

Report on the

**Twenty-third session of the Eastern  
Mediterranean Advisory Committee on Health  
Research**

Cairo, Egypt  
24–26 March 2008



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## 1. INTRODUCTION

The Twenty-third session of the Eastern Mediterranean Advisory Committee for Health Research (EM/ACHR) was held in Cairo, Egypt, from 24 to 26 March, 2008.

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, Deputy Regional Director for the Eastern Mediterranean, who delivered the opening remarks of Dr Hussein A Gezairy, WHO Regional Director for the Eastern Mediterranean. Dr Gezairy highlighted three of the six core functions of WHO, which directly reflected the Organization's commitment to research, explicit in its 1946 Constitution and reiterated in resolutions of World Health Assembly and the Regional Committee. These were: shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards, and promoting and monitoring their implementation; and articulating ethical and evidence-based policy options. These core functions, he said, were enough to empower the Regional Office to exercise leadership by building on WHO's comparative advantages and mandate in the setting of appropriate policies, norms and standards and best practices, in effectively managing knowledge and in convening relevant and effective partnerships.

Dr Gezairy said that investment in research and innovation, including that for health, was marginal in the low- and middle-income countries of the Region, and was often considered a luxury that followed development, rather than being a core driver of development. Most were reluctant to invest sufficiently of their own resources in health research to address local health issues. Under such circumstances, health research in these countries was largely conducted by external agencies in a 'vertical' manner, with focus only on the conditions for which the funds were made available. As a result, international health research priorities overshadowed the national agenda. Also, opportunities to support creative environments conducive to research, innovation and progress were lost if research for health was not built into national research system development. Health research in these countries was also heavily skewed towards selected health issues, namely, HIV/AIDS, malaria, diarrhoeal diseases, tuberculosis, maternal health and tropical diseases. Thus, more than 80% of the research output was from major vertical research programmes, while these diseases constituted only 30% of the overall disease burden. Thus, the slow pace and impact of health research in the Region could be ascribed to the lack of a sustainable basis for needs-driven, essential research and development relevant to diseases that disproportionately affected countries of the Region.

Recent advances in biomedical science had provided tremendous opportunities to develop new, affordable health products and remedies, and in particular to meet public health needs. These opportunities had not yet been harnessed effectively in developing countries and

were not only challenges for the clinician, the population health researcher, or the health systems researcher. It was necessary also to consider how to form creative partnerships to tackle pressing regional and global health problems, how to harness science for the public good, how to engage society as full and equal partners, and how to diminish the disparities between those that had access to the new science and those that did not.

WHO support for capacity-building in health research in the Region continued. International, regional and national training workshops had in the past year, addressed such topics as grant proposal writing, research to policy and practice, situation analysis of health research, qualitative research methodology, health research conveners, writing of journal articles, health journalism, health priority-setting, and exploring demand for health research by policy-makers. In recent years, nearly 500 health researchers of the Region had been trained in one or more of these areas. Having recognized that most of the countries of the Region lacked resources and had a weak infrastructure for health research, the Regional Office had initiated the fostering of partnerships among the main stakeholders, and had taken measures to promote capacity-building and resource mobilization in the Region.

The Regional Office had also been actively engaged in supporting activities aimed at developing ethical considerations, both in health research and in care at national and regional levels. Currently, the Regional Office, in partnership with the University of Toronto in Canada, was funding a programme to train health care professionals for a Masters degree in bioethics. A similar, short-term training programme would soon be launched in collaboration with the University of Maryland, USA. In the current biennium, the Regional Office had several programmes for strengthening national capacity in ethical review of research for health. The Regional Office also established an Research Ethics Review Committee and in future all proposals for health research involving human subjects that would be conducted or supported by the Regional Office, would be reviewed by this Committee.

At the regional level a major strategic objective was to strengthen and formalize collaboration and cooperation for research in the Region and in the Organization, as well as with counterparts in other Regions. Dr Gezairy said that he was confident that such relationships would prove to be mutually beneficial to regional health researchers, as well as stakeholders in the government, public health care establishments and the health industry. To strengthen the research for health capacity in the Region strong professional linkages must be forged with the best in the world and must be benchmarked with international best practices whenever available and possible.

