WHO-EM/RPC/029/E

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

Report to the Regional Director

Cairo, Egypt
8–9 March 2009

World Health Organization
Regional Office for the Eastern Mediterranean

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To Member States

1. Approve the development of the regional research strategy.

To the Regional Office

2. Strengthen research capacities of Member States as a priority activity of the Research Policy and Cooperation programme and an integral component of any research conducted or otherwise supported by the Regional Office.

3. Launch a certificate programme covering all components of research—design to dissemination—to enhance the research capacities of Member States.

4. Conduct mapping of national health research systems of the Region, including resource flows.

5. Commission studies on strategic research topics, especially to improve policy planning.

6. Develop detailed research proposals on the three strategic research topics: climate change, food and nutrition and disasters.

7. Collect and disseminate best practices from the Region, as well as from other parts of the world to all interested stakeholders.

8. Establish mechanisms and structures to harmonize and align the research efforts of all technical units in the Regional Office.

1. INTRODUCTION

The Twenty-fourth session of the Eastern Mediterranean Advisory Committee on Health Research (EM/ACHR) was held in Cairo, Egypt, from 8 to 9 March, 2009. The objectives of the meeting were to:

- define the role and responsibilities of the ACHR in advancing health research in the Region;
- discuss the WHO Global Strategy on Research for Health;
- discuss the development of the regional strategy on research for health;
- define priorities and future directions for health research in the Region with particular emphasis on: climate change, food and nutrition and disasters.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, inaugurated the meeting and noted that this ACHR session was of paramount importance to the Regional Office because it was taking place after the occurrence of two major global events related to health research, both of which had taken place in the last five months. First and most significant was the approval of the WHO Strategy on Research for Health by the Executive Board in January this year. Second was the convening of the Bamako Global Ministerial Forum on Research for Health, which was held in Mali in November 2008. Both of these events had not only provided a new impetus to research for health but had also specifically given a strong mandate to WHO to play a leading and visible role in the management, conduct and dissemination of research evidence.

Dr Gezairy said that the Region had played an important role in the planning, processing, development and finalization of the WHO research strategy and in the Bamako Call to Action. For this, not only had the role of the Regional Office Secretariat been recognized but also the contribution of Member States, both by WHO headquarters colleagues and the six organizing partners of the Bamako Ministerial Forum. The WHO research strategy had clearly spelled out the role and contribution of WHO as an organization, and similarly, the Bamako Global Ministerial Forum had plainly stated the role of WHO in the management and implementation of the Bamako Call to Action. Although most of the highlights of the Bamako Call to Action were compatible with the WHO strategy and the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, there was a strong need for harmonization and alignment of all WHO strategies and policies for consolidated implementation of the recommendations addressing the research for health agenda in the Region. This was particularly significant and relevant to the health issues that disproportionately affected the poor, or otherwise marginalized populations, such as access to technology, access to information, access to health services, and fair distribution of resources.

Therefore, to gain from this global movement and goodwill, to further strengthen resolve to make research evidence an integral component of decision-making in this Region, and realizing the diversity, as well as uniqueness of this Region, it was decided that a regional research strategy would be developed.

Dr Gezairy said that the Regional Office needed to work closely with WHO headquarters, other WHO Regions and relevant global partners to play its role in the implementation of the Bamako Call to Action on Research for Health and the WHO Strategy on Research for Health. An added and important benefit of such collaboration was to learn from such experiences, share good practices and raise funds for multicountry collaborative research studies. Dr Gezairy noted that Member States in the Region were also very keen to use research evidence to improve the performance of their national health systems, which in many countries were overburdened and under-funded, and in some countries almost failing. In order to do so, it was extremely important to develop research partnerships across the Region among different Member States, especially to share knowledge and mobilize research resources to strengthen national health research systems.

The Regional Committee for the Eastern Mediterranean in its Fifty-fifth Session in 2008 endorsed its support for WHO's role and responsibilities in health research in countries of the Region, and adopted a resolution on bridging the gap between health researchers and policy-makers. The main focus of the resolution (EM/RC55.R.7) was to assist Member States in the development of participatory, transparent and inclusive national strategies for health research, advocate for greater investment in health research, and test effective interventions which improved the use of research evidence in decision-making.

