WHO-EM/RPC/022/E

Report on the

Twenty-second session of the Eastern Mediterranean Advisory Committee for Health Research

Cairo, Egypt
28–29 October 2006

World Health Organization
Regional Office for the Eastern Mediterranean

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Document WHO-EM/RPC/022/E/02.07/75

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1. INTRODUCTION

The Twenty-second session of the Eastern Mediterranean Advisory Committee for Health Research (EM/ACHR) was held in Cairo, Egypt, from 28 to 29 October 2006. The objectives of the meeting were to:

- define priorities and future directions for health research in the Region;
- define the role and responsibilities of the ACHR in advancing health research in the Region.

The meeting was inaugurated by Dr Mohamed A. Jama, WHO Deputy Regional Director for the Eastern Mediterranean, who delivered the opening remarks of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his opening address, Dr Gezairy thanked the distinguished members of the Eastern Mediterranean Advisory Committee for Health Research and welcomed the new members of the Committee. He said that he trusted that the richness of their combined experience would help to address the challenges faced by health systems in the Region and he thanked those members who had left for their invaluable contributions to the Committee.

In his message, Dr Gezairy stated that 35 years ago, the esteemed medical journal *The Lancet*, had published an article entitled ‘The inverse care law’ which had underscored the inequities and unfairness in health care stating that the availability of health care was inversely related to those who needed it most. Unfortunately, it was not until 1990 that the Commission on Health Research for Development had seriously taken stock of global health versus health research needs and recommended that if the global disparities in health were to be bridged, it was essential that the research needs of the developing world were addressed. Since then, several global level commitments and efforts had been made and the message of the Commission had been reiterated.

Dr Gezairy pointed out that the geopolitical diversity in the Region had had a strong impact upon the socioeconomic status of the Member States, and had had direct consequences for the health of their populations. He said that the conflicts and crises within the Region had further compounded the overall situation, and that many of the existing and well-established health care infrastructures had been brutally annihilated, as evidenced by the aggression in Lebanon and the protracted conflict in Iraq. He said that in such situations, efforts aimed at health care development were severely compromised as had happened in other countries in the Region that had suffered years of conflict and war.

Dr Gezairy pointed out that the probability of children under 5 being either underweight or even dying in the Region was high, and that information necessary for making key, and often crucial, decisions was lacking. He said that the role of health research was of paramount importance but unfortunately, health research systems in the Region were weak and functioned in insulated environments. Dr Gezairy referred to a study recently carried out in five countries of the Region that had revealed major barriers to effective utilization of research results. He noted that the biggest challenge faced in the Region was how to bring health research relevance to the centre stage. He said that health research must therefore be

directed towards improving health and must help policy-makers to solve their pressing needs and priorities.

Dr Gezairy pointed out that in recent years there had indeed been a momentum generated to strengthen and develop health research within the Region, both at the regional and country levels. He reminded participants that the Regional Office was vigorously continuing its support of the development of national health systems. He noted that several partnerships had been established by the Regional Office with international agencies and institutes to carry out joint research and training programmes for Member States in the Region.

Dr Gezairy stressed that the health systems research agenda in the coming years must address the most pressing needs of the Member States. The issues of maternal and child morbidity and mortality, infectious diseases and malnutrition had predominated in the less developed countries of the Region, while chronic diseases had taken their toll in the richer countries. Lifestyles and socioeconomic determinants had had their impact on health in many different ways all across the Region, and the health systems research agenda must therefore reform itself to address the specific needs of different countries.

He reminded the members of the Advisory Committee that the Regional Office and the Members States had placed their trust and confidence in them and their wisdom, to shape the future of health research in the Region. He said that they had to advise the Regional Office on what were the best ways to focus on research that offered solutions to priority problems of interest to managers and policy-makers.

Dr Gezairy also pointed out that it had been almost 2 years since the Mexico Ministerial Summit had been held, which was the first time that policy-makers had participated in such a large gathering of health researchers. He noted that WHO at the global level had instituted several major efforts, such as the development of networks for evidence, information and practice, EIPnets for short, and the Global Drugs Trials Registry. However, he noted that it was important that they now took stock and assessed the progress made in the Region, as 2 years from now another similar international gathering would take place in Africa and that they should have evidence to demonstrate the developments in the Region in response to the Mexico Summit resolutions. Dr Gezairy invited all the esteemed members to attend the Tenth meeting of the Global Forum for Health Research, which would commence the next day.

After the opening address, Professor Mahmoud Fathalla, Faculty of Medicine, Assuit University Hospital, was elected Chairman, and Professor Mohamed A Bhutta, Aga Khan University, Pakistan, was designated as rapporteur for the session. The agenda, programme and list of participants are included as Annexes 1, 2 and 3, respectively. For the full text of the Regional Director’s speech, see Annex 4.

2. REGIONAL SUPPORT ON HEALTH RESEARCH TO MEMBER STATES

2.1 Research, Policy and Cooperation activity report

Dr Muhammad Afzal, Acting Regional Adviser, Research Policy and Cooperation Unit, WHO/EMRO

Support for health research in Member States is provided through the Research Policy and Cooperation (RPC) Unit at WHO Regional Office, the Special Programme for Research and Training in Tropical Diseases (TDR) Small Grants Scheme, regional technical units and WHO headquarters. The Regional Office also jointly supports research with the Standing Committee for Science and Technology of the Organization of Islamic Countries (COMSTECH), with other sources of support coming from national investment and donor-assisted research. There is, however, a low output of health research in the Region, not as a result of a lack of financial resources, but of institutional capacity and human resources.

Support for the third and fourth rounds of the Regional Office for the Eastern Mediterranean Special Grant for Research in Priority Areas of Public Health (RPPH) was initiated. In response to call 2004 and 2006 under the RPPH, 264 research proposals were received and of the 215 eligible proposals, 36 were selected for funding. The fifth round has been advertised.

The Regional Office in partnership with COMSTECH established a special grant for research in applied biotechnology and genomics in 2004. Out of 141 research proposals received in response to the call for rounds 1 and 2, 35 research proposals were selected. For the second round, there are now 18 collaborative proposals ongoing in the Region involving eight collaborative groups.

To build capacity in health research in the Region several international, regional and national training workshops were organized. These included in-country training programmes, such as a workshop on grant proposal writing in health systems research, training for establishing institutional ethical review committees and a workshop on research to policy and practice. Regional training programmes included a regional workshop on qualitative research, a training programme for francophone Islamic countries on establishing national bioethics committees, an advanced regional training programme in bioinformatics and a regional workshop on situation analysis of health research in 10 countries of the Region. International training programmes included a project initiation workshop on “Exploring demand for health research by national policy-makers”, and a workshop on molecular epidemiology and scientific grant proposal writing.

Capacity building in bioethics has included a masters training programme in collaboration with the University of Toronto in Canada, a WHO/Islamic Organization for Medical Sciences (IOMS) meeting on developing guidelines for Islamic countries and the support of regional experts to participate in the World Congress on Ethics in China.

Health research policy development has included two meetings of the Committee on Eastern Mediterranean Health Genomics and Biotechnology Network (EMHGBN), and a

regional consultation in 2005 to follow up on the Mexico Ministerial Summit on Health Research in 2004.

Between 2006 and 2007, the Regional Office will continue supporting health research by providing health research policy support and advice to Member States; strengthening health research capacities in the Member States through different mechanisms; focusing on building capacities and mechanisms for effective utilization of health systems research results; and developing further collaboration and partnerships with international health research organizations, universities and other partners.

2.2 Regional Office Tropical Disease Research (TDR) activity report

Dr Amal Bassili, TDR/DCD, WHO/EMRO

The Small Grant Scheme acts as a research arm to assist the technical units in achieving the targets of the Millennium Development Goals (MDGs). The objectives of the Scheme are to support projects that contribute to the prevention and control of communicable diseases, to collaborate with control programmes in translating research results into policy and practice and to strengthen research capacity in the Region. The Small Grants Scheme started in 1992 in the Region, and in 2006, 32 projects were accepted. In 2002, the Scheme was expanded to cover all communicable diseases and so there was a steep rise in accepted proposals.

