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REPORT OF THE TENTH MEETING OF THE EASTERN MEDITERRANEAN ADVISORY COMMITTEE ON MEDICAL RESEARCH

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I INTRODUCTION

The tenth meeting of the Eastern Mediterranean Advisory Committee on Medical Research (EM ACMR) was held from 1 - 4 April 1985 at the Islamic Cultural Centre, University of Jordan, Amman. The meeting was attended by members of the Committee, resource experts and WHO staff members. The list of participants is given in Annex I.

II OPENING OF THE MEETING

The participants were welcomed by Dr Hussein A. Gezairy, Director, WHO Eastern Mediterranean Region, who thanked the Government of Jordan for hosting the meeting. Dr Gezairy paid tribute to Professor Abdussalam, the outgoing Chairman of the EM ACMR, for ably guiding the work of the Committee during his term as Chairman. He then welcomed Dr A.S. Al Majali, President of the University of Jordan, as the new Chairman for the next three years and looked forward to his contribution to the work of the Committee.

Dr Gezairy mentioned the important role of research in health development and specifically in the implementation of strategies for the attainment of Health for All by the Year 2000 (HFA/2000). He requested members to reflect on the achievements of the Regional Research Programme during the last ten years and to suggest lines of action for overcoming constraints and for building up a productive and socially relevant research infrastructure in the Member States of the Region.

The meeting was then inaugurated by H.E. Dr Kamel Ajlouni, Minister of Health, Government of Jordan. Dr Ajlouni in his address expressed the Government's pleasure in hosting this meeting of eminent scientists. He said that his Ministry and the University of Jordan have been cooperating for the advancement of medical services and research. The Ministry's hospitals and medical centres collaborate with the University in training health workers, in conducting medical research and in compiling information.

Dr Ajlouni expressed the need to form a national council for the further promotion of medical research in Jordan along scientific lines.

Dr A.S. Al Majali, President of the University of Jordan and Chairman of EM ACMR, in a brief statement welcomed the participants on behalf of the University. He thanked the Regional Director Dr H. Gezairy for nominating him as Chairman of the Committee, and hoped that he would be able to fulfil the task assigned to him satisfactorily.

III ELECTION OF VICE CHAIRMAN AND RAPPORTEUR

Major General M.I. Burney, Director National, Institute of Health, Islamabad, Pakistan was elected as Vice-Chairman and Dr Amin A. Nasher, Adviser, Ministry of Public Health, and Director Al Mansoura Children's Hospital, Aden, Democratic Yemen, as Rapporteur.

IV ADOPTION OF AGENDA AND PROGRAMME OF WORK

The Committee adopted the Provisional Agenda and Programme of Work with the inclusion of an item on the Agenda dealing with the Review of the Regional Research Programme during the last nine years (see Annex II).

V GLOBAL HEALTH RESEARCH STRATEGIES FOR HFA/2000

The draft report of the Global ACMR's Sub-Committee on Health Research Strategies for HFA/2000 was presented by Prof. T. Mc Keown. He recalled that the Director-General of WHO and had challenged the Global ACMR at its 25th session to take on the task of preparing a Research Strategy for HFA/2000. In response to this challenge a sub-committee of the Global ACMR was established, and has held several meetings and reviewed commissioned papers. Intensive discussions were also held within the Secretariat. A draft report was presented to the ACMR at its 26th session. In view of the deliberations at this meeting and subsequent discussions in the Sub-Committee a revised and enlarged version had been prepared and is being submitted for discussion at the meetings of the various regional ACMRs. The final report of the Sub-Committee will be presented at the 27th session of GACMR in October 1985. A summary of the draft report of the Sub-Committee is given below:

Since its foundation, WHO has recognized that health is more than the absence of disease, a state of complete physical and mental well-being which results when disease-free people live in harmony with their environment and with one another. This concept keeps before governments and the public the understanding that health is not something which can be achieved exclusively by the traditional health services; it is profoundly influenced by conditions of life. The value of this interpretation is in no way diminished by recognition that it defines a long-term objective, one which largely depends on advances not within the control of health administrations: elimination of poverty; universal education; full and rewarding employment; and, perhaps most important of all, avoidance of war.