Professor Mahmoud Fathalla (Egypt) was elected Chairman and Dr Salman Rawaf (UK) was elected as Rapporteur. The agenda and list of participants are included as Annexes 1 and 2, respectively.

## **2. REGIONAL SUPPORT FOR HEALTH RESEARCH TO MEMBER STATES**

Currently, three major health research funding programmes are supported by the Regional Office for the Eastern Mediterranean: the EMRO/TDR Small Grants Scheme for

Operational Research in Tropical and Other Communicable Diseases, in collaboration with UNICEF/UNDP and the World Bank; the EMRO Special Grant for Research in Priority Areas of Public Health; and the EMRO/Organisation of Islamic Conference Standing Committee on Scientific and Technological Cooperation (COMSTECH) Grant for Research in Applied Biotechnology and Genomics in Health.

The small grants scheme for operational research in tropical and other communicable diseases supports: programme-based operational research including the generation of knowledge and the testing of new interventions, public health policies and strategies. It also supports phase IV clinical trials for the evaluation of new tools, such as new diagnostics, medicines/regimens and vaccines. It aims to strengthen the research capacity of national control programmes in proposal development, research methods and data analysis, and the scientific writing skills of researchers in national control programmes. A communication strategy is being developed to ensure the dissemination of research results to decision-makers and the international scientific community through publication and the translation of research-derived recommendations into policy and practice of national control programmes.

The special grant for research in priority areas of public health was established in 2002, and since its establishment, 121 proposals have been funded in five rounds, supporting areas of research from health systems research, ethics and equity to research on social interventions for sustainable development and gender issues. The specific objectives of the grant are to: generate knowledge relevant to local priority problems and issues of public health importance with special emphasis on health systems research; help in capacity-building for research through learning by doing and hands-on training; link research to decision-making; and enhance exchange of experience between countries of the Region.

The grant for research in applied biotechnology and genomics was established in 2004. The main aim of the grant is to focus on the application of biotechnological and genomic techniques to strengthen health systems and improve health care. Under the 1st and 2nd rounds of the grant, 35 proposals were funded. This is the 3rd call for proposals in selected priority areas of genomics and biotechnology.

### *Discussion*

It was suggested that a task force might be established, for example in the Islamic Republic of Iran, to explore the translation of research into policy and the impact of research and that the findings could be used as a case study. Access to health care is poor in the countries of the Region and not enough research has been conducted on this or on catastrophic health expenditure which has pushed 10 million people into abject poverty in the Region.

Currently, research is university-led and while the purpose of health research is to improve the health of populations, universities are conducting research which lends itself to promotion and are not always interested in population health; research for health is not always a priority for researchers at ministries of health either. The creation of a coordinating

mechanism to ensure that research is conducted for the health of populations could facilitate communication between ministries of health and universities.

Greater funding needs to be directed to genetic diseases in the Region, the rates of which are the highest in the world. The specialization and accreditation of centres on genetic diseases should be encouraged. The Division of Health Systems and Services Development in the Regional Office should establish a grant for current 'hot' topics such as: health care delivery failure as a result of health system failure and how to reach and engage people in health promotion programmes. Member countries of the Gulf Cooperation Council (GCC) are failing on health promotion as key health messages are not reaching people. A challenge for primary health care that should be addressed through research is weak referral systems, and in member countries of the GCC mental health is a neglected area which requires research on the magnitude of the problem.

It was noted that the Eastern Mediterranean Region is at the forefront of polio eradication and several studies have been conducted on: response to three doses; evaluation of immunogenicity; the provision of additional doses; immunogenicity of monovalent and trivalent doses; and on the refusal of parents to give children vaccines. The implications of this research means that there may be a switch from oral to injectable vaccines in the next 10 years (after cessation of transmission) and the costs of the vaccine will be lower as a result of reduced dosage.