Dr Gezairy stated that in order to implement the recommendations in the resolution, the Regional Office had already initiated activities to help in developing national health research strategies in selected countries of the Region. Furthermore, as recommended in the resolution, the regional Evidence-Informed Policy Network for the Eastern Mediterranean was launched in January 2009, during a joint meeting of Member State researchers and policy-makers in Lebanon. An initiative to work closely with the editors of medical journals in the Region was also launched to improve the quality of peer-reviewed publications and to make these publications more relevant to the work and use of policy-makers. Realizing that there was significant policy-relevant literature which was not available in the peer-reviewed domain, an electronic repository for the Region was being established to store such literature. It had been made mandatory to obtain ethical approval from the Regional Research Ethics Committee for any research conducted or otherwise supported by the Regional Office.

The Regional Office had also initiated a study to map and measure the research activities of the Regional Office to enhance the effectiveness and impact of the money spent and to minimize any duplication and wastage of time and resources. This study would also help to better align and coordinate research activities carried out by different units and divisions to strengthen the research capacities and capabilities of Member States.

The Chairperson of the meeting was Professor Mahmoud Fathalla (Egypt). Professor Farahat Moazam (Pakistan) and Dr Saqib Shahab (Canada) were elected as Rapporteurs. The agenda and list of participants are included as Annexes 1 and 2, respectively.

2. REGIONAL SUPPORT FOR HEALTH RESEARCH TO MEMBER STATES

2.1 Regional Office support

Agenda item 4: Research, Policy and Cooperation Activity Report

A report on the achievements of the Research, Policy and Cooperation programme and its planned activities for 2009 was presented highlighting achievements in the areas of knowledge generation, capacity-strengthening, technical support, collaboration and advocacy. The Regional Office is providing technical support to Member States in the setting of research priorities, the development of national research strategies and research systems and in the establishment of ethical review committees. It is increasing the capacities of countries in terms of proposal writing and enhancing analytic skills (both quantitive and qualitative), publishing in journals and the use of research evidence. Different options to improve the effectiveness of Regional Office funds invested in research for health were also proposed.

Discussion

Member States must invest in health research and develop national health research strategies; WHO's research support to Member States is in the form of capacity-building. All national health research strategies must be participatory, transparent and involve all stakeholders, including researchers, academia, policy-makers, civil society, community representatives and the private sector in their development. There is much low quality research conducted in the Region which is neither relevant nor based on health needs. Accordingly, relevant national and multi-country studies could redress this problem but proposals for such studies must generate from regional universities and ministries of health guided by health needs assessment.

Access to data is a challenge but WHO is playing an important role in the dissemination of research findings through the Access to Research Initiative (HINARI), which provides free or low cost online access to the major journals in biomedical and related social sciences to local, not-for-profit institutions in developing countries. To encourage the generation of research evidence in countries, policy-makers also need to be proactive in demanding evidence from the research community.

WHO has identified three priority topics for health research—climate change, emergencies and food and nutrition. WHO will translate the recommendations of the ACHR into action and will further investigate guideline support for ministries of health. Members also discussed: priority-setting, the development of new vaccines, the need for more teachers in medical schools and universities, partnerships and the need to differentiate between health research and health system research.

2.2 Research activities in the Regional Office

Agenda Item 5: Progress report on the TDR Small Grants Scheme for operational research in tropical and other communicable diseases

A progress report on the TDR Small Grants Scheme for operational research in tropical and other communicable diseases was presented. The Small Grants Scheme supports projects that contribute to the prevention and control of communicable diseases; collaborates with control programmes in translating research results into policy and practice; and strengthens research capacity in the Region through conducting research methodology and proposal development workshops, providing assistance in developing the research components for Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) proposals, conducting follow-up visits and recruiting consultants.

Agenda Item 6: Operational research in the Division of Health Protection and Promotion: generating evidence for action

Examples of operational research in the Division of Health Protection and Promotion and examples of capacity-building in operational research were presented. The technical units of the Division support a great deal of operational research but much more could be achieved if key issues were effectively addressed. One key issue is the fact that the concept of operational research is not well understood by institutions in countries of the Region. Other issues, such as the quality of conducted research, its utilization for decision-making, problems with continuity and sustainability, limited and fragmented capacities, and lack of availability of resources also need to be addressed.