Research results are available on the TDR website which is an important tool for disseminating news and events and for posting the call for applications from January to January. TDR communicate final reports to undersecretaries and national control programme managers in Ministries of Health. Research capacity strengthening has involved the convening of research methodology workshops, the recruitment of consultants and the provision of on-line technical assistance in proposal development, data management and scientific writing.

In 2005, the Regional Office issued the first call for evidence of the regional TDR Small Grants Scheme. Principal investigators, health authorities and national control programme managers were invited to discuss the translation of research results of previously supported projects into policy and practice of national control programmes. An example of the translation of research findings into policy and practice was tuberculosis detection in private laboratories in Teheran, the Islamic Republic of Iran, from 2003–2005, where the objective was to determine the pattern of acid-fast bacilli (AFB) detection in private laboratories. Strategies to enhance the dissemination and utilization of results have included communicating results to policy-makers and participating laboratories, the convening of national and international conferences, the creation of national Stop TB partnership committees and the submission of manuscripts for publication. The results urged the national programme to plan for the Stop TB partnership committee targeting laboratories and attempted to have some programmes cover cases detected by private laboratories. The change in practice led health workers from the national programme and private laboratories to convene meetings and discuss means of collaboration to increase notification from the private laboratories to the national programme.

Other examples of research findings being translated into policy and practice have included the adherence of medical practitioners to the national tuberculosis control guidelines in Somalia; the determination of criteria for enhancing early malaria diagnosis among expatriates seeking medical care in Muscat, Oman; community participation in malaria control using larvivorous fish; and evaluation of diagnostic techniques to detect human African trypanosomiasis in south Sudan.

2.3 Priorities in research for health

Professor Stephen Matlin, Global Forum for Health Research, Switzerland

Health research is a large enterprise and the spectrum of health research for development ranges from biomedical research, health policy and systems research, social sciences and behavioural research to operational research. The changing health scene shows that health problems are diverging among low- and middle-income countries.

The diseases which are neglected in health research are those diseases representing significant sources of mortality and morbidity, those for which there are few or no adequate interventions (that are relevant to large, affected populations), and those that attract relatively little research and development funding. The list of neglected diseases is numerous and includes: infectious and parasitic diseases, HIV/AIDS, diarrhoeal diseases, tuberculosis, malaria, childhood diseases, and others. The world has seen a re-emergence of infectious diseases as a result of antimicrobial resistance, urbanization and climate change, and newly-emerging diseases such as SARS and avian flu.

Chronic diseases are becoming the new epidemic and the dominant source of ill-health and death in low- and middle-income countries. In China, the obesity rate has doubled over the last 10 years with 60 million people identified as obese and 200 million overweight, 20 million people have diabetes and a further 160 million have high blood pressure.

People who are being neglected in health research include those whose health is seriously impaired as a result of location, poverty or inequities/social hierarchies based on ability, age, class/caste, ethnicity, gender, race or religion.

In terms of human resources for health there are more than 59 million health workers in the world, distributed unequally between and within countries. Health workers are found predominantly in richer areas where health needs are less severe but there is a critical shortage of these workers in poorer countries. There is also a critical shortage of health researchers and the health research workforce is a neglected area within the field of human resources for health.

Our understanding of health is changing and health now needs to be seen within a wider context. This wider contextual view requires a greater focus on health promotion and disease prevention and on addressing the social determinants of health. It requires examining the health impacts of political, economic, social and environmental factors, education, urbanization, transport, climate change, globalizing work and economies, disasters and emergencies and the changing aid scene.

New patterns of urbanization will mark a turning point in human history in 2007 when the number of the world's urban population will, for the first time, equal the number of the world's rural population. The role of the public sector in promoting health research in higher income countries should be to focus on research that generates leads nationally and internationally and to create global public goods. In low- and middle-income countries, it should be to support country-based research, to build capacity and to develop national health research systems to foster innovation.

Health research is not a luxury but is an indispensable way to create solutions and to learn how to apply them and evaluate their impact. It is also a way to develop local ownership. The role of research in decision-making provides scope for considerable progress towards improving health status if existing knowledge is used optimally, but the complex and urgent context of health sector development in low- and middle-income countries makes it impossible to research all issues and to use scientific analysis to solve all problems. Political processes are neither deeply influenced by scientific evidence nor by researchers.

3. INSTITUTIONAL CAPACITY FOR HEALTH SYSTEMS RESEARCH IN THE EASTERN MEDITERRANEAN REGION

3.1 Applying an equity lens to child survival in the Region

Zulfiqar A Bhutto, Aga Khan University, Karachi, Pakistan

Inequities can be based on socioeconomic status, gender, ethnicity, rural versus urban status and other factors, such as age, religion and migration/nationality. Equity matters despite the fact that absolute equality of outcome in every dimension may be sought. However, equity is of paramount importance because good health is universally valued. Norman Daniels has argued that because disease impairs the “normal opportunity range” of individuals, equal access to services and treatments that can prevent and relieve disease is essential to securing “fair equality of opportunity”.

Countries with the highest numbers of neonatal deaths are similar to those with high maternal deaths, in that WHO, the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) estimates give similar rankings for these countries. Difference in mortality rates between rich and poor countries are increasing with sub-Saharan Africa showing the steepest rise in mortality rates between 1990 and 2000. There is a strong correlation between gross domestic product (GDP) and child mortality. Inequity is also evident in urban and rural differentials.

If data on the distribution of health resources is analysed for 1999, it can be seen that the least amount of money was being spent at the level of the health care system at which most of the population were being served. At the primary health care level this represented 90% of the population and yet only accounted for 15% of health expenditure. In 2006, the figures have changed and now show that at the primary health care level, 32% of health expenditure is being spent on the 85% of the population accessing these services.

Emerging evidence shows that averages and summary measures of populations' health do not reveal large gaps in health between social groups in terms of gender, wealth, education or ethnicity. Advocacy for political action is essential. Community-level interventions and increasing awareness are vital as equity data are only available for nine countries in the Region. Interventions outside the health sector, such as micro-credit, female education and child benefits, are necessary to address inequities. It is necessary to focus on targeting packaging interventions at community level, linking social development and community strategies, and specifically monitoring equity indicators that matter. This can be achieved through the creation of programmes, such as the basic development needs (BDN) programme which now covers the entire Region. The BDN framework relies on community-based initiatives. Community organization and mobilization leads to improved maternal, perinatal and newborn care through initiatives, such as female health workers and improved referral pathways and clinical care.

A governance effectiveness index shows that countries with the lowest corruption perception indices, the highest defence spending and the lowest government financing of the Expanded Programme on Immunization (EPI) have the highest infant mortality rates. An additional US$ 4 billion could save over 2 million newborn infants.

3.2 National health research systems: building up institutional capacities to orientate research on health to improve health

Dr Ritu Sadana, Department of Equity, Poverty and Social Determinants of Health, Evidence and Information for Policy Cluster, WHO/HQ

Among the challenges and opportunities for health research are the need for a systems perspective, covering inputs, topics, outputs and impact. The functions of the health research system framework are stewardship, creating and sustaining resources, producing and using research and financing. To move from descriptive to analytical approaches that can inform on how to improve health research, a process of collective benchmarking was put into practice.

Each core indicator is related to the conceptual framework and the policy discussions at national, regional or international level, as data alone from different sources is inadequate. Several questions need to be asked, including: What does an indicator tell us? Which questions arise from analysis of the indicator's relevance to country and to region? Strengthening capacity, for example, needs benchmarks related to inputs and processes, not only to the level of research outputs. A key challenge that has been documented is the decreasing proportion of low-income country research in easily-accessible research on health topics. The good news for the Region is that its share of easily-accessible worldwide publications has increased dramatically.

Leading up to the Mexico Ministerial summit, WHO organized a task force on health systems research that identified four broad areas for health systems and policy research: financial and human resources, the organization and delivery of health services, governance, stewardship and knowledge management and global influence. Another WHO task force proposed documenting and widely disseminating effective policy interventions to reduce health inequity.

The Commission for Social Determinants on Health is advocating for greater intersectoral collaboration and consideration of upstream and structural determinants. There is a strong, shared understanding of the challenges or identified constraints or limitations concerning processes, even if specific details are not necessarily documented. The Alliance for Health Systems and Health Policy, in collaboration with others, including TDR, have documented this specifically for health systems research, particularly in China. The study conducted in China noted that there were a lack of incentives for researchers to participate in practical policy and systems studies, there was a lack of critical independence and policy recommendations were often unfeasible.