It was suggested that a research training centre could map centres of excellence and other collaborative centres for training. Competition in research is critical and researchers should be encouraged to work together in collaborative research which would represent a regional rather than a national effort.

The importance of defining what is meant by quality of research was also discussed. Did it refer to the publication of high-quality research papers or whether research was addressing priority needs and the understanding of policy-makers? High-level policy-makers need to be sensitized to request research as demand for research should be created by policy-makers and end-users. It is also crucial to involve policy-makers, people collecting data and the end-users at the planning stages of research. Health technology assessment needs to be conducted by WHO for policy-makers and more research needs to be conducted at the macro level. The satisfaction of the end-user is perhaps the best predictor of quality. Quality can also be assured through the development of programme performance evaluation tools and identifying research priorities based on knowledge of programme performance, technical evaluation of proposals and follow-up on implementation of projects.

The importance of the publication and dissemination of research results was stressed and the difficulty in publishing papers acknowledged due to the fact that research and publishing are not priorities in the Region. Owing to lack of dissemination of research results research efforts are being duplicated. It was suggested that linking support for research proposals to their publication would assist in ensuring publication and may be an area which the Regional Office could support. There is a need to strengthen epidemiology in the Region and disseminate the data in health journals. It was pointed out that only 35% of articles



submitted to the Eastern Mediterranean Health Journal were published and the rest are rejected, mainly due to ethical considerations and lack of quality. One solution to assist doctors, many of whom are too busy to publish, would be to employ medical writers, although the high cost makes this option prohibitive for many.

WHO should develop regional partnerships for health, with ownership of research based on fairness and trust. Many activities in the Region could be promoted and networked by WHO and a small-scale study on the efficacy of networking could be considered to facilitate this approach. The Global Fund to Fight AIDS, Tuberculosis and Malaria has produced a revolution in that it has enabled gaps to be identified and the increased availability funds have been very beneficial to various health programmes.

### **3. REGIONAL POLICY FOR SETTING PRIORITIES AND ETHICAL NORMS AND STANDARDS FOR RESEARCH FOR HEALTH, FOR EFFECTIVELY MANAGING KNOWLEDGE AND FOR CONVENING RELEVANT AND EFFECTIVE PARTNERSHIPS**

Health plays a vital role in development, not only as an outcome but as a co-determinant. Major gaps exist in what is known about how to tackle some of the major health challenges and research is not always focused on the areas of greatest need. Approximately 10% of resources for health research are spent on 90% of the world's health problems. Not enough money is spent on health and health research by many developing countries and not enough is spent on health research for the needs of developing countries.

The recent major expansion and greater investment in research for health has led to concerns about ethics in health research. Health research ethics are based on the moral, religious and philosophical principles of the society in which they are practised. According to each society's conditions and needs, norms of health research ethics may be affected by the attitude of the society which reflects the interest of theologians, legislators, sociologists, economists, physicians, ethicists, demographers and policy-makers. It is mandatory for health researchers and critics to be aware of the background before they conduct planning for health research in countries. In multicentric health research ethically-acceptable health research in one society may not be considered ethical in another.

The majority of research activities (59%) at WHO are conducted in collaboration with partners, and 13 out of 14 technical units have formed partnerships with academic institutions around the world. Nearly half of all technical units collaborate with WHO collaborating centres, government departments (mainly ministries of health) of Member States, national and international research institutes as well as nongovernmental organizations. Within WHO, collaboration between departments takes place at varying levels and in varying forms. It takes place in the form of consultation, engagement in meetings, funding, capacity-building and the conducting of joint research activities.