Agenda Item 7: Research priorities in the field of health system strengthening

The presentation focused on the need to identify research priorities in the field of health system strengthening. Research findings are used to analyse the implementation of various health system functions and building blocks and support the evaluation of health system performance. There is a growing interest in health systems, services and health policy research. Health service research is being used to improve practical service delivery issues and health policy research aims at improving leadership and governance. There is a need to: develop national capabilities in research methodology by conducting burden of disease studies, developing national health accounts and conducting health system research; perform institutional strengthening of research institutions; mobilize resources to support health system and policy research; and conduct advocacy to support research (research to policy development).

Discussion

Out of the 267 proposals submitted to the Small Grants Scheme only 34 were accepted due to lack of funds although other funding mechanisms were sought for good proposals. Examples of research supported by WHO include: the use of *shisha*, the home-based management of malaria and antimicrobial drug resistance. Some other issues of research

interest to members included noncommunicable and neglected diseases, physical activity, road traffic injuries, development of vaccines, gender, genetic disorders, pre-implantation, the cost of health technology and accessibility. Data exist on physical activity but risk factors for noncommunicable diseases in some countries need identifying; integrated surveillance will be conducted for these diseases to strengthen statistical information which is needed to influence ministries of health. Road traffic injuries are the number one killer in the Region and WHO is strongly advocating to governments to address this issue; it is intended that global surveillance will be conducted for road traffic injuries. Many research issues are extremely culturally sensitive, such as abortion, reproductive health and female genital mutilation. Local knowledge of these issues exists but an understanding of the ethical issues underlying research may be lacking. Data on abortion are difficult to obtain as it is illegal in many countries, but WHO supports research on safe abortion and maternal mortality related to abortion.

The Global Fund funds research in ministries of health. Ministries' ability to manage research is deficient and programme managers in countries need to be members of research committees in order to strengthen their capacity and raise awareness of current research activities. They also need to increase awareness of, and promote cooperation on, regulatory aspects in relation to the Agreement on Trade-related Aspects of Intellectual Property Rights.

A multidisciplinary approach must be adopted for research involving all stakeholders and researchers from different disciplines: social scientists, anthropologists, demographers, economists, etc. Household surveys are conducted in Member States every five years but they provide weak and limited output. Comparative analysis between countries is needed and WHO is rolling out new methodologies to conduct data collection, such as the use of national health accounts and burden of disease studies. There are many databases for the burden of diseases but the methodology requires sensitisizing. It is important to compare various interventions in relation to disability-adjusted life years (DALYs) to provide policy-makers with data. WHO will conduct a global burden of disease study.

3. WHO HEALTH RESEARCH STRATEGY AND BAMAKO CALL TO ACTION

Agenda Item 8: WHO Strategy on Research for Health

In January 2009, the Executive Board endorsed the WHO Strategy on Research for Health .The three principles of quality, impact and inclusiveness inform the whole approach to the strategy and five interrelated goals have been identified in order to achieve the strategy's vision of research for health: organization, priorities, capacity, standards and translation. A code of good research practice covers: planning and conducting the research; management of research data and primary materials; supervision; publication and dissemination of research findings; authorship; peer review; conflicts of interest; collaborative research across institutions; applying and exploiting the results; and misconduct in research.

The term "research for health" reflects the fact that improving health outcomes requires the involvement of many sectors and disciplines. As identified in the work of the Global

Forum for Health Research, research of this type seeks to perform the functions of understanding the impact on health of policies, programmes, processes, actions or events originating in any sector; of assisting in developing interventions that will help prevent or mitigate that impact; and of contributing to the achievement of the Millennium Development Goals, health equity and better health for all. Research for health covers the full spectrum of research, which spans the following five generic areas of activity: measuring the magnitude and distribution of the health problem; understanding the diverse causes or the determinants of the problem—whether they are due to biological, behavioural, social or environmental factors; developing solutions or interventions that will help to prevent or mitigate the problem; implementing or delivering solutions through policies and programmes; and evaluating the impact of these solutions on the level and distribution of the problem. An agreed approach to move forward the research for health agenda has been agreed upon by focusing on priorities, capacity, standards and translation of research into policy and practice.