The short-term aim was identified by the Thirtieth World Health Assembly, the goal of health for all by the year 2000 (HFA). This concept has been described in numerous publications.

As present health levels vary widely between countries, no single standard can be set for the year 2000, and the HFA goal is necessarily stated in general terms: to achieve a substantial improvement in health in all countries, particularly in those where the need is greatest. However, it is not unrealistic to define more precisely a level of health below which it is hoped that no country will fall: infant mortality of 50 (per 1000 live births) and life expectation at birth of 60 years.

A research strategy is approached by considering four questions.

1. How does disease arise?

2. In the light of knowledge of its origins, how can disease be prevented, or where this is not possible, managed in other ways?

3. What kinds of research are needed for prevention or management of disease?

4. What should be the role of WHO within the total research framework?

The report presents evidence for regarding disease, with some well-defined exceptions, as in principle preventable by modification of ways of life. In this context "ways of life" is a synonym for its two components, environment and behaviour, and the report discusses their influence in each of the major disease classes.

V-1. Determinants of Health

A fundamental issue confronting research in the health sector is evaluation of two approaches to the problems of disease, one through control of disease origins, the other through intervention in disease mechanisms. And as both are needed, what is wanted is a decision about the distribution of effort between them and, so far as possible, recognition of the kinds of problems with which each is likely to be successful. For this purpose we require a classification of diseases, not on the conventional physiological or pathological lines, but according to disease origins. Such a classification is needed to provide insight into the means and feasibility of disease control.

V-2. Prenatal diseases determined at fertilization

The conditions determined at fertilization are mainly the single gene defects and chromosomal aberrations, but they include others, particularly associated with aging, which are also independent of environmental influences. It is unlikely that they include any of the so-called "common diseases".

V-3. Prenatal diseases determined after fertilization

These diseases are not established irreversibly at fertilization and must be determined by other influences during intra-uterine life. They fall broadly into two groups.

Some of the abnormalities arise very early in pregnancy and are probably the result of hazards associated with implantation and early embryonic development.

The other abnormalities are quite different, in that they result from well-recognized causes (e.g. malformations caused by rubella and thalidomide; diseases attributable to iodine deficiency during pregnancy, those caused by radiation and possibly tobacco and drugs and conditions resulting in low birth weight).

V-1.3. Postnatal diseases due to deficiencies and hazards

For most of his existence, man has suffered from direct or indirect effects of food deficiency. The improvement in food supplies through the first agricultural revolution 10 000 years ago led to an increase in population size which in turn created the conditions for the spread of infectious diseases.

As a result of major improvements in nutrition and hygiene during the last few centuries, diseases due to deficiencies and hazards are no longer the principal causes of sickness and death in developed countries. In much of the world, however, the picture remains essentially unchanged. Infectious disease is still the predominant cause of death, and malnutrition, defective hygiene, and excessive growth of populations are the major influences.

V-1.4. Postnatal diseases due to maladaptation

Several lines of evidence suggest that the disease pattern now predominant in developed countries (e.g. cardiovascular diseases and cancer) is due essentially to recent changes in conditions of life.

There are many influences over which the individual has little control: atmospheric pollution; chemicals used in industry, agriculture and as food additives; adverse working conditions; road traffic; radiation from nuclear processes; risks associated with medical investigation and treatment. Other hazards are from changes in behaviour, many of which are made possible or encouraged by the affluence which has resulted from industrialization: smoking; sedentary living; use of drugs; excessive or ill-balanced diets. Hence some of the contemporary health problems can be resolved by public action, whereas others require in addition modification of behaviour.

V-2. The research strategy of WHO

The role suggested for WHO is primarily directed toward the following areas:

- The first priority should be to encourage and assist research which will raise the standard of health in developing countries and in certain deprived sub-groups of developed countries. The steps needed are well-known: provision of sufficient food, clean water, sanitary facilities, limitation of fertility and immunization against some of the common infections. The research required is essentially of the health systems type. It is probably true to say that if these basic steps were implemented throughout the world by the year 2000, one of the most important aspects of Health For All would be achieved, even if nothing else were done; if, however, these measures are not implemented HFA will not be achieved whatever else is done. The effectiveness of these measures is already evident from the rapid progress recently made in some developing countries.