*Discussion*

Given the regional social, cultural and religious norms, the Region must develop its own set of guidelines and regulations so that Member States can draw upon and define codes of ethical practice while at the same time embracing the ethical values and principles of other nations that are not in conflict with the local value systems. Several countries in the Region have already developed capacities in health ethics, with properly instituted review and regulation processes in place. Several countries have created national ethical review committees, while some have institutional ethical review committees, which also double as national ethical review committees. Several countries have prepared, or are in the process of developing, their own national guidelines for ethics in health. Formal long-term (degree-oriented) training programmes on ethics in health research do not exist at present but informal short-term training is imparted at universities/organizations in several countries of the Region. The guidelines on ethics need to be translated into national laws, and WHO/UNESCO should support drafting of national laws on ethics by producing a template document that could be tailored to country needs. A similar process was carried out for laws on biodiversity. There is also a need to standardize the terminology used in ethics, in relation to concepts such as autonomy, age of autonomy and family autonomy.

Members discussed the importance of regional guidelines for externally-supported research. The geographic dissociation between the distribution of diseases occurring in countries and the capacity of scientific expertise required to tackle them in those countries requires the expansion of international collaboration in health research and mechanisms to strengthen the national research capacity. Ethical guidelines for the exchange of biological samples between countries are also needed.

In terms of priority-setting it is necessary to be realistic about what can be achieved with limited resources. The Regional Office should conduct a simple survey to identify research priorities with the help of policy-makers. The voluntary sector and communities could also be surveyed. With increasing globalization, the Region is expected to be more engaged in health research although ways to take advantage of this opportunity are needed, as are ways to address the issue of developing more effective partnerships. It is becoming increasingly important to introduce the concept of a change in culture to improve health systems but this issue needs to be addressed in undergraduate curricula.

Commitment to ethical codes of research by physicians is often not respected owing to pressure from pharmaceutical companies that want to set regulations to exploit developing countries. Research is often motivated and supported by pharmaceutical companies, sometimes with questionable results, and many researchers are actively manipulated by these companies. Health promotion research is not given priority at the global level as it is not profitable but it needs to be encouraged as it is inexpensive and often very effective. Both medical and research ethics should be taught together. It is important to differentiate between the research funded by the regional research, policy and cooperation programme and that funded by other programmes. The mission of the programme is to promote equitable health and health care through sustainable health research systems and to develop necessary capacities for the generation of appropriate knowledge and its utilization towards improved

health in the Region; there is room for both demand-driven research and the creation of opportunities for research. There are areas of research for which much data already exist and in which the programme does not need to be involved, such as the social determinants of health.

The issue of embedding and ingraining science in society and effectively using research knowledge and capacity for development has been identified as a significant problem in the Region. The Region has limited capacity and resources. There is a lack of evidence-based information in most of the environmental health areas of regional priority although sanitation has proved to be the most effective health interventions in terms of its greatest impact.

#### **4. SUPPORT AND CAPACITY STRENGTHENING FOR CONDUCT AND MANAGEMENT OF RESEARCH IN FOCUSED AREAS OF NEED AND COMPARATIVE ADVANTAGE IN THE REGION**

In order to ensure research works to address the health needs of populations, it is important that all countries have a local research capacity to identify, innovate and adapt technology to their own needs and constraints and better address their own research needs. WHO supports countries in establishing and refining the functions and operations of their health research systems and in evaluating their performance so that they more effectively address national health priorities and inform policy- and decision-making. WHO contributes to health research by identifying, and attempting to fill in, some of the gaps left by academia, the private sector and other actors in research for health; participating directly in research leading to essential health interventions, such as new or improved medicines, diagnostics and vaccines and how best to use them; and assisting in building research capacity in low- and middle-income countries. WHO ensures that the research principles it promotes are reflected within the Organization itself; that evidence informs its policies, programmes and other activities at all levels; that research is an integral part of all technical units; and that research is always carried out ethically.

#### *Discussion*

Members highlighted priority-setting and the role of research as the key issues in addressing the national health needs. Research and education into the causes of maternal mortality in Egypt, Sudan and the member countries of the GCC were cited as examples. However, research cannot be conducted independently of other contributing factors. It is imperative that a model of scientific assessment of a problem is adopted rather than focusing on the different components: assessment; assessment of impact; and mitigation measures.