Agenda Item 9: Development of a regional strategy on research for health

Regional specificity and needs as related to research for health was discussed. The Region is diverse in culture and governance, experiencing natural and man-made disasters, with distinct socioeconomic and environmental conditions, different epidemiological and demographic profiles and health systems which are at varying degrees of development. The regional strategy on research for health will comprise a set of strategic approaches and will be owned and accepted by all programmes and country offices of the Regional Office. It will identify research priorities and include a comprehensive plan of action, including research and capacity-strengthening programmes. It will serve as an advocacy document for fund-raising.

Discussion

The Regional Office is at the initial stage of strategy development in terms of process and content. The World Health Assembly represents an opportunity to influence the Global Strategy on Research for Health but ministers of health must ensure that delegates beyond the ministry of health are involved in this process, such as ministers of science and technology and agriculture. The base of the external reference group in the formation of the global strategy was widened to incorporate many stakeholders—researchers, policy-makers, civil society and the private sector—at the early stages of the strategy development process. In terms of priority-setting, methods needs to be identified to avoid being too specific. The regional strategy must address region- and system-specific issues, but also cover commonalities between countries and diversity between them. It is important that the strategy comprises a monitoring and evaluation component and that the ethical dimensions of the strategy are given great consideration. The strategy must also address access, technology transfer and quality assurance.

In implementation of the strategy, it is essential to ensure linkages with other research initiatives. WHO’s own research culture needs strengthening but as a specialized agency WHO has a legitimate mandate in health research and formation of the strategy was at the request of Member States. WHO must link formation of the strategy with the processes of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property to

look at the current financing and coordination of research and examine proposals for new sources of funding. Research findings must be able to be translated into languages understandable by policy- and decision-makers. Knowledge management and the involvement of the private sector are important aspects of the strategy.

4. STRATEGIC RESEARCH TOPICS

4.1 Research on climate change

Agenda Item 10: Research on climate change

The presentation focused on which research interventions were likely or unlikely to work to mitigate the health effects of climate change. Climate change is affecting health in general and will influence spatial and temporal distribution of vector-borne diseases. However, the adverse impacts of climate change can be mitigated through: situation analysis, capacity-building, empowerment of communities, development of early warning systems, the introduction of improved intervention tools, the strengthening of health infrastructure and economic growth. Much of the burden of global environmental change is likely to fall on poorer countries, which are less well equipped to monitor these changes, and there is a danger that monitoring will focus disproportionately on the problems affecting richer nations. It is necessary to encourage researchers to: establish baseline relationships between weather and health, seek evidence of early effects of climate change, develop scenario-based predictive models, evaluate adaptation options, and estimate the co-incidental benefits and costs of mitigation and adaptation.

Agenda Item 11: Research on climate change: challenges and priorities for the Region

The question of how public health practitioners can engage with researchers and policy-makers to minimize the impact of climate change through the convergence and alignment of public health and climate change research and application was raised. There is considerable overlap between research needs for public health and climate change when one considers protecting human populations from the adverse effects of climate change, especially for the world’s most vulnerable populations. For these populations, the greatest impact of climate change will not be some novel disease or other environmental stress; it will be an accentuation of existing challenges, including vector-borne diseases, such as malaria, poor water quality and quantity, hunger and malnutrition, hot and unpredictable weather patterns, and more frequent storms and natural disasters. Research should be linked to knowledge translation and sustainable interventions, and research on cost-effective, equitable and sustainable interventions must take priority over research on surveillance, estimation and the modelling of health effects and impacts—all of which, however, should continue. There is need to develop scaleable models (for estimating and modelling health effects and impacts) that are accessible for use by resource-poor communities, regions and states. Interventions specifically for climate change will fail in the absence of a robust and credible public health system that encompasses disease prevention, provision of water supplies and sanitation, health education and promotion, early diagnosis and treatment. If a cost-effective, efficient

and sustainable public health system is in place to treat the current burden of disease, it may also efficiently address, with appropriate modifications and adjustments, disease attributable to climate change.