- Improvement in the health of developing countries also requires advance in knowledge of diseases characteristic of the tropics. They differ from the conditions referred to above in that they do not respond adequately to a rising standard of living, and basic knowledge required for their control is still lacking. They therefore need to be tackled with all the research resources that can be brought to bear on their prevention and treatment.

- Second only to the primary goal (discussed above) should be promotion of research on the non-communicable diseases, predominant in developed countries and now threatening to advance in developing countries which are at risk of having the worst of both worlds. In some, certain influences such as smoking and alcohol, are well-known, and the research needed is largely of an applied kind. But in the case of many diseases the hazards have not yet been identified, and the research required is essentially epidemiological, to unravel the disease origins. In these diseases the predominant influences are behavioural.

- Even if progress in prevention is as rapid as we would like it to be, the treatment and care of the sick will continue to be of the highest importance. On the most optimistic assumption, it will still be necessary to care for patients with disabling and life-threatening illnesses, as well as with the many kinds of morbidity which diminish the quality of life from day to day.

- A further requirement is for research on health services that address the critical determinants of health (health systems research). The precepts of HFA imply that such services cover entire populations, particularly the most vulnerable individuals and groups. The research questions are formidable: how to join with policy-makers and communities in assessing needs, planning, financing and implementing programmes, and evaluating them in terms of coverage, efficiency and effectiveness? Health services, to a substantial extent, are specific to local circumstances-traditions, resources, politics, culture-and it is necessary, therefore, that there be local capability for this kind of research. This calls attention to the need for the development, organization and support of research on the delivery of health services, which requires, in turn, national, regional and international collaboration.

V-3. Conclusions

Against the background of the preceding analysis the following are the steps which are likely to lead to rapid advance.

(1) Control of diseases associated with poverty. The research needed is essentially of the health systems type, as the effective measures are well known.

(2) Control of diseases, both infectious and non-communicable, specific to the tropics. These diseases should be attacked with all the resources - laboratory, clinical and epidemiological - that can be brought to bear on them.

(3) Control of diseases associated with affluence. In some, the major influences (tobacco, alcohol, occupational hazards etc.) are already known and the research required is of the applied type; in others, the influences are unknown and research, mainly epidemiological, is needed into disease origins.

(4) Treatment and care of the sick. Even on the most optimistic assumption about disease prevention, it will be necessary to make extensive provision for the treatment and care of the sick. For this we rely mainly on biomedical research (which also, of course, contributes powerfully to preventive measures).

(5) Delivery of health services. The critical determinants of health must be addressed through health services that are relevant to local needs and cultures and also aim at covering entire populations, particularly the most vulnerable groups. How to join with policy-makers and communities in assessing needs, planning, financing and implementing programmes and evaluating them in terms of coverage, efficiency and effectiveness, is the challenge to research workers.

The application of these principles will inevitably differ between regions and between countries within the same Region, according to many variables: the nature of the predominant health problems; the present level of health; economic resources; cultures; political and religious traditions. However, the objective should be common to all: to carry out the kinds of research which will make it possible to advance rapidly to the HFA goal.

The members highly commended the GACMR's Sub-Committee for its work on developing a global health research strategy, as summarized above, and Professor McKeown on his lucid presentation. There was general agreement with the contents of the Report, especially the new concept of disease classification on the basis of means of disease control (pre-natal and post-natal), and mechanisms (diseases of poverty and affluence). The Committee felt that some effort should also be directed towards developing a research strategy based on the concept of positive health.

The importance of the strategic approach was emphasized, and it was pointed out that such an approach determines the allocation and flow of resources which in turn influences the future direction and type of research.

The participants felt that more emphasis should be given to research aimed at modifying behaviour as part of health services research (HSR), for example on smoking, alcohol, faulty food habits and drug addiction, which already constitute serious threats to health. In addition, HSR should also aim at introducing fundamental changes in the health services to meet the social, cultural and health

changes in the community. The participants felt that HSR was imperative and pertinent to the development of health services in the countries of the Region. An illustration of this is that recent monitoring and evaluation of the existing strategies in some countries of the Region reflect certain problems which have to be researched. It was proposed that an addendum for HSR should be added to complement the report, along with the addendum for biomedical research.