A public health observatory is needed to promote evidence-based health policy-making by providing relevant and comparative information about health systems. Available and accessible data will assist in identifying differences and similarities between countries and can be used to support policy-making. It is essential to analyse discrepancies between countries and to take advantage of factors that will support health research in the Region.

At the regional level the burden of communicable diseases is unknown and this relates to health system research and requires priority. It is important that health system research is defined in the Region. The regional policy on health research emphasizes the necessity of promoting equitable health care through the development of sustainable health research that promotes the use of research for providing evidence for decision-making, policy formulation and actions. There has been much discussion on specific topics but a holistic approach needs to be adopted, linking the health systems debate to the global level. The impact of research requires time to evaluate and the development of a new medicine may take between 20 and 50 years. An integrated approach is required to address the problem of noncommunicable diseases which currently account for more than 50% of the Region's mortality and will account for 60% of mortality by 2020. The global strategy for noncommunicable diseases and its presentation at the next World Health Assembly was discussed.

Members stressed the need for political leaders to recognize the contribution of health in development and the need for full representation at the Bamako Ministerial Forum in 2008. Health systems research has been accepted and adopted as a tool to achieve the targets of the Millennium Development Goals (MDGs) and as the goals contain a strong political message it is important that the momentum toward reaching the targets is continued.

#### **5. A COHERENT SYSTEM FOR THE GOVERNANCE AND MANAGEMENT OF RESEARCH ACTIVITIES UNDERTAKEN BY THE REGIONAL OFFICE WITH ENHANCED STRATEGIC ROLE OF THE EM/ACHR AND ALL RESEARCH ORIENTED UNITS OF THE REGIONAL OFFICE**

Historically research has been an integral part of WHO's collaborative activities with Member States. With the establishment, in 1976, of a regional programme for research promotion and development and of an Eastern Mediterranean Advisory Committee on Health Research, these collaborative activities were intensified. Proper governance of research is essential to ensure that the public have confidence in, and benefit from, health and social care research. Research governance involves bringing the general performance of researchers up to the standard of those at the cutting edge of research and prevents weak performance, adverse events, research misconduct and fraud. Research governance is aimed at continuous improvements of standards and a reduction of unacceptable variations in research practice as the quality of evidence depends upon the way that research is conducted. The proposed objectives of WHO's research strategy currently being developed in terms of promoting best practices in research are to: identify research issues that require international dialogue and consensus-building around standards or best practices; set standards for the ethical conduct of research and the dissemination of results, and monitor the implementation of these standards; advocate for open access, free access to—and unrestricted reuse of—research results; and ensure accountability for public funds spent generating public goods through research, and the effective translation of research results.

*Discussion*

Community-based initiatives present an opportunity for research to be conducted on the ground. Priorities addressing the needs of communities should not be determined without the input of the community concerned. Countries, such as Egypt, whose governments are undertaking social policy reform are ideally placed to benefit from the implementation of community-based initiatives. The initiatives can be used as a population laboratory to study interventions and the benefits of handing over decision-making to communities, the results of which can be shared with policy-makers. The CBI approach has also been shown to cut out-of-pocket health expenditure. It has, however, been noted that adequate external evaluation of basic development needs (BDN) areas, as a component of the initiatives, needs to be conducted.

From a global perspective ethics presents a very complex issue. The same ethical standards that apply to research in developed countries should apply to research in developing countries and advantage should not be taken of developing countries to conduct research that would not be considered ethical in other countries. Research often focuses on clinical issues but more focus needs to be placed on research for evidence to improve policy. Many countries have national ethics committees but greater coordination needs to be ensured between these committees. The terms of reference of ethics and research committees require clarification. The work of ethics committees should comprise evaluation of entire phases of projects, including implementation phases. In the Region, ministries of health are fulfilling a regulatory role but in countries such as the United Kingdom there are external regulatory bodies. An area which requires greater research is evaluation of the health outcomes of research and on the ground, evaluation by communities is important.

