. M.A.Z. Mohydin - Inaugural Address by H.D. Makhdoum M.S. Qureishi, Governor of Punjab - Address of Dr. Hussein A. Gezairy, Regional Director, WHO/EMR			
10.30 - 11.00	Coffee Break			
11.00 - 13.00	2. Election of Vice-Chairman			
	3. Adoption of Agenda and Programme of Work		EM/12th.MTG.ACHR/1 EM/12th.MTG.ACHR/2	
	4. Progress Report of the Eastern Mediterranean Research Programme (April 1986 - April 1987)	Dr. A. Nadim RPD/EMRO	EM/12th.MTG.ACHR/4	

Time		Presented by	Basic Document	Background Material
Tuesday, 31 March 1987 (continued)				
11:00 - 13.00	5.1. Report of the Task Force for the Development of a Rational Policy and Strategy for Research in Support of National Health Development, Pakistan	Dr M.Abdussalam	EM/12th.MTG.ACHR/5	
13.00 - 14.30	Lunch			
14.30 - 16.30	5.2. Report of the Task Force for the Development of a Rational Policy and Strategy for Research in Support of National Health Development, Kuwait	Dr W.A. Hassouna	EM/12th.MTG.ACHR/6	
Wednesday, 1 April 1987				
08.30 - 10.30	6. Report of the Third Intercountry Meeting of National Officers Responsible for Medical Research, Khartoum, 25-27 November 1986	Dr A. Nadim RPD/EMRO	EM/12th.MTG.ACHR/7	WHO-EM/RSR/35-E
	7. Discussion on the "Collaborative Initiative to Promote Utilization of Research in Decision Making in Health Systems and Manpower Development"	Dr Y. Nuyens HSR/WHO Geneva	EM/12th.MTG.ACHR/8	
10.30 - 11.00	Coffee Break			

Time	Agenda Item	Presented by	Basic Document	Background Material
Wednesday, 1 April 1987 (continued)				
11.00 - 13.00	8. Review of the research Activities Supported in the Region by WHO/TDR	Dr J.Hashmi RCS/TDR, WHO Geneva	EM.12th.MTG.ACHR/9	Science at Work
13.00 - 14.30	Lunch			
14.30 - 16.30	9. Review of the Discussions of the 28th Session of the Global ACHR	Dr M.Abdelmoumène RPD/WHO Geneva	EM.12th.MTG.ACHR/10	ACHR28/86.11 WHO/RPD/ACHR (HRS) 86
	10. Progress Report on Research Activities in Diarrhoeal Diseases	Dr N.Ward CDD/EMRO	EM/12th.MTG.ACHR/11	
	11. Nomination of Candidates for Jacques Parisot Foundation Fellowship	Dr A.Nadim RPD/EMRO	EM/12th.MTG.ACHR/12	
	12. Suggestions for the Agenda, Time and Place of the 13th Meeting of the EM/ACHR			
Thursday, 2 April 1987				
08.00 - 10.00	Visit to the Sheikh Zayed Hospital and National Health Research Complex (NHRC)			
10.00 - 12.30	Review of the Draft Report			
	Recommendations			
	Closure of the Meeting			