The Committee felt that the strategy should be flexible enough to meet the human needs generated by wars and mass population movements due to natural disasters. Research aimed at improving the preparedness of the system to effectively deal with these situations should be supported.

It was felt that although adequate knowledge exists at present on the mechanism, control and management of disease to enable achievement of the goal HFA/2000, the major challenge ahead is how to coordinate intersectoral contribution to the delivery of health care: it was felt that here WHO has a special role to play.

It was pointed out that the EM ACMR at its 9th meeting had reviewed and endorsed a strategy for developing research capabilities for undertaking HFA-related research in the Region.

The global health research strategy should be considered as an overall policy framework for research supported by the Organization. After it has been endorsed by the CACMR, its regional implications will have to be carefully examined, especially with regard to its links with the national strategies for HFA developed by Member States, and in respect of recommendations for allocation of resources for research at the regional and national level.

As health policies can be formulated and carried out only within the framework of the human and ethical norms of the community, a study of these values is vital to health research strategy.

Professor M. Abdussalam presented a brief report on a conference convened by the Council for International Organizations of Medical Sciences (CIOMS) with the support of WHO in Athens, in November 1984, on "Health Policy Ethics and Human Values - an international dialogue". The conference was attended by health policy-makers, health professionals, philosophers and theologists from forty-five countries.

It was pointed out that human values are crucial to health policy-making. Ethics act as a bridge between values and policies and scrutinize the morality of choices that are open to policy-makers. The accepted goal of HFA/2000 has sharply underlined the problems of equity and social justice in health care delivery. The conference examined these issues systematically and discussed a number of case studies of health policy issues, i.e. the allocation of resources for primary health care, public policy and hereditary disease, care of low birth weight infants, health care of the elderly, and organ-substitution therapy. The conference also discussed the meanings of life, suffering and death and their implications for ethics and social justice in relation to health policy.

As an outcome of this conference it is proposed that CIOMS coordinate international studies on ethics and human values in relation to health policy-making. The Committee recommended that such studies be encouraged.

VI REPORT OF THE SECOND INTERCOUNTRY MEETING OF NATIONAL OFFICERS RESPONSIBLE FOR MEDICAL RESEARCH (Agenda Item 5)

The Committee reviewed the report of the Second Intercountry Meeting of National Officers Responsible for Medical Research, held from 5 to 6 December 1984, at the National Institute of Health, Islamabad, Pakistan, in conjunction with a Medical Research Congress organized by the Pakistan Medical Research Council. The meeting was attended by participants from Egypt, Iran, Iraq, Jordan, Kuwait, Libya, Pakistan, Saudi Arabia, Sudan, Tunisia and Yemen Arab Republic.

The objectives of the meeting were to update information on existing national mechanisms for managing and coordinating research in the countries of the participants, and to promote research in support of national strategies for HFA. In addition, the participants also discussed research manpower development and training in research management.

From the various country reports presented at this meeting, it was obvious that, since the earlier meeting, some progress had taken place in establishing and strengthening national mechanisms for medical research. However, it was also apparent that coordination of research needs to be further improved in order to make the most effective use of scarce resources and to focus them on research in priority health problems. Community involvement in the planning and implementation of research at institutional level continued to be minimal.

The meeting identified several approaches for orienting research in support of national strategies for HFA/2000. These included: sensitizing health policy- and decision-makers, as well as community leaders, to the importance of and need for research in health development; orientation of existing research manpower toward Health for All and Primary Health Care concepts; provision of relevant learning experiences for the performance of health systems research; the inclusion of identification of researchable questions in all planning and evaluation exercises in the health sector; and continuing attempts, on both formal and informal bases, to improve understanding and collaboration between research workers, health service personnel and planners.

The paucity of research manpower continues to be a major constraint in the development of research capabilities in the Region. In this meeting, the role of postgraduate institutions in the training of such manpower was highlighted. It was felt that postgraduate medical institutions should actively collaborate with such institutions in other sectors, e.g. agriculture, education and environmental health, in planning and undertaking intersectoral investigation of health problems. Postgraduate institutions should also be involved in training health personnel, other than doctors, in relevant research methodology.