For health systems and policy research, systematic reviews are recognized as a key way to build up guidelines and input to policies and yet very few effectiveness trials are being conducted in real communities or primary health care settings in low- or middle-income countries.

Consensus on good practices by ministers of health included recognition of the fact that ministries of health could provide leadership to convene the spectrum of stakeholders and sectors involved in the production and implementation of research findings that address health concerns and that their role should be encouraged and facilitated. Ministries of health are able to leverage policies and strategies to support and retain researchers. In every country, there are a wide range of stakeholders who need to participate in the steering and uptake of research to impact health research. Health research remains academic and university-based, with ministries of health being the key external collaborators.

Diverse research contexts benefit from a more explicit and clearly defined understanding through a systems perspective. The good governance of health research systems is a key priority for WHO to support in countries. It is the role and responsibility of institutions to produce and use research results, to advocate for partner funding institutions, not only for researchers or time-limited research projects, and to advocate for the transparency of institutions.

3.3 Capacity for health policy and health systems research: constraints and challenges

Professor Andrew Green, Nuffield Centre for International Health and Development, United Kingdom

There has been increasing recognition of the need to support policy-making supported by robust evidence. Many issues facing the health sector in the Region relate to systems and policy issues, such as governance, successful decentralization, access, financing of health care and the health research crisis, rather than to technical biomedical gaps. The major challenges to national capacity are to produce relevant, robust and context-specific research evidence in the area of health systems and policy and to ensure the utilization of available evidence in policy-making.

The Alliance sees these challenges as core to its work and they will be the subject of the next biennial review. Potential strategies for prioritizing health policy and systems research issues include the development of national research strategies and criteria for funding,

redressing the balance between biomedical and health policy and systems research and prioritizing programme funding versus project funding.

Constraints to research capacity are the lack of finance for health policy and systems research, the relative imbalance with biomedical research, the lack of skilled researchers, leadership and careers and the need for health policy systems methodologies. Examples of potential strategies to improve research capacity include: human resource strategies, leadership, governance and mentoring programmes, the encouragement to universities to expand education to research from biomedicine or social sciences to health policy and systems research, the creation of inter and intraregional partnerships and exploring untested potential for technological innovation in health policy and systems research.

In terms of knowledge filtration and amplification, there are poor academic dissemination skills, an inappropriate dissemination focus on academic journals and weak civil society mechanisms. Potential strategies for effective knowledge filtration and amplification include the training of researchers in communication and dissemination, the use of the media and advocacy organizations, new dissemination methods, such as the Eastern Mediterranean Health Journal, factsheets, innovative media (drama, technology-based etc.) and dissemination networks, such as HepNet.

The constraints to policy-makers utilizing research evidence include factors other than evidence affecting policy processes, external pressures, ‘short-termism’ in policy processes, and uncertainty over the locus of policy-making. Examples of potential strategies for utilization of evidence by policy-makers include research priorities influenced by policy-makers, policy units with research commissioning and analysis functions, and service delivery and education co-managed as in the Iranian model.

Other constraints to improving research capacity include the lack of a research culture, regulations and legislation and wider contextual influences. Strategies for addressing these constraints include the promotion of a research culture, building a culture of evidence-based policy-making and the sharing of good practice and ethical frameworks and mechanisms. There are significant intercountry differences in the Region in terms of health and socioeconomic issues, financial and human resources and governance structures, including decentralization processes, and hence, there is a need for both regional and country-capacity strategies.

Through the Alliance for Health Policy and Systems Research, national capacity assessments will be undertaken using a framework which assesses current situations and opportunities, and capacity strengthening versus capacity releasing will be addressed. The role of WHO at regional level is to support general capacity strengthening processes and leadership from the committee. At national level it is to support the mapping of national capacity and the development of strategies.

3.4 Discussion

Members discussed the need to follow up on recommendations from previous ACHR meetings to establish what had been achieved, and agreed that unanswered questions identified during the current meeting would be taken as recommendations from the group. It was also agreed that further collaboration between the research and technical units was required and members highlighted the importance of developing and promoting country-level research. They recognized the importance of future directions but stressed the importance of retaining a strategic focus on priority areas including global opportunities, equity in health and the social determinants of health. Priority areas for research were identified as lifestyles and chronic diseases, health systems and finance, people's experiences and expectations, clinical quality and patient safety, resource management in conflict situations, environmental factors, mental health and ethics.

Members highlighted the need for changes to management and leadership in health research as the research environment and research needs are changing. They discussed research capacity, the importance of enlisting a greater number of stakeholders and of conducting community-based participatory research recognizing that priorities set by researchers may not reflect the most important public health priorities. They expressed a desire to see public representation in the ACHR committee.

Committee members felt that they needed greater details on projects and on the types of projects that were supported by funding. They discussed the need to link health research with interventions designed to achieve the targets of the MDGS, recognizing that this link may generate greater funding for health research. They discussed the Small Grants Scheme and asked for clarification on its links to the MDGs. As the Scheme is concerned with tropical diseases the link is specifically to goal number 6 of the MDGs (AIDS and tuberculosis), but there are also links to maternal and child mortality. Members discussed the advocacy role of WHO but also stressed the importance of the provision of seed money from the Organization, in addition to providing training. The Committee pointed out the need for greater support for programmes as opposed to projects and the importance of strengthening not only academic institutions, but all institutions. The group highlighted the importance of interventions at ministerial level and for linkages to be developed between academia and the community.

The issue of the limited number of studies that were available on regional successes was raised and the need for local publications and for the translation of research. The knowledge management strategy for the Region approved by the Regional Committee had its emphasis in links for research, the principle of multilingualism and the support of in-country publishing. Members raised the need to conduct greater child health research in the Region and predicted that research on geriatrics would become increasingly important over time. They suggested that research on neglected and isolated populations could serve as a topic for Bamako as they pointed out that the indigenous knowledge of these populations was being exploited by researchers, and yet this group were unable to enjoy the benefits of research as a result of the inaccessibility of services to them. They pointed out that political, not health, research was needed to tackle inequality and poverty, and expressed the need for pressure groups to exert influence on corrupt political systems. They also raised the need for evaluative and

interventional research to be conducted which involved policy-makers and national nongovernmental organizations.

Finally, members briefly discussed the difficulty of introducing new terms (health systems, health systems research, health research systems, health system and policy research, etc.) in terms of the burden this represented on programmes at national level.

4. RESEARCH AS EVIDENCE TO STRENGTHEN HEALTH SYSTEMS

4.1 Research towards poverty and health: a case for research for health and research management

Somsak Chunharas, National Health Foundation, Thailand

This presentation examines the relationship between poverty and health and discusses poverty reduction strategies. It also discusses how research can be used to reduce poverty and how to create better research management in national health research systems. Around the globe, poor people are exposed to greater health risks as a result of lack of access to safe water, crowded living conditions, poor nutritional status, etc. and have less access to health care for various reasons, including financial barriers. Poorer health status results from a lower economic status and leads to decreased economic productivity and opportunities.

In *The end of poverty* Jeffrey Sachs discusses the six major capitals: human capital, business capital, infrastructure, natural capital, public institutional capital and knowledge capital. Research into poverty and health needs to be knowledge-orientated to create a better understanding of situations and causes; technology-orientated in order to develop appropriate technologies to tackle the problems of the poor; and solution-orientated to identify effective interventions.

Knowledge-orientated research requires defining and identifying the poor for better targeting and assessment of impact and requires research on income measurement, poverty lines, means-testing, familial condition, etc. It is also necessary to examine the factors and causes of poverty in different contexts.

Technology-orientated research needs to address the prevention and control of diseases affecting the poor, such as malnutrition, diarrhoea, malaria and tuberculosis. Research is also needed on agricultural technologies for the rural poor, such as seeds, soil, planting and harvesting and energy systems for remote rural populations and poorer sectors of society. These technologies need to be low-cost, efficient and environmentally friendly.