There is considerable competition for research funds and WHO should provide support to governments in deciding on which research projects should be funded. Changes in the diagnosis of communicable diseases have led to the development of new diagnostic tests which are specific, fast and reliable. One focus of research for health should be to provide support to the emergence of new diagnostic tests and support further evaluation of their use, followed by publication of the results of the evaluation. The current disadvantage of these tests is that they are expensive and their use is restricted to higher-income countries. To conduct a comparative analysis of countries, it was suggested that the regional research, policy and cooperation programme should create a road map to show which types of research activities are being conducted. The input of technical programmes in the Regional Office in research activities is relatively low and more coordination is needed with the research policy and cooperation programme. All countries should have a full-time unit in the Ministry of Health for research for health. Improved clinical governance and the management of medicine are vital as medicines are over and unnecessarily prescribed.

It is necessary to reach and engage with both health systems experts and religious scholars in developing ethical standards. The concept of human dignity is not given enough respect in the Region. To be empowered communities need to be informed although it is crucial that a balance is found between respecting the values and beliefs of communities and the objectives of researchers. A possible solution to finding this balance would be to divide

the Region into five subregions and to form an advisory committee for health research in each subregion.

There is much valuable unpublished research in the Region, which is often used by governments, and a mechanism should be created to disseminate this information. The Region lacks required data; sometimes simple descriptive information is all that is needed. Policy-makers may make use of their own sources and not the information published in journals which may be dealing with very specific issues which may not be wholly relevant to the situation under consideration.

In terms of priority-setting, the Regional Office should facilitate the process of assessing research institutions to create a framework of standards within research. There is a need to develop a qualitative research culture. Different strands of research from different countries should be grouped and time allowed for monitoring and evaluation. A strategic decision should perhaps be taken to choose the same research problems, such as maternal health, and ensure that all countries are following the same methodology in their research with the possibility of one country being assigned as the lead country in that area of research.

Access to medicines and variations in prices represent a crisis in the Region. The 10 national medicine price surveys that were conducted in the Region are being published. All Member States were offered surveys and while it is important to expand knowledge in the Region, it is crucial that mechanisms are developed to use newly acquired knowledge. It is also important that instead of using the term 'communicating' evidence, which weakens its import, the term 'advocate' is employed more frequently.

It was suggested that the Regional Office for the Eastern Mediterranean and the Regional Office for South-East Asia collaborate to organize a second interregional health research meeting as they did in 2003.

## **6. CONCLUSIONS**

People in many countries of the Region do not enjoy equitable access to health care and hardly any useful research is being conducted to solve this issue, particularly in regard to the catastrophic health expenditure which has pushed 10 million people into abject poverty in the Region. The disconnet between research institutes, ministries of health and universities has weakened the research output and as a result irrelevant health research is being produced in the Region. A coordinating mechanism is needed to ensure that research is conducted that benefits the health of populations by facilitating communication between ministries of health and universities.

In terms of priority-setting, the Regional Office will facilitate the process of assessing research institutions to create a framework of standards within research. A strategic decision should be taken to choose similar research problems, maternal health for example, and ensure that all countries are following the same methodology in their research, with the possibility of one country being assigned as the lead country in that area of research.

At the regional level a major strategic objective should be to strengthen and formalize collaboration and cooperation for research in the Region, in the Regional Office, and with counterparts in other regions. Such relationships would prove to be mutually beneficial to regional health researchers, as well as stakeholders in the government, public health care establishments and the health industry. To strengthen the research for health capacity in the Region, strong professional linkages must be forged with the best institutions in the world and must be benchmarked with international best practices whenever available and possible.

## **7. RECOMMENDATIONS**

### *To Member States*

1. Ensure continued national support for health research and seek increased support for: a) health systems research, particularly research that addresses the social determinants of health and equity in health; b) research in genetic diseases, congenital disorders, human genetics and genomics; and c) research that may improve health care, especially projects that have an impact on preventable diseases.
2. Promote research in the area of health research ethics as well as promote ethical norms and standards through mapping existing resources, establish national/institutional ethics review committee(s) and promote networking between ethics institutions.
3. Train science writers and journalists to work with the biomedical profession to promote health and publication and dissemination of the outcomes of health research.