A draft document on learning materials on research management was presented to the group with a view to its possible utilization in training research workers in research management. The topics covered in the draft material were considered relevant, and it was suggested that local case studies be developed to facilitate the learning process, including demonstration of the practical utility of the quantitative techniques contained in the learning material. This material will now be examined further at country level and used, after modifications according to local situations, for training research workers in this field.

The Committee considered that the meeting appeared to have served a useful purpose and recommended that, depending upon availability of resources, it should continue to be held at periodic intervals. It was proposed that consideration may be given to inviting some of the responsible officers to the EM ACMR meetings, and to introducing research as a component of the managerial process of national health development. When feasible, this meeting could be held in conjunction with a national medical research meeting.

Concerted effort was required to sensitize decision-makers to the importance of HSR, especially in the context of strategies for HFA/2000. The use of well-prepared publications and the dissemination of messages through the mass media were mentioned in this connection. It was felt that all categories of health workers should be involved in implementing HFA/related research and should receive information on its importance, as well as on the results of completed research in this field, at least in their respective countries.

The Committee was informed about a course planned to be held in EMRO for senior officers from Ministries of Health in the Region in order to familiarize them with WHO policies and programmes. This course will include briefing on the Regional Research programme and its priorities. It is expected that the participants, on return, will be able to disseminate this information to their colleagues and to interested research workers.

Apart from the lack of well-trained and qualified health service researchers, there were practical reasons which prevented many interested and motivated health workers from undertaking research. Most of these reasons related to lack of time and incentives. Innovative mechanisms should be developed in order to free such persons and second them to undertake research.

It was brought out that, due to University regulations governing promotion, academic staff were reluctant to undertake HSR, as this did not get the same recognition as biomedical research which stood a good chance of being published in international journals. The Universities should be encouraged to review their regulations and to recognize HSR for purposes of promotion and academic advancement.

It was felt that the Medical Research Councils (MRCs) and similar bodies in the Region have so far been acting primarily as funding agencies, and were not developmentally oriented. They have an important role to play in coordinating and meeting the needs of the principal groups involved in HSR, i.e. the community, the providers of health services, research workers and development planners. It was proposed that WHO should support national case studies to see how this coordinating ("orchestrating") role of MRCs could be strengthened.

The Committee suggested that the agenda for the next meeting of the responsible officers for medical research include a topic relevant to HFA and/or a particular health problem common to several countries, on which there is a pressing need to undertake research.

VII RESEARCH IN HEALTH MANPOWER DEVELOPMENT (Agenda Item 6)

Although recognized as one important component of HSR research, Health Manpower Development (HMD) research has hitherto received little attention on the part of Member States. This could be attributed to lack of understanding of its purpose as well as lack of scientists with the necessary experience and training. In addition, those with such experience and training are usually too busy to give any time to this kind of research.

HMD research is research concerned with all aspects of policy and planning for, and the production and utilization of, health manpower (HM). The general lines of study under HMD research, therefore, include HM tasks and job descriptions, proper HM planning, the educational process, deployment and utilization of staff in the health service, including career structure and continuing education (CE), etc.

The criteria for selection of topics for HMD research were defined by the EM ACMR in its 6th meeting in 1981. They focus on:relevance of research to priority health problems and to HFA/2000; its feasibility; the possibility of yielding results within a short period of time; and the inclusion in it of a training component.

It was also considered that the research should be a multidisciplinary activity and should involve health services, training and research agencies. As much as possible the research should be built within existing systems as a routine activity not requiring an additional load to be carried by health personnel, also, training in research methodology should preferably be started at grassroots (undergraduate) level. Simple methods of data collection and analysis should be used.

Steps and approaches adopted by WHO so far date back to the HSMD Ministerial Consultation Meeting held in Teheran in 1978 followed by an in-depth evaluation of the impact of the teacher training activities in 1978.

It its 6th meeting the ACMR identified the criteria mentioned above for selection of research topics and specified areas for HMD research.

A task force on research in PHC was established by the ACMR. It met in October 1982 and identified some priority research areas. Four outlines of research protocols were formulated. Only one of these has been implemented so far, i.e. the effectiveness and acceptability of Primary Health Care (PHC) workers in Yemen Arab Republic (YAR). This study was undertaken during a short period (October 1984) and used 4 questionnaires which were field-tested in the normal way beforehand. It covered 70 PHC units with 66 community health workers (CHWs),15 local birth attendants (LBAs) and 679 community members.