Solution-orientated research needs to focus on improving access to health services, infrastructure expansion, human resources development and service delivery models and management. Financial barriers to services need to be reduced through the provision of free services to the poor or through health insurance schemes. Community-based development research is needed to create comprehensive development models and to encourage local

enterprises. Access to information technology and essential knowledge is also crucial for poverty reduction and health improvement.

Challenges include researching community reorientation to create a paradigm shift to influence researchers, research policy and priority-setting to influence donors and research funding agencies and to involve key actors in national health research systems, particularly communities and the poor. The challenges of research are the dissemination of results to increase the capacity of researchers, to link the research process to the policy process, to build research capacity and to influence the context of knowledge dissemination and utilization.

Better management of national health research systems requires: research policies and priority-setting by donors and key government agencies; research funding and granting practices by donors and national research funding agencies; research programme and project management by researchers and research institutions; participatory public policy processes by research granting agencies, donors, civil societies; and community-based research and development processes by local governments and civil societies.

4.2 Regional Office follow-up on Mexico Ministerial Summit: report on the Rawalpindi meeting

Dr Muhammad Abdur Rab, WHO Representative, Sudan

The purpose of the consultation was to determine the direction of national and regional health research agendas given the global commitment to attain the targets of the MDGs, the regional and national needs for health research; capacity constraints, poor management of health research, as well as unsatisfactory supportive environments and the lack of finances. The objectives and agenda of the consultation were to review the Mexico Ministerial Summit and WHA resolution, and to formulate and suggest a strategic direction for health research for WHO Regional Office and Member States. Participants comprised health researchers, scientists, policy-makers, public health specialists, health academia, nongovernmental organizations and WHO.

The technical presentations of the consultation focused on directing research towards reaching the targets of the MDGs; promoting action on health inequities research; financing of health care and equity; creating a framework of research for policy and practice change; identifying the role of nongovernmental organizations as catalysts for change; and rehabilitating health services after the earthquake in Pakistan (issues and research needs).

The plenary discussions focused on broader issues related to health research and barriers to health research in the Region; creating demand from research through the engagement of communities and nongovernmental organizations as researchers and watchdogs; exploiting the use of the media and engaging policy-makers; the need to involve other stakeholders and donors; and commissioning research and promoting a research culture.

The discussion on barriers to health research in the Region focused on how to tap the existing opportunities through recognition of the various pathways to improve linkages,

opportunities to increase the knowledge pool and incorporate health systems research as an integral component of health programmes.

The recommendations to Member States were to enhance their research capacities to conduct and utilize health research to improve the performance of their health systems, to meet the targets of the MDGs and to improve the linkages between researchers and policy-makers and to identify and utilize a range of stakeholders in positions to improve the health system.

Recommendations to WHO were to lend greater support and impetus to health policy and systems research through increasing funding and improving global advocacy efforts. It was also recommended that WHO country offices should be strengthened with staff positions dedicated to coordinating health research efforts with all national stakeholders and partners.

Recommendations to countries were for political commitment for health policy and systems research through increasing demand, identifying stakeholders in health research, ascertaining their strengths and involving them in research processes through networking and coordination. They also included making investments to build capacities and environments to enhance health policy and systems research. Activities proposed for follow-up were to develop and conduct training to sensitize the media on health and development.

4.3 The road to Bamako 2008: Global Ministerial Forum on Research for Health

Ania Grobicki, Secretariat Head

Bamako 2008 is being cosponsored by WHO, the Council on Health Research and Development (COHRED), the World Bank (WB) and the Global Forum for Health Research. In 2000, the First International Conference on Health Research for Development was held in Bangkok, Thailand, organized jointly by these four partners. In 2004, the Mexico Ministerial Summit resulted in a statement by ministers of health calling on national governments to commit to greater funding for health research. In 2008, the Global Ministerial Forum on Research for Health aims to bring ministers of health, science and technology, education and finance together with other stakeholders into the broader research system.

The objectives of Bamako are to make the shift from health research to research for health, which requires an intersectoral effort to not only free people from disease, but to enable them to live healthy lives, and to link health research with the wider research and development community to create innovative networks, to strengthen the use of research results and evidence in decision-making, for health stewardship in different sectors. The specific priorities, themes and topics of Bamako are to be determined by a regional consultative process with stakeholders from the health sector and other sectors.

Major conference stakeholders will include WHO, COHRED, the Global Forum and the WB and other organizations who can make a strategic contribution to the conference or to the consultative process, such as United Nations Educational, Scientific and Cultural Organization (UNESCO); WHO/TDR and the Special Programme on Research Development; the African Union (AU)/New Partnership for Africa’s Development (NEPAD) and others.

The regional consultation process will involve WHO Regional Committee meetings in 2007 and 2008; AFRO Regional consultation for Bamako 2008, Algeria, January 2008; Pan-American Health Organization (PAHO) consultation in Panama (dates to be arranged); Global ACHR meeting May 2007 and 2008; Forum 10 (Global Forum for Health Research), Cairo, Egypt, November 2006; IDEAHealth, Khon Kaen, Thailand, December 2006; Health promotion, Vancouver, Canada, June 2007; Strengthening national health research systems (COHRED/Global Forum), Sao Paulo, Brazil, August 2007; Forum 11 (Global Forum for Health Research), Beijing, China, November 2007.

The format of the conference will feature plenary sessions and workshops allowing for an exchange of ideas between the various groups, round-tables, special sessions and closed ministerial sessions to focus on areas where action and commitment is required. A broad range of stakeholders and researchers in research for health are invited to attend. This will be the first conference at global level to involve members of the science and technology sector, as well as economists and social scientists.

Issues for the ACHR are determining who will be the major stakeholders in the broader "research for health" system in the Region, and to determine whether there is a suitable meeting within the next 18 months where a regional consultative meeting for Bamako 2008 could be held. Finally, it is necessary to determine the regional priorities and emerging issues, in terms of research and the governance of research, that need to be added to the agenda for Bamako in 2008.

4.4 Discussion

Members discussed the objectives of the future Bamako Summit as marking a shift from health research to research for health and concurred that equity in health was a measure of social success as would be addressed by the themes of the Summit (research for health promotion and health equity). The Committee discussed the need to link the 11 knowledge networks from the Commission on Social Determinants of Health to the Bamako Summit and suggested that UNDP should also participate in the meeting. Democracy and its impact on health was suggested as a topic for the meeting and it was further suggested that situation analysis should be undertaken at Bamako and a recognition of the successes and failures. Members agreed that setting priorities and funding in the Region were national responsibilities but stressed the need for both public health and basic sciences research.

5. RESEARCH TO POLICY

5.1 Research for policy change in developing countries: role and challenges of empirical work

Professor Adnan Hyder, Johns Hopkins University, USA

The overall theme of the research to policy process is the research to policy interface, the differences between researchers and decision-makers, the role of development in exploring the research to policy interface and the call for innovations in empirical work on

research to policy. The research to policy interface is highly complex, particularly in low-income countries. The generation of evidence and research on health systems presents numerous challenges, however, increasing attention has been paid to this interface in recent years and there has been a move from linear to complex models of policy-making.

One of the problems of conducting research to change policy is determining whether evidence-based policies are desired by both researchers and policy-makers. Empirical evidence on this issue is limited from low- and middle-income countries. There are different opinions about the role of research in policy and these differences between researchers and policy-makers are genuine, systemic and structural. The likely middle ground between researchers and policy-makers are a shared vision and responsibility, confidence-building measures, such as joint policy-planning exercises and mediation by external forces, and the search for perspectives, disciplinary skills and insights to assist each other in their roles.

Development as a context for research to policy relies on several factors including social institutional factors which require the framing of issues and norms by people who work within institutions and predictors of system performance, considerations of the relationship between science and society in legitimizing forms of knowledge and the level of trust a society has to use that knowledge. The construction of social arrangements is important in the context of rapid social change and negotiated power relationships.

An entry point for the research to policy interface requires recognizing policy as a political and complex process in which facts, values and opinions intertwine. It also requires the need to engage key stakeholders, such as decision-makers, health care providers, scientists, and communities and to enhance accountability to ensure fairness, equity and human rights.

5.2 User-driven health policy in health systems research

Dr Ansgar Gerhardus, Universität Bielefeld, Germany

Health technology assessment (HTA) is defined as a policy–research approach that examines the medical, economic, social, ethical and cultural consequences of health interventions in a systematic and transparent manner, and is closely related to evidence-based medicine. Its purpose is to inform policy-makers, health care providers, consumers and patients about the benefits and risks of health interventions.