### *To WHO Regional Office for the Eastern Mediterranean*

4. Seek to mobilize increased funds for health research and health systems research through establishment of a funding mechanism involving government institutions and bodies, the private sector and partners.
5. Advocate and support collaborative research projects, regional research groups and exchange of technical expertise.
6. Encourage the publication, in peer-reviewed scientific journals, and communication of results of research supported by WHO.
7. Establish an evidence-based policy network (EVIPNET) to support use of research findings to improve health and promote user-driven research, and promote networking in support of health research ethics.
8. Continue to promote and advocate best practices and policy models supporting health research.
9. Map research institutions in the Region with demonstrated capability in training on health research and promote partnership between these institutions and ministries of health.
10. Review the role of the EM/ACHR in enhancing health research in the Region, taking into consideration the revised global research strategy and present a position paper in this regard at the next meeting of the Committee.

**Annex 1**

**Agenda**

1. Activity report on the Regional Office supported to research for health.
2. Presentation of the divisions of health systems and services development, communicable disease control and health protection and promotion on their research activities and their specific needs for coordination, harmonization and management of research.
3. Regional policy for setting priorities and ethical norms and standards for research for health, for effectively managing knowledge and for convening relevant and effective partnerships.
4. Support and capacity strengthening for conduct and management of research in focused areas of need and comparative advantage in the Region.
5. A coherent system for the governance and management of research activities undertaken by the Regional Office with enhanced strategic role of Eastern Mediterranean ACHR and all research oriented units of the Regional Office.



**Annex 2**

**List of participants**

**Eastern Mediterranean Advisory Committee on Health Research Members**

Professor Mahmoud Fathallah, Chairman, Faculty of Medicine, Assiut University Hospital, Assiut, Egypt

Professor Mohamed Abdul Fattah Al Kassas, Faculty of Science, Cairo University, Cairo, Egypt

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

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Dr Samia Temtamy, Human Genetics Department, National Research Centre, Cairo, Egypt

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Dr Rafeek Badoura, Head of Epidemiological Unit, School of Medicine, St Joseph University, Beirut, Lebanon

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Professor Mohammed Hassar, Director Pasteur Institute of Morocco, Casablanca, Morocco

Professor Bazdawi Al Riyami, Dean, College of Medicine, Sultan Qaboos University, Muscat, Oman

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

Professor Mohsen El Hazmi, Department of Medical Biochemistry and WHO Collaborating Centre, College of Medicine, King Khaled University Hospital, Riyadh, Saudi Arabia

Dr Tawfiq Khoja, Director-General, Health Ministers' Council for Gulf Cooperation Council States, Riyadh, Saudi Arabia

Professor El Sheikh Mahgoub, Department of Microbiology and Parasitology, Faculty of Medicine, University of Khartoum, Khartoum, Sudan

Dr Willem Van Deput, Director, Health Net International, Amsterdam, the Netherlands

Dr Hassen Ghannem, Director, Service of Epidemiology and Medical Statistics, University Hospital, Tunis, Tunisia

Dr Salman Rawaf, Director of Public Health, Springfield University Hospital, London, United Kingdom

Dr Arwa Al-Rabei, Deputy Minister for Population Sector, Ministry of Public Health and Population, Sanaa, Yemen

### **Speakers**

Dr Abdul Ghaffar, Health Policy and System Specialist, Global Forum for Health Research, Geneva, Switzerland

Professor Hala Youssef, Department of Community Medicine, Faculty of Medicine, Cairo University, Cairo, Egypt

### **WHO Secretariat**

Dr Mohamed Jama, Deputy Regional Director, Regional Office for the Eastern Mediterranean

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

Dr M. Helmy Wahdan, Special Adviser (poliomyelitis) to the Regional Director, Regional Office for the Eastern Mediterranean

Dr Belgacem Sabri, Director, Health Systems and Services Development, Regional Office for the Eastern Mediterranean

Dr Mohammad Abdur Rab, WHO Representative, Sudan

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