The results gave information generally on the acceptability of PHC workers by the community in YAR and specifically on issues such as the extent of birth and death registration by CHWs, their keeping lists for vaccination rates, referral and feedback, and health education and environmental health activities, as well as the environment and conditions of work at that peripheral level. *In the light of these results measures will be adopted to enhance the effectiveness* and utilization of these health workers.

Another approach was the intercountry workshop on Problem-Solving in Primary Health Care held in Bahrain in January 1985, following which research protocols related to PHC were developed by participants to be implemented in their own countries.

WHO fellowships have also served occasionally as an activity resulting in applied research which has proved useful, e.g. establishment of an educational development centre (EDC), evaluation models for community-oriented, problem-based education, etc. Recently one research protocol has been developed following a fellowship and is being implemented in Democratic Yemen. It is concerned with monitoring and evaluation of health guides.

The existing resources within countries which could be used for HMD research include EDCs, post-graduate students, national research councils etc.

Another approach adopted recently was to send a consultant to visit three countries in the Region (Jordan, Pakistan and Somalia) to meet with staff in the ministries of health and academic institutions and to develop research proposals on topics which had been identified as national priorities for research in HMD. A positive response has been received from two of the three countries mentioned above.

The Committee was invited to advise on additional steps and/or approaches which could be used for initiating and promoting additional studies in this field.

The meeting discussed at length ways in which medical students and other health trainees could be exposed to problems prevailing in the community, and trained to deal with them with the technologies available at the peripheral level of health care. This may eventually lead to younger doctors becoming more

amenable to working in the rural areas. It was proposed that WHO collaborate with medical schools and other health training institutions and with ministries of health in further promoting and developing community-oriented training programmes.

The important role of behavioural sciences in equipping young health workers with necessary skills to deal with problems in the community was stressed. Questions that often arose in this connection were: what should be taught, by whom, when during the training and for how long. It was recommended that WHO assist in developing national training programmes in this field and suitable learning materials for different categories of health workers.

It was felt that research should address all components of HMD, with special reference to the deployment and utilization of health personnel. Evaluation of the performance of health workers should be undertaken in a prospective manner over a long period so as to be able to identify factors associated with positive or negative performance. The best ways to establish and maintain health teams was yet another area which HMD research should address.

The need was expressed for information support and attention was drawn to the recent task force of the WHO Programme Development Working Group (PDWG) on information support for training national health workers, where an interactive process for information-gathering at country level has been developed. The exchange of information on research could be facilitated through support for the already existing journal "Health Service Researcher" and also through the "clearinghouse" in EMRO.

The Committee endorsed the steps being taken to develop HMD research and recommended that the Regional Office continue to sensitize ministries of health, universities and research councils to the need for this kind of research. At the same time, WHO should provide active and sustained technical collaboration for countries by developing a team of research workers drawn from the health services and the academic sphere (universities and other educational institutions), for undertaking research in this field. No formal training is envisaged - it should be "learning by doing".

VIII REVIEW OF RESEARCH ACTIVITIES SUPPORTED IN THE REGION BY THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR) (Agenda Item 7)

In a short introduction the Director of TDR, Dr A.O. Lucas, described the evolution of the programme during the last ten years and highlighted the recent results of research and development activities and the outcome of the research-strengthening efforts supported by TDR. He emphasized that TDR is a global programme and that research grants are made in competition on merit and on the basis of peer review.

Since the programme started, 4224 research proposals have been submitted. Of these, 202 proposals were from scientists in the EM Region; so far 91 have been funded. During the last two years 29 new projects, costing over a million dollars, were approved for scientists in the EM Region. However, it was felt that there was need for more efforts to promote TDR activities, as nearly all the six diseases covered by TDR are prevalent in the Region, and there are countries where all six are present. The Committee reiterated its concern, also expressed at its previous meeting, about the poor participation of scientists from the EM Region in this programme.

It was felt that dissemination of information about the Programme should be further improved so that more and more scientists, especially younger ones, become aware of this Programme. The EM ACMR members themselves could play an important role in disseminating this information in their respective countries.