In Germany in 2005, a new programme was set up in the social insurance system which involved the establishment of an institute for quality and efficiency in health care. All HTAs were fed back into the system to support decisions, and methods for standardization were developed by the institute. The significance of the new programme were that there were scientific experts at all levels of the system, so that the subcommittee under the Federal Joint Committee was comprised of scientific experts who were able to advise the Joint Committee, as were the institute for quality and efficiency in health care and the academic institutes. This HTA programme has proven to be very successful.

The lessons to be learnt from the programme are that user-led research and institutional

mechanisms enhance the impact of research. It is necessary to establish scientific know-how on the user's side through patient representatives' education and to focus on a limited number of prioritized projects in order to be able to deliver high-quality products if funds are scarce. Research impact objectives must be defined and the impact of research must be evaluated.

In conclusion, users have to be involved in commissioning health systems research and these users need to have scientific expertise. Research impact objectives need to be defined before formulating scientific questions and it is essential that the impact of health systems research is evaluated.

5.3 Division of health systems: support to health policy and systems research in the Region

Dr Sameen Siddiqi and Dr Ahmed Abdel Latif, DHS, WHO/EMRO

The WHO Division of Health Systems mission statement supports Member States to strengthen the scientific and ethical foundation of national health policies and strategies; to improve performance of health system functions such that they are responsive to the needs of citizens; and to promote equity, quality and efficiency with the active involvement of civil society. Among the roles and functions of the technical units is to conduct health system research.

In 2003, the WHA passed a resolution to review contractual arrangements. Several countries in the Region adopted a policy of contracting out the basic package of health services (BPHS). In 2004, a 10-country study was initiated, and in 2005, a research to policy workshop was organized. The Public Health Implications of Trade in Health Services (TiHS) requires concerted action between the International Development Research Council (IDRC) and the WHO Regional Office. Between 2004 and 2005, a 10-country study was undertaken and a research to policy workshop was organized in 2006. The Regional Office has provided technical assistance to the WHO South-East Asia Region and the African Region and has promoted efforts to establish trade and health units in ministries of health.

Research efforts on patient safety in the Region have included rapid assessment of the magnitude of adverse events in 11 countries. Research was conducted through a questionnaire, and of the 22.2 million in-patients surveyed, 10% had had at least one adverse event. To address the social determinants of health, seven country studies were commissioned and a joint meeting was organized. A policy brief on the social determinants was developed and a paper on the social determinants and community-based initiatives (CBI) was published in the British Medical Journal (BMJ) in October 2006.

A framework for assessing the governance of the health sector was developed by the Regional Office in 2005 and was peer-reviewed by WHO headquarters and the London School of Health and Tropical Medicine (LSHTM). The aim of the regional health system observatory is develop health system profiles, establish a health system database for countries of the Region, set up a Region-wide network of researchers and policy analysts on health system development, undertake and monitor research activities on key health system issues and to publish and share findings with all stakeholders.

The Division of Health Systems works at the interface of policy advice, technical assistance, applied research and capacity building, and it is uniquely placed to assist in restoring the balance between demand and supply of research. Some of the challenges include enhancing efforts to mobilize external resources for regional health system research activities and the need for closer collaboration between the RPC and units of DHS in health policy and system research.

6. KNOWLEDGE FOR BETTER HEALTH

6.1 Knowledge management in health system research

Professor Christian Greiner, University of Applied Sciences, Germany

Knowledge management is a system that brokers the dynamic between information resources and the needs of end-users across an enterprise in real time. It is a formal, structured initiative to improve the creation, distribution, or use of knowledge in an organization and results in the correct information being available at the right place at the right time. The activities of knowledge workers are to provide feedback, evaluate the relevance and quality of information, ensure the quality of information, apply information to one context and search for relevant information.

During the formation of the regional knowledge management strategy, the key needs expressed by countries were the need for knowledge mapping to assess available assets, flow and gaps, and the need for knowledge mapping to be demand-driven. Other key needs included the translation of knowledge into policy and action, the need to take advantage of experimental knowledge, and communication technologies (ICT) for health and for the involvement of partners beyond WHO and for joint approaches at global and local levels.

The focus of the regional knowledge management system is to build capacity through knowledge management, to ensure solution-orientated cooperation between researchers, policy-makers, health care professionals and communities, and to provide a knowledge management infrastructure for networked projects. The knowledge management system catalogues research in communities, follows up results at all levels from projects to programmes to policies, and produces structured abstracts of proposals and programmes to link information.

There is a need for efficient processes based on simple collaborative platforms within the research community and between research and technical units and external stakeholders and community-involved research. The technical requirements of the knowledge management system are that there is a continuous flow of information and that this information is available in various languages. For the system to be successful there needs to be a development of scenarios in terms of the benefit for knowledge workers, a sound requirement analysis, the use of appropriate technology and concept and implementation of knowledge-based structures and processes. The system must allow integration into an individual’s workflow without requiring additional effort and should require limited administrative resources as a result of automated information processing.

6.2 Health policies to media: lost in translation

Dr Mustafa Afifi, Department of Noncommunicable Diseases Control, Ministry of Health, Oman

In explaining the reasons behind the divorce between health policy and the media, health information is difficult to find and despite there being an enormous amount of material, communication theory has relied heavily on a one-way model and a few borrowed assumptions from the behaviourist stimulus-response theory that considers the recipient of the message to be passive with no ability to actively interpret or challenge the message content.

The role of the media in health development requires a paradigm shift in thinking and an alternative approach to cover the power gap besides the conventional information gap approach. Media, health promotion and community empowerment necessitates bottom-up and top-down programming in health promotion. The former is associated with the concept of community empowerment; the latter is concerned with disease prevention.

The mass media could play a role in accommodating community empowerment in conventional health promotion programming and could assist researchers and policy-makers in assessing and measuring community empowerment through different domains that represent the organizational influences on the process of community empowerment. Media advocacy is the strategic use of the mass media in combination with community organization to advance healthy public policies. Newspapers could also develop structures to ensure that information and community concerns are translated into action.

Developing media approaches that can enhance social capital is important for the future of public health. Ministries of health, research bodies and international organizations should encourage research evaluating the link between health policy and the media. Public health comprises a political process, and one of its strategies is to use the democratic process to advance public health goals and objectives. Social and political participation of the public is inseparable from community participation in health, and therefore, it is necessary that media strategies are developed that foster community participation rather than just inform personal behaviour. If the conventional or the familiar path of mass media campaigns has not been sufficient for change, it is time to travel a new path—even if its road map is not yet ready.

6.3 Discussion

Members discussed the mapping of health systems in the Region and the structures that were available in countries to map policy structures and institutes. They also raised important operational concerns and the need for studies to be conducted at all levels, including district and subdistrict levels. Members recognized that evidence-based decision-making at country level was variable and required a change in culture, and they identified the need to strengthen health delivery systems and policy support. It was agreed that as the WHO Regional Office was the first to develop a knowledge management platform, the Region had established a good tradition of knowledge management in which people, processes and applications formed the strategy. It was also acknowledged that there were many networks in countries that could be used for the exchange and sharing of knowledge. Members discussed the brokerage role of

WHO in promoting health research and its role through the Joint Programme Planning and Review Missions (JPRM).

The polarization of researchers and policy-makers was discussed and the community's crucial role in promoting and utilizing research and the importance of their role vis-à-vis researchers and policy-makers. Members stressed the need to promote public understanding and engagement through empirical research, and discussed the need for the creation of a supportive and positive environment in which to develop a research culture. They raised the problem of decision-makers sometimes lacking expertise and discussed the importance of the influence of local leaders, the media and key community members and foreign experts in promoting health knowledge. They emphasized the importance of social science research.

Members also stressed the need for institutionalization of health systems research as a management tool and the need to create demand as well as supply. They highlighted the fact that currently no training programmes exist in health systems research and they cited this as a critical issue that facilitated the need for the extensive training of decision-makers, managers and researchers. They discussed the need for successes from the Region to be published citing the examples of the neonatal screening programme for hypothyroidism and galactosemia and the feasibility study conducted in Egypt for mass screening of hypothyroidism which had now become obligatory.