Discussion

Research on climate change and its impact on health needs to be interdisciplinary, practical, affordable and ethical. Broad ecological, demographic and socioeconomic issues need to be considered to assess both its impact and the opportunities for intervention in terms of impact, adaptation and mitigation. There is a clear lack of research on adaptation strategies. There is a need to address the social determinants of health and examine the long-term impacts of man-made disasters and conflict on health. Gender should be linked to climate change—as an example, the reduction of water sources has required women to travel greater distances to collect water with resultant impacts on women's health. Members also discussed: corruption and its close relationship to health; the use of public transport; and increases in micronutrient deficiencies as a result of changes to the choice of crops grown due to climatic factors.

Existing ecological frameworks need to be evaluated and interventions developed that integrate climate change into public health planning. Climate change needs to be prioritized in health research frameworks and recognized by policy-makers. Public health systems should be strengthened and impact assessments conducted. Members expressed concern that research on the health effects of climate change may detract from limited research funds for other health needs and stressed the need for the integration of climate change research into relevant areas of health and social sector research. In this respect, climate change can be a leverage for the Region to face the challenge of working with multidisciplinary teams—planning for issues of water shortages relates to many health outcomes. In regional impact and vulnerability assessments of common threats affecting countries of the Region, WHO and universities can play a synergistic role with national governments in conducting such assessments. Middle-income countries need to pool research and knowledge translation resources with high-income countries to minimize the health impacts of climate change. Research is also needed on how to translate technical knowledge into interventions in resource-poor settings. Indicators used to measure the effects of climate change need to be standardized in order that, at the global level, reporting is comprehensive and comparable.

Most assessments have concentrated on only five direct health effects of climate change: heat waves and continued thermal stress, extreme weather events (e.g. storms, floods), air pollution, food and water supplies, and vector- and waterborne diseases but they need also to look at the indirect effects. Research is needed on the impact of climate change on the development of genetic disorders and increases in the rates of cancer; the establishment of a database on birth defects and cancer was proposed. Interdisciplinary and transdisciplinary research is needed on the interactions between the direct and indirect effects of climate change.

Public health surveillance systems are not being adequately enhanced to monitor the impacts of climate change in order to undertake health status and assessment measures. It is

now necessary to move from a disease model to a health model and to incorporate health policies in all strategies. Practical advice is needed from the Committee on how to address the issue of the isolation of ministries of health and how to involve all sectors in research for health, including: transportation, housing, energy, education, health, agriculture, land use, environment, industry and trade.

4.2 Research on food and nutrition

Agenda Item 12: The voiceless epidemic: determining entry points for research into nutrition and food

The presentation determined entry points for research into nutrition and security. It was pointed out that the targets of six of the Millenium Development Goals (MDGs) would not be reached without a focus on food and nutrition. Under-nutrition is the biggest challenge to development and micronutrient supplementation is the most cost-effective intervention. WHO's landscape analysis aims at developing a baseline for scaling up large nutrition programmes in order that the targets of the MDGs can be reached. Country assessment is taking place in eight countries of the Region although many countries lack data. The presentation looked at entry points at policy and operational levels, and in terms of strategy. It discussed trends and variations; targeting, quality of services and impact, human and social capital impact, determinants of malnutrition, public spending on nutrition programmes and translational research. The presentation raised three important questions: Which nutrition policies and strategies can improve the likelihood that health, nutrition and population services reach poor and vulnerable people? What are the entry points for research? And in terms of monitoring and evaluation, how is it possible to assess if the quality of life of the poor and the vulnerable has improved? The guiding principles for research were stressed as: relevance, effect, quality and capacity-strengthening.

Discussion

The Global Forum for Health research stressed the need for a comprehensive multisectoral research response to address malnutrition and other food security challenges. Members stressed the importance of nutrition of the elderly and childhood obesity as two areas requiring research, in addition to the conditions of overnutrition, obesity and anorexia. An important area of research is also how to engage the food industry, as an active partner, in which produce ends up in markets and how food commodities are processed from manufacturing to the point of access for consumers. In some countries more research is needed on anaemia and folic acid deficiency. The importance of folic acid in preventing neural tube defects/congenital heart disease was discussed and the need for folic acid fortification programmes to be conducted in some countries.