One of the main obstacles seems to be an inability to formulate scientifically sound research proposals. This applies not just to TDR but to other research areas also, as mentioned elsewhere in this report. Concerned WHO staff members and consultants visiting endemic countries should identify potential research workers, and assist them in formulating research proposals, for submission to TDR.

Another way of tapping TDR resources was to encourage participants in TDR-sponsored workshops and returning research trainees to submit research proposals. The mechanism of re-entry grants should be fully exploited.

Using a combination of the above approaches, behavioural scientists from the Region were more successful as compared to those in clinical and biomedical sciences, in formulating a number of projects and submitting them to TDR. Several of these had been approved and funded.

The Committee recommended that the main thrust of the Programme in this Region should be directed towards strengthening of research institutions in order to equip them and train their staff so that they could be in a better position to apply and secure funds from this Programme.

IX PROGRESS REPORT ON RESEARCH ACTIVITIES IN DIARRHOEAL DISEASES (Agenda Item 8)

Since the last meeting of the EM ACMR, the Regional Scientific Working Group on Diarrhoeal Diseases Research (RSWG) has met twice: in July 1984 and in March 1985. So far 25 projects have been approved by the RSWG and funded. Of these, eleven have been completed, thirteen are ongoing and one is in abeyance.

In view of the paucity of research proposals related to certain priority areas, especially socio-behavioural aspects of control of diarrhoeal diseases, the RSWG had recommended that draft proposals on this subject be prepared.

Three such proposals were formulated and reviewed at the March 1985 meeting. These dealt with mothers' beliefs and traditional self-help practices,behavioural determinants of the incidence of diarrhoea, and a study on mothers' treatment-seeking behaviour and treatment choice. These will now be circulated to interested investigators who, after modifying them according to local situations, will submit them to WHO EMRO for funding.

The RSWG at its last meeting recommended several approaches for encouraging the development of protocols in operational research related to solving problems in national CDD Programmes. These included the continuation of holding national consultations, carrying out comprehensive programme reviews with inclusion of research-oriented personnel in the review team, site visits of consultants, national workshops and training courses and commissioned research such as that mentioned above.

The RSWG also expressed its concern about the poor utilization of the results of research in the national programmes for CDD and recommended that it should be kept informed on such utilization.

A presentation on the role of religious values in the control of diarrhoeal diseases was made at the last meeting. It was suggested that operational research be supported on the effectiveness of the various types of "change agents", i.e. religion-oriented versus secularly oriented.

The subject for technical discussion at the next RSWG meeting will be "The role of the community in the control of diarrhoeal diseases".

The Committee noted the progress report and recommended that measures as proposed by RSWG, be taken soon to expedite the formulation of scientifically sound and valid research proposals, and that their implementation and the utilization of results be closely monitored.

In view of the importance of diarrhoeal diseases as a major public health problem, it was proposed that EMRO consider increasing its financial support both for research and for implementing national control programmes.

X REVIEW OF THE 26th SESSION OF THE GLOBAL ACMR (Agenda Item 9)

Much of the 26th session of the Global ACMR was devoted to the discussion on health research strategy. It was clarified that the research strategy paper was not meant to address problems of detailed implementation. It is a policy framework within which the various WHO programmes should find appropriate principles for action on research.

At this session two other sub-committees, i.e. on enhancement of transfer of technology and on health manpower research, presented their progress reports. Three areas derived from new biological concepts were considered to be of immediate

relevance: vaccines, new diagnostic techniques, and the use of nucleic acid probes for the diagnosis of infectious diseases and the detection of hereditary disorders. Two reports have been commissioned: one on materials technology (thought to be relevant to water and sanitation problems) and the other on systems technology and modelling (which is relevant to planning multisectoral studies and resource allocation problems).

Another area which has been discussed relates to the use of micro-electronics and information technology for instrumentation and the future availability of computer-based expert systems. In all these areas special emphasis is being placed on strengthening infrastructures in developing countries.

The Sub-Committee on Health Manpower Research (HMR) has developed a plan of action to support HMR and to facilitate the utilization of the results of such research. A study on career structures has also been made and will be discussed at a meeting to be held in Geneva in May 1985.