Members stressed the need for practical priority-setting and capacity building in the Region and the need for the classification and prioritization for research. They acknowledged the need to differentiate between social and behavioural determinants and social structure differentials and contexts as it was recognized that the Region was in the process of rapid change. The group identified the Region as depressed through disease, calamity, population shifts and deteriorating social conditions and identified a new class of people who they termed the 'nouveau poor'. This group are represented by those people living in disorganized centres of capital cities who have little or no access to structured services. Members recognized the importance of conducting research on these groups to better understand the new problems and behaviours that were being witnessed.

Members discussed the importance of creating synergies and the need to present programmes to committees in order to avoid the duplication of efforts. The Committee were reminded that the RPC workplan had been approved by Member States for the biennium 2006–2007 for the three areas of health systems research, genomics and biotechnology and infectious diseases. The critical role of the public sector was discussed and the abdication of governments in contracting out health services to the private sector, such as had taken place with primary health care services in Pakistan, and they emphasized the importance of evidence-based decision-making.

Members discussed the difficulty of communicating research and identified the five steps needed in communicating research to policy. They also stressed the need for the relevance of research citing the example of family planning and health protection in the Islamic Republic of Iran. They referred to the fact that decision-making not only took place at ministerial level, but also at clinical level, and highlighted the fact that research could also be

dishonest, influenced and partitioned. They agreed that political will, clinical freedom and patient choice were imperative. They also recognized the need for the institutionalization of health systems research versus research for policy and systems performance, and the need for institutions to be independent to ensure the quality of research and research integrity. They discussed the importance of partnership and ownership of research, and highlighted social pressure and democracy as critical to research, particularly in regard to linking demand to research.

The issue of the cost–effectiveness of research in terms of marketing and the promotion of research was also raised.

7. GROUP WORK

Participants were divided into two groups to discuss the priorities and future directions for health research at the Regional Office and the role and responsibilities of the regional Advisory Committee on Health Research in advancing health research in the Region.

Group 1: Defining priorities and future directions for health research in the Region

Group 1 identified the three existing priority areas for health research as health systems research, infectious diseases and biotechnology but felt that there should be greater focus within these areas on various issues, such as research on specific population groups (i.e. mothers and children), links to other goals such as reaching the targets of the MDGs, and links with health systems research to strengthen the health system. They also suggested that areas such as noncommunicable diseases and environmental health be included in health research, and the need for criteria that might be adopted both at the country and regional level e.g. equity, and the need for increased epidemiological research to better identify priorities and possible risk factors in countries.

They identified possible priorities for a country as research management, research for health sector reform and priority diseases and problems. Research management requires participatory evidence-based priority-setting, ethics, evaluation of national health research systems (with a common framework and indicator set), health research and health sector research, ensuring utilization of research and financing for health research. They emphasized that research for health sector reform would ensure consistency and continuity with the existing system, and research into priority diseases, problems and health risks would address tobacco and drug use, environmental health, genetic diseases and maternal and child health care.

The group described the priorities for health research as health equity and health promotion rather than curative interventions. They perceived the process for this as requiring improved communication between members and a shift in focus from projects to programmes. The group saw the role of WHO as forming linkages with institutions and the organized efforts of society and not working exclusively with ministries of health. They also cited the need for improved internal coordination between WHO departments.

The group cited the role of the Regional Office in advancing health research as promoting centres of excellence in countries and creating sharing and learning opportunities between countries (environmental, war, disaster). They also thought that the Regional Office could also play a knowledge-brokering role to effectively bring relevant evidence to the attention of policy-makers in countries where research was already being undertaken, and could assist in influencing partners (national and donors) dealing with health system and policy development in order that research could make a more effective contribution to system development through national leadership.

Group 2: Defining the role and responsibilities of the ACHR in advancing health research in the Region

Group 2 suggested the need to establish a permanent secretariat in order to support Committee members in their role. They also felt that there needed to be an assessment of current structures and research activities in each country and cited the GCC examples. To evaluate what has been achieved they suggested the creation of a task force to follow up on recommendations from the current and previous meetings. They also expressed a desire to see a review of the strategic directions for research for health. The group felt that as the ACHR meeting was the third most important committee meeting in the Region, they should act as an eye on the future considering demography, health and technology and suggest research programmes before issues became crises.

The group saw the role of the Committee as providing advice on what issues, practices or evidence related to research WHO should discuss with governments and in ensuring regular contact between members to determine the relevant issues and evidence to bring to the attention of the WHO Regional Office. They also suggested the creation of an E-network for members and agreed that committee members from countries should be working with individuals and institutions in those countries to advocate, promote and support issues discussed in the ACHR meetings with support from the Regional Office. They stressed the importance of ACHR committee members meeting at least once a year.

In terms of influencing decisions in countries in regard to health research, the group felt that the Committee should find new methods of advancing health research. The aim of health research is to produce an impact on health and with credible evidence it can change the course of action in countries using funds from national budgets. It was suggested that the Committee could also make better use of the Mexico Ministerial Summit recommendations at Regional Committees to make a stronger case for health research and to promote linkages to priorities such as improving maternal and child health. It was acknowledged that to advance health research the Committee were able to provide technical support, particularly in regard to national health research systems strengthening, in terms of priority-setting and the evaluation of health research systems.

Discussion

The Committee discussed the fact that this was the first time that the Committee had met as a working group on health research; previous meetings had been workshops on a wide

spectrum of issues. Members discussed how Member States could form specific bodies in countries to follow up on recommendations made at ACHR meetings and it was suggested that WHO country representatives could facilitate this process. It was agreed that the meeting represented an excellent opportunity for the discussion and promotion of health research but that other channels were available to them and they suggested that the Committee exploit all opportunities to use information technology channels as a means of communication. The Committee identified the annual ACHR meetings as a formal network of health research but stated the need to establish a core group and protocols of communication. They also stressed the need to identify institutions with whom they could work.

They discussed the importance of networking in enabling communication and promoting a discussion of priority issues, and made reference to the network of biotechnology and genomics in the Islamic Republic of Iran. They further discussed the importance of publishing case studies, greater capacity building and for health research to be given greater attention in JPRMs. They suggested that a greater number of regional meetings on health research could be held. In terms of research capacity strengthening, they discussed opportunities for innovations in training and education and the need for innovation in what is taught and in the range of ways subjects are taught in schools of public health.

8. CONCLUSIONS

A framework for priority-setting should be established for appropriate research at the level of WHO Regional Office Research, Policy and Cooperation Secretariat. This must relate to the priorities and strategy agreed for its workplan but have operational flexibility to respond to emerging needs. Countries need to have comparable (although not necessarily similar) frameworks in place for health research and also link this to other sectors involved in research (science and technology, social development, etc.). The existing framework for research priorities (infectious diseases, health systems research and genomics/biotechnology) must be linked to the targets of the MDGs and promotion of health equity, as these are agreed targets. Notwithstanding the above, emerging issues such as noncommunicable diseases, injuries, mental heath and environment issues must also be considered.

While recognizing that health systems research is a complex process, there are success stories from the Region that can assist in promoting understanding and application of a variety of approaches. Health systems research must be expanded and linked to technical units more closely at WHO headquarters and to national and subnational programmes in countries. Scaling up projects to programmes may yield greater impact and longevity (in addition to promoting visibility of research). Social experimentation in health, such as privatization and user-fees, must be evidence-based and in cases where these are being planned, their evaluation and impact on equity is a priority. Such health systems research requires multidisciplinary and intersectoral collaboration and a closer linkage to qualitative and socio-behavioural research. This must be promoted and prioritized.

The lack of capacity at all levels and for all elements of health systems research is a critical gap for scaling-up and utilization of research, as well as for optimal functioning of

national health policy units. This includes capacity development for health research in ancillary areas including qualitative research, health economics, demography and environmental health. WHO Regional Office should play an advocacy and brokerage role in promoting health research in the Region, starting with its country offices. This includes additional key activities, particularly innovative activities for capacity development, networking and retention for health research in the Region, particularly in deficient areas.