Gender and nutrition was suggested as an important area of research. Females in some countries of the Region receive less food than males and do not receive medical treatment for the same conditions for which boys are treated. In some areas women are inaccessible to researchers. In the Eastern Mediterranean Region religious leaders have a tremendous influence on the population and their involvement in nutrition and health programmes is

needed to ensure greater compliance of the population to health messages, despite the great dichotomy between scientists and religious leaders. It is necessary to differentiate between food security and nutrition security and to understand the causes within the causes of nutritional problems. There is a basic lack of social science research in the Region and a need for more social scientists; research needs to adopt a participatory approach.

Micronutrient deficiencies are high in the Region. It has been reported that the recent cases of H5N1 avian influenza in Egypt have led to a 20% reduction in protein consumption among the Egyptian population as a result of the mass slaughter of poultry and implementation of new regulatory measures. Supplementary food programmes might be needed to address the issue of malnutrition which, although expensive, would bring important social and economic returns. Diet diversification was also noted as an ideal intervention but presents difficulties in access. Communication and social marketing require greater attention. Many people in the Region do not know how to cook food—food is overcooked and nutrients are lost. WHO could perhaps advise countries on how to establish “food advisory councils”. There is also the need for the use of newer technologies in nutrition, such as folate and B_{12} mix).

The Region has the whole spectrum of malnutrition but at country level baseline data is lacking. Entry points need to be determined and agreement has to be reached between UN agencies to address the food crisis. WHO’s main role is to monitor and evaluate the food status of people and opportunities do exist to address nutrition in a comprehensive way. Nutritional action plans are needed in countries.

4.3 Research on natural and man-made disasters

Agenda Item 13: Natural and man-made disasters: global trends and research deficit

The presentation focused on climate shifts, demographic forces, economic factors and fragile states. With increases in population growth the numbers of vulnerable populations are growing dramatically and types of vulnerability are increasing and becoming more diverse. Access to public sector services is becoming more limited and the scale of emergency resources needed is becoming greater. Economic factors to consider over the next decade in disaster areas include: the drop in remittances due to permanent migration, increasing insecurity in the scramble for natural resources, increases in informal manufacturing, economic losses from extreme weather events, reduced foreign aid, reduced foreign direct investment, increased demand on the public sector and increasing poverty in low-income countries. Fragile states are further destabilized by natural disasters resulting in increased poverty and reduced per capita food production. The presentation highlighted the need for research systems to be integrated with disaster management systems in programmatic and disaster research and stressed the involvement of academics in disaster research, especially with more advanced models and analysis methods. It also identified a role for voluntary agencies in research and policy and the need for regional and cross-border knowledge-sharing.

Agenda Item 14: The research deficit in the Eastern Mediterranean Region

The presentation highlighted the risks and threats to health arising from emergencies, looking at the examples of the Gaza Strip, Lebanon and Pakistan following conflict and disaster. It highlighted the need for: an evidence base for policies addressing preparedness and risk reduction; baseline data on mortality, morbidity and other public health indicators to be projected to support response and recovery interventions; a knowledge base to evaluate and update existing public health guidance for disaster management; and the analysis of community coping strategies for targeted support. The presentation left the following key issues open for discussion: How can the various research agendas/forums be influenced to include aspects of disaster management and public health? How can a research agenda for health emergency preparedness, response and recovery be developed? and, How can applied research be integrated/incorporated throughout the phases of disaster management?

Discussion

Research issues and needs in terms of the management of disasters require huge amounts of money. There is no empirical research on the health management of disasters although this is needed to identify key challenges to the provision of critical life-saving care and public health interventions in emergency situations. Clarification of methodology and definitions is required. The most critical aspect of disaster management is preparation, which if effectively undertaken, facilitates the ease of immediate response. Prediction is also very important and despite the fact that much work has been undertaken to predict natural disasters it only looks at risk and vulnerability; much more work is needed on protecting health infrastructure during disasters. The gaps in mitigation and response to disasters are not being addressed and these gaps may relate to ethical aspects of disasters in terms of aid, follow-up and assessment. There is critical need for clear leadership and social support structures.