As in previous sessions, the Chairmen of the Regional ACMRs presented a summary of the report of the meetings of their ACMRs. The question of improving integration within the ACMR system was briefly discussed. A small group headed by the Chairman of ACMR is to formulate some proposals in this connection for presentation at the 27th Session of CACMR.

The Committee noted the above report and recommended that, in view of rapid advances in biomedical research and the need to ensure appropriate transfer of technology, consideration be given to convening a small group to advise on how suitable recent biomedical advances could be utilized in the health systems of the countries of this Region.

X1 REVIEW OF THE IMPACT OF REGIONAL RESEARCH ACTIVITIES IN MEMBER STATES AND SUGGESTED WAYS AND MEANS OF FURTHER STRENGTHENING THEIR RESEARCH CAPABILITIES (Agenda Item 10)

At the outset it was pointed out by the Regional Director, Dr Hussein Gezairy, that the purpose of this review was not to examine or evaluate the recommendations of the EM ACMR during the last nine years, but to assess the extent to which the regional research activities have helped in developing a research infrastructure and sound policies in the Member States, within the existing constraints.

The members of the Committee briefly described the evolution of research activities in their respective countries which could be ascribed to the impetus generated by the establishment of EM ACMR and the various activities sponsored by EMRO.

It was generally agreed that, qualitatively speaking, some progress has taken place during the last decade, though not uniformly in all the Member States. This was evident from the country reports presented during the two intercountry meetings of the national officers responsible for medical research.

For a thorough analysis a detailed review of the material available in the Regional Office and Headquarters, as well as site visits to countries, was considered essential.

In view of the above the Committee recommended that a systematic study be undertaken to evaluate the impact of EMRO-sponsored research activities in the countries of the Region, and in the light of the findings to suggest approaches and activities to be adopted in the coming years for further strengthening of research in these countries. The report of this study should be presented at the next session of the EM ACMR.

XII RECOMMENDATIONS

During its deliberations the Committee made several recommendations which are reflected in the body of the report. The major recommendations are summarized below.

1. The Committee highly commended the work of the GACMR Sub-Committee on health research strategy in developing an overall policy framework for research supported by WHO, and expressed general agreement with its report.

2. It was recommended that the meeting of the National Officers Responsible for Medical Research continue to be held at regular intervals.

3. Using the approaches mentioned in the report, WHO should sensitize decision-makers to the importance of research in achieving HFA/2000 and support the training of a large cadre of HSR workers in each country.

4. National case studies, aimed at improving coordination between the health services personnel academic staff and the community, should be promoted.

5. WHO should collaborate with health training institutions in developing a training programme in behavioural sciences for various categories of health workers and in preparing learning material for this purpose. Collaboration should also be extended for further promoting and developing community-oriented training programmes.

6. WHO should continue to provide sustained technical support for developing teams of research workers drawn from health services and educational institutions, for the performance of research in Health Manpower Development.

7. The steps outlined by the RSWG for diarrhoeal diseases research at its last meeting for promoting and developing research in this area should be actively followed up and supported. Every effort should be made to ensure utilization of the results of completed research.

8. Consideration should be given to convening a small working group to ascertain how suitable recent biomedical advances can be utilized in the health systems of the countries of the Region.

9. The participation of scientists from this Region in TDR activities should be actively encouraged and institution-strengthening activities should be further expanded, especially for clinical and biomedical research.

10. A systematic study should be carried out to determine the impact of EMRO-sponsored research activities during the last decade in the countries of the Region, and to recommend ways and means for further strengthening of research in these countries.

ANNEX I

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ANNEX II

AGENDA

1. Opening of the Meeting

2. Election of Vice-Chairman and Rapporteur

3. Adoption of Agenda and Programme of Work

4. Global health research strategies for HFA/2000

5. Report of the Second Intercountry Meeting of National Officers Responsible for Medical Research
Islamabad, 5-6 December 1984

6. Research on health manpower development

7. Review of the research activities supported in the Region by WHO/TDR

8. Progress report on research in diarrhoeal diseases

9. Review of the 26th Session of the Global ACMR

10. Review of the impact of Regional research activities in the Member States and suggested ways and means for further strengthening their research capabilities.

11. Review of the draft report
Closure of the Meeting.