ACHR has an ongoing role in supporting the WHO Secretariat and commissioned work at regional level (through subcommittees and as a group). The Committee should use modern communication and knowledge management systems and portals for information sharing. The ACHR should review progress and follow up on agreed workplans annually, and in collaboration with WHO country offices, should create mechanisms for the promotion of health research for specific goals at country level. The ACHR should function as the 'eyes and ears' of WHO and perform sentinel functions for health research. This function of recognizing emerging and unique needs requires looking at areas such as health needs in conflict and population groups in transition.

9. RECOMMENDATIONS

To Member States

1. Establish frameworks for health research including priority setting and also link this to other sectors involved in research (science and technology, social development, etc.).

2. Scale up health projects to programmes to yield greater impact and longevity (in addition to promoting visibility of research).

3. Recognize the lack of capacity and functioning of national health policy units at all levels and address such gap(s).

To WHO Regional Office for the Eastern Mediterranean

General

4. Play an advocacy and brokerage role in promoting health research in the Region, starting with its country offices.

5. Adopt innovative activities for capacity development, networking and retention for health research in the Region, particularly in deficient areas.

6. Expand health systems research and link it to technical units at the Regional Office and at WHO headquarters and to national and subnational programmes in countries.

7. Foster capacity development for health research in ancillary areas including qualitative research, health economics, demography and environmental health.

8. Create mechanisms in collaboration with WHO country offices for the promotion of health research for specific goals at country level.

Specific

Priority-setting mechanisms

9. Establish a framework for priority-setting for appropriate research at the level of WHO Regional Office Research, Policy and Cooperation Unit. This must relate to the priorities and strategy agreed for its workplan but have operational flexibility to respond to emerging needs.

10. Link the existing framework for research priorities (infectious diseases, health systems research and genomics/biotechnology) to the targets of the MDGs and the promotion of health equity.

11. Consider the emerging issues such as noncommunicable diseases, injuries and mental heath and environment issues.

Health systems research and links to policy

12. Ensure that social innovation in health such as privatization and user-fees is evidence-based, and in cases where these are being planned, their evaluation and impact on equity must be a priority.

13. Promote the multidisciplinary and intersectoral collaboration in health systems and its closer linkage to qualitative and socio-behavioural research.

To the Advisory Committee on Health Research

14. Play an ongoing role in supporting the WHO Secretariat and commissioned work at regional level (through subcommittees and as a group).

15. Make use modern communication and knowledge management systems and portals for information sharing between the Regional Office and committee members and among the committee members.

16. Review progress and follow up on agreed Research, Policy and Cooperation workplans.

17. Function as the eyes and ears of WHO and perform sentinel functions for health research specially for scanning the horizon for emerging and unique needs e.g. health needs in conflict and population groups in transition.

Annex 1

AGENDA

1. Activity report on health research support by the Regional Office.

2. Institutional capacity for health systems research in the Eastern Mediterranean Region.

3. Research as evidence to strengthen health systems.

4. Research to policy.

5. Knowledge for better health.

Annex 2

PROGRAMME

Saturday, 28 October 2006

08.30	Registration
09.00–10.30	Opening session Regional Director's message Election of rapporteur Approval of meeting agenda *Dr M.A. Jama, Deputy Regional Director, WHO/EMRO* *Professor Mahmoud Fathalla, ACHR Chairman*
	SESSION 1
10.30–11.00	**Agenda item 1: Regional support on health research to Member States** RPC activity report *Dr Muhammad Afzal, A/RA-RPC, WHO/EMRO*
11.00–11.20	TDR/Regional Office activity report *Dr Amal Bassili, TDR/DCD, WHO/EMRO*
11.20–12.00	Open discussion
12.00–12.30	Priorities in research for health *Professor Stephen Matlin, Global Forum for Health Research, Switzerland*
12.30–14.00	Open discussion
14.00	**SESSION 2** **Agenda item 2: Institutional capacity for health systems research in the Eastern Mediterranean Region**
14.00–14.20	Inequities in child health research in the Region *Professor Zulfiqar Ahmed Bhutta, The Aga Khan University, Pakistan*
14.20–14.40	National health research systems: building up institutional capacities to orient research on health to improve health *Dr Ritu Sadana, Department of Equity, Poverty and Social Determinants of Health, Evidence and Information for Policy Cluster, WHO/HQ*
14.40–15.00	Capacity for health policy and health systems research: constraints and challenges *Professor Andrew Green, Nuffield Centre for International Health and Development, United Kingdom*
15.00–16.00	Open discussion
16.00	**SESSION 3** **Agenda item 3: Research as evidence to strengthen health systems**
16.00–16.20	Research addressing the needs of the poor *Professor Somsak Chunharas, National Health Foundation, Thailand*
16.20–16.40	Regional Office follow-up on Mexico Ministerial Summit: Report on the Rawalpindi meeting *Dr Muhammad Abdur Rab, WHO Representative, Sudan*
16.40–17.00	The road to Bamako: the 2008 Global Ministerial Forum on Research for Health

	Dr Ania Grobicki, Global Ministerial Forum on Research for Health, WHO/HQ
17.00–17.30	Open discussion

Sunday, 29 October 2006

8.30	**SESSION 4**
	Agenda item 4: Research to policy
8.30–08.50	Research for policy change in developing countries: role and challenges of empirical work
	Professor Adnan Hyder, Johns Hopkins University, USA
8.50–09.10	User-driven health policy in health systems research
	Dr Ansgar Gerhardus, Universität Bielefeld, Germany
09.10–09.40	Health policy and systems research: Influence of research on health policy in the Member States
	Dr Sameen Siddiqi, RA/PHP, WHO/EMRO
09.40–10.50	Open discussion
10.50	**SESSION 5**
	Agenda item 5: Knowledge for better health
10.50–11.10	Knowledge management in health systems research
	Professor Christian Greiner, University of Applied Sciences, Germany
11.10–11.30	Health policies to media: lost in translation
	Dr Mustafa Afifi, Department of Non Communicable Diseases Control, Ministry of Health (HQ), Oman
11.30–12.00	Open discussion
12.00–14.00	Group activity • Defining priorities and future direction for health research in the Region • Defining the role and responsibilities of the ACHR in advancing health research in the Region
14.00–15.30	Closing session Presentation by groups Agenda, venue and timing of the next session of ACHR Concluding remarks by the ACHR Chair Closing remarks

Annex 3

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Professor Mahmoud Hafez
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Professor Hoda Rashad
Research Professor and Director
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Dr Samia Temtamy
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Dr Mohamed Jama, Deputy Regional Director, WHO/EMRO
Dr Abdullah Assa'edi, Assistant Regional Director, WHO/EMRO
Dr Mohammed Abdur Rab, WR Sudan, WHO/SUDAN
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Ms Amani Kamal, Senior Secretary, WHO/EMRO
Ms Marwa El Saghir, Secretary, WHO/EMRO
Ms Sam Ward, Editor, WHO/EMRO

Annex 4

Message from

DR HUSSEIN A. GEZAIRY

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

TWENTY-SECOND SESSION OF THE ADVISORY COMMITTEE FOR HEALTH RESEARCH

Cairo, Egypt, 28–29 October 2006

Distinguished members of the Eastern Mediterranean Advisory Committee for Health Research, dear guests, colleagues, ladies and gentlemen,

It gives me great pleasure to welcome you all to the Twenty-second Session of the Eastern Mediterranean Advisory Committee for Health Research. I would particularly like to extend my greetings and welcome Professor Fathalla, the new Chairman of the Advisory Committee, and thank him for his kind acceptance of this position. He brings with him extensive experience, and is not only a pioneer in health research but also a leader in global health research. We are indeed honoured and privileged to have him as Chairman. I would also welcome the new members of the Committee who have joined us and trust that the richness of your combined experiences will help the regional health research agenda attain the health goals and meet the challenges faced by the health systems in our Region. I would also like to take the opportunity to thank those members who have now left us for their invaluable contributions to the Committee that are greatly appreciated by all of us.