At least 50% of the Region experiences the consequences of disasters and so descriptive case studies should be carried out to document successes and failures of disaster management. It is important that countries share resources and knowledge as the problems are global; the well-documented successful post-relief efforts following the Bam earthquake in the Islamic Republic of Iran were not shared with other countries. Policy groups on disaster management should come from developing countries although these countries often do not have disaster management centres. Vulnerability mapping is essential. Communication continues to be a problem in most countries. The issue of discrimination faced by women and vulnerable groups, such as children and older people, in disasters also needs to be addressed. More women died in the tsunami of 2004 than men. The results of surveys conducted in relation to post-traumatic stress disorder services have been identified as a major research deficit. There is a need to examine the issue of the registration of births and deaths, which in some countries is not a systematic process, in order to facilitate the task during post-disaster phases of disasters of identifying survivors and those who have perished.

As animal and human spaces have contracted it is essential to build animal health with human health as humans and animals are especially vulnerable to diseases that increase with temperature and humidity.

6. CONCLUSIONS

The orientation of the biennium for the next two years will be heavily influenced by this current session of the Advisory Committee on Health Research. The draft regional strategy on research for health was among the many issues discussed by members, the major components of which include: advocacy, the need for greater research and evidence on the social determinants of health, health inequities, nutrition and gender. There is also a need for capacity-strengthening, the role of social scientists to be expanded outside of the health domain and for the greater involvement of senior policy-makers in the research agenda and in advocacy for research. Research as central to economic development and global health security must necessarily be multidisciplinary and intersectoral in nature in order to be effective. The term “research for health” reflects the fact that improving health outcomes requires the involvement of many sectors and disciplines. WHO, Member States and partners have a joint responsibility to ensure that research and evidence help to achieve health-related development goals and improve health outcomes, and in the light of health threats—such as those posed by pandemics, food insecurity and the impacts of climate change on health—it is imperative that an approach is adopted which results in health being reflected in all government policies in order to meet the current and emerging challenges.

7. RECOMMENDATIONS

To Member States

1. Approve the development of the regional research strategy.

To the Regional Office

2. Strengthen research capacities of Member States as a priority activity of the Research Policy and Cooperation programme and an integral component of any research conducted or otherwise supported by the Regional Office.

3. Launch a certificate programme covering all components of research—design to dissemination—to enhance the research capacities of Member States.

4. Conduct mapping of national health research systems in those countries of the Region which have not yet done so, including resource flows.

5. Commission studies on strategic research topics, especially to improve policy planning.

6. Develop detailed research proposals on the three strategic research topics: climate change, food and nutrition and disasters.

7. Collect and disseminate best practices from the Region, as well as from other parts of the world to all interested stakeholders.

8. Establish mechanisms and structures to harmonize and align the research efforts of all technical units in the Regional Office.

Annex 1

Agenda

1.–3. Opening session

4. Research, Policy and Cooperation Activity Report

5. Progress report on the TDR Small Grants Scheme for operational research in tropical and other communicable diseases

6. Operational research in the Division of Health Protection and Promotion: generating evidence for action

7. Research priorities in the field of health system strengthening

8. WHO Strategy on Research for Health

9. Development of a regional strategy on research for health

10. Research on climate change

11. Research on climate change: challenges and priorities for the Region

12. The voiceless epidemic: determining entry points for research into food and nutrition

13. Natural and man-made disasters: global trends and research deficit

14. The research deficit

15. Conclusions

16. Recommendations

Annex 2

List of participants

Eastern Mediterranean Advisory Committee on Health Research Members

Professor Mahmoud Fathalla, Chairman, Emeritus Professor, Former Dean, Faculty of Medicine, Assiut University Hospital, Assiut, Egypt

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Professor K. Srinath Reddy*, President, Public Health Foundation of India, New Delhi, India

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Professor Farahat Moazam, Professor and Chairperson, Centre of Biomedical Ethics and Culture (CBEC), Sindh Institute of Urology and Transplantation (SIUT), Karachi, Pakistan

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Professor N. K. Ganguly, Adviser to Hon'ble Minister of Health and Family Welfare, Adviser, Translational Health Science and Technology Institute, National Institute of Immunology, New Delhi, India

Dr Kirsten Havemann, Senior Technical Adviser, Health, Technical Advisory Services, Ministry of Foreign Affairs, Copenhagen, Denmark

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