Ladies and gentlemen,

Thirty-five years ago, the esteemed medical journal *The Lancet*, published an article entitled ‘The inverse care law’ that underscored the inequities and unfairness in health care stating that the availability of health care is inversely related to those who need it most. Unfortunately, it was not until 1990 that the Commission on Health Research for Development seriously took stock of global health versus health research needs and recommended that if the global disparities in health were to be bridged, it was essential that the research needs of the developing world were addressed and their capacity for undertaking essential research enhanced. More importantly, the Commission called for investment in health research to be significantly increased. Since then, several global level commitments and efforts have been made and the message of the Commission has been reiterated. Countries have made global pledges to improve health. The most recent was the Mexico Ministerial Summit on Health Research in 2004, and the subsequent World Health Assembly called upon Member States to take effective and urgent steps to bridge the gap between global health needs and health research. It is a sad reality, however, that the inverse care law is true even

today and health systems in all countries are providing better services to the rich compared to the poor who need it more. We must now ask why and seriously address the matter as more and more people will perish with each day lost.

Ladies and gentlemen,

The geopolitical diversity in our Region has a strong impact upon the socioeconomic status of the Member States, and that has direct consequences on the health of their populations. The richer countries of the Region are experiencing a disease transition, a shift to diseases associated with affluence, while many other Member States are still grappling with the burden of infectious diseases, maternal and childhood mortality and other poverty-linked diseases. The conflicts and crises within our Region further compound the overall situation, and many of the existing and well-established health care infrastructures have been brutally annihilated, as evidenced in the aggression in Lebanon and the protracted conflict in Iraq. In such situations, efforts aimed at health care development are severely compromised as is happening in other countries in the Region that have suffered years of conflict and war. As a result, significant disparities in health exist between the Member States of our Region.

The challenges to health care in our Region are thus enormous. The probability of children under 5 being either underweight or even dying in our Region is high. Information necessary for making key and often crucial decisions is lacking. The public health sector is grossly under-financed and the private health sector remains unregulated. The net result is weak health services capacity and unnecessary out-of-pocket expenditure by the people, particularly the poor, a situation that drives the poor further down the poverty scale. The role of health research is of paramount importance in order to understand better the health problems and influence policy-making that addresses the diverse needs of the countries. Unfortunately, the health research systems in the Region are weak; they function in insulated environments, lack focus on priority needs of the population and are financially stifled. Hence the contribution of health research to national health policies and programmes is, at best, of marginal significance.

A study recently carried out in five countries of the Region revealed major barriers to effective utilization of research results. The study showed that research was mostly of a descriptive nature, with the focus of health research on biomedical sciences. The output was largely restricted to publication of the research results in national or international research journals. National leadership in health research was weak or missing and the ethical and other overseeing mechanisms were largely compromised. Capacities were generally weak, the national and institutional mechanisms for priority setting were not properly instituted and there was a lack of focus on health systems research. In addition, a systems approach to health research was not well realized and as a result, coordination, information-sharing and participation between the various stakeholders were poor.

The biggest challenge we face in our Region is how to bring health research relevance to the centre stage. Biomedical research and research discoveries cannot on their own improve people’s health unless these are applied within the contexts and complexities of the different health systems that exist in our Region. Improving health and reducing inequities are

principles that underpin health as a human right, and undoubtedly constitute a daunting task for policy-makers. Health research must therefore be directed towards improving health and must help the policy-makers solve their pressing needs and priorities. In order to do that, researchers must answer three questions the policy-makers are interested in: what are the best solutions to the most burdensome health problems; what are the best ways to fit these solutions into the complex and often overstretched and under-resourced health systems; and what are the best ways to bring about the desired changes? The WHO Report on Knowledge for Better Health, published on the eve of the Mexico Ministerial Summit, took stock of the existing state of global health research and concluded that increased investments are needed for research in health systems and stronger emphasis should be placed on translating knowledge into action and bridging the gap between what is known and what is actually being done.

Ladies and gentlemen,

In the recent years there has indeed been a momentum generated to strengthen and develop health research within the Region, both at the regional and country levels. There have been significant increases in funding for research in science and technology by many countries of the Region. The research output in terms of publications in all countries of the Region has increased greatly. The use of health systems research in the Region is slowly but steadily gaining support and the utilization of research results is certainly on the rise. An example of this is the huge increase in the health budget in the Islamic Republic of Iran after it was shown, through research undertaken by the country, that a large number of people were suffering economically and sliding down the poverty scale solely because of their encounters with health care services. However, in spite of the progress, investment in research and the output of research in Member States are dwarfed when compared with the developed world, or even compared with some developing countries such as Brazil, China, Cuba, India and Turkey. There is therefore a strong need for Member States to increase further their financing of health research to strengthen their national health systems.

The Regional Office is vigorously continuing its support of the development of national health systems. The renewed regional health research policy serves as a catalyst to build capacities, improve coordination and networking, focus on priorities, develop research management processes and harness funds. The Regional Office supports, through grants, three major research schemes: research in infectious diseases, health systems research and applied genomics and biotechnology. Several partnerships have been established by the Regional Office with international agencies and institutes to carry out joint research and training programmes for Member States in the Region. The detailed list of activities undertaken by the Regional Office can be found at the EMRO/RPC website and EMRO/TDR website, and I would urge you to please visit these sites for a better perspective of the Regional Office’s support to health research in the Region.

The health systems research agenda in the coming years must address the most pressing needs of the Member States. The issues of maternal and child morbidity and mortality, infectious diseases and malnutrition predominate in the less developed countries of the Region, while chronic diseases take their toll in the richer countries. Lifestyles and

socioeconomic determinants have their impact on health in many different ways all across the Region. The health systems research agenda must therefore reform itself to address the specific needs of the different countries.

Honourable Members of the Advisory Committee, the Regional Office and the Members States have placed their trust and confidence in you and your wisdom, to shape the future of health research in the Region. It is indeed a daunting task. You must find innovative and speedy ways to ensure that health research in the Region is recognized as supporting the national health needs, and delivering just, fair and equitable health care. You have to advise us on what are the best ways to focus on research that offers solutions to priority problems of interest to managers and policy-makers, address the potential barriers to utilization of research and place the needs of the poor on the agenda of national health systems. You have to lead us to achieving the health goals to which we all stand committed, to creating the political will and courage for investing in health research capacities and engaging stakeholders in helping to define national priorities for research, and to building networks and implementing research programmes. We know that when research is carried out to benefit national economies or the peoples' interests, it is applied and fully utilized. Take for example research in the agricultural arena. Our Region has the world's best quality rice, wheat, cotton, dates and other crops. The best centres for camel and falcon breeding exist in our Region. Some of the best desalination plants anywhere in the world are in our Region. These achievements have happened because of political will and investment in research. Why cannot health research also be seen as a means of national development, especially now when it has been shown empirically that investment in health leads to health improvement in developing countries and economic development in the developed world.

It has been almost two years since the Mexico Ministerial Summit was held. It was the first time that policy-makers participated in such a large gathering of health researchers, and in such large numbers. Political resolve to strengthen health research was articulated and pledges were made. WHO at the global level has instituted several major efforts, such as the development of networks for evidence, information and practice, EIPnets for short, and the Global Drugs Trials Registry. These have implications for the Regions. Some Regions of WHO have developed their own EIPnets to facilitate and enhance evidence-based policy, planning and decision-making processes. Member States and Regional Offices must enhance capacities for ethical review and overseeing procedures, particularly for registration of clinical trials in the global drugs trials registry. At the Regional Office, some measures have already been initiated. However, it is important that we now take stock and assess the progress made in our Region. Two years from now another similar international gathering will take place in South Africa and we should have evidence to demonstrate the developments in our Region in response to the Mexico Summit resolutions. I am confident that this Advisory Committee for Health Research, with such experienced and senior leaders in health and led by Professor Fathalla, will rise to the challenges and lead the regional health research efforts to appropriately and efficiently respond to our needs.

Ladies and gentlemen,

Finally, I would like to thank you all for taking time to come to Cairo. I am confident that your deliberations on the critical issues tabled at this Session will be of great value, not only to the Regional Office but also to the Member States. Your suggestions and recommendations will help define and reshape the regional health research agenda. I look forward to the results of your deliberations and I wish you a pleasant stay. I would also like to invite all the esteemed members to attend the 10th Meeting of the Global Forum for Health Research, which will commence tomorrow. It is for this reason that this present session has been limited to two days so as to allow you time to participate in this global gathering. I trust that you will find the Forum meeting stimulating and that it will provide you an opportunity to share your experiences with your colleagues from around the world.