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**ELEVENTH MEETING OF THE EASTERN MEDITERRANEAN  
ADVISORY COMMITTEE ON MEDICAL RESEARCH**

**Kuwait, 1-3 April 1986**

**(Meeting Reference: EM/11th.MTG.ACMR/11)**



**WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN  
1986**

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The Eleventh Meeting of the Eastern Mediterranean Advisory Committee on Medical Research was held in Kuwait, 1-3 April 1986. The meeting was attended by members of the committee and WHO staff members from the Regional Office, as well as Headquarters. Annex I gives the list of participants.

Opening of the Meeting (Agenda item 1)

The meeting was opened by H.E. Dr. Al Awadi, Minister of Health, Kuwait, who welcomed the participants. He pointed out the necessity of research for solving the problems encountered in the health system. He mentioned that in our research activities we have to have proper background, facilities and manpower as well as knowledge of the sound methodologies of research.

Dr. Hussein A. Gezairy, Regional Director of WHO, in his address, thanked the Government of Kuwait for hosting the meeting, and H.E. The Minister of Health for agreeing to open it. He expressed his special thanks to H.E. Dr. Al Awadi for his continuing support and deep interest in the activities of the Regional Office. He emphasized the importance of the annual meetings of the EM/ACMR in determining research policy and lines of future research activities in the Region.

Election of the Officers of the Meeting (Agenda item 2)

The meeting was presided over by the Chairman of the EM/ACMR, Dr. Abdul Salam Al Majali, President of the University of Jordan, Amman. Dr. W.A. Hassouna, President of the SINAI Health Systems Consultation Group, Cairo, was elected as Vice-Chairman and Dr. Nabil Kronfol, Professor, Health Services Administration, American University of Beirut, as Rapporteur.

Adoption of the Agenda (Agenda item 3)

The Committee adopted the Provisional Agenda and the programme of work placed before it. Annex II gives the details of the Agenda.

Agenda item 4: Progress Report of the Eastern Mediterranean Regional Research Programme  
(April 1985-April 1986)

A summary of the Regional activities related to research promotion and development was presented to the Committee, and included the following:

1. The outcome of discussion of the progress report of research activities in the Regional Committee. The Regional Committee commended the report and passed a resolution in this respect (Annex III)
2. Action taken by the Regional Office for implementing the recommendations of the last meeting of the EM/ACMR
3. Research grants
4. Activities related to Health Systems Research
5. Research Training Grants
6. WHO Collaborating Centres

The report indicated that so far , there is no established system for monitoring and evaluation of the activities of Collaborating Centres. The Committee was asked to express their views and recommend criteria for designation of the WHO Collaborating Centres, their plans of action as well as mechanisms for monitoring and evaluation of the activities.

The participants expressed their appreciation for the efforts made by the Regional Office, to follow up on the recommendations of the tenth EM/ACMR meeting, and to highlight some of the obstacles that impeded the further development of research in the Member States.

There was a general agreement that closer coordination is still needed between the various parties concerned with research development. Although steps have already been taken in most member states to establish mechanisms to support research, such as research councils, efforts are still needed to strengthen health systems research, to mobilize community resources and to develop human capacities in order to attain HFA/2000.

Special emphasis ought to be focussed on the involvement of universities in research, particularly that targeted to national health priorities.

Attention was drawn to the small number of research grants application, although this number reflects only the grants administered by the RPD unit in EMRO, and excludes grants administered by specific priority programmes such as CDD or TDR. The committee was briefed on the procedures for reviewing applications and recommended that information about WHO grants should be further publicized within the Region, and ACMR members are invited to help in this process.

A lively discussion then focussed on the role of WHO Collaborating Centres (WCC) in research promotion and development. The committee was reminded that having no field or laboratory facilities of its own, WHO has historically collaborated with such centres in the conduct of priority research, training and in reference work. Most of the Centres' funds remain self-generated and are usually earmarked for service and operation. Furthermore, the performance of Centres changes as time passes, and is sometimes affected by various types of upheaval and by staff turnover. Therefore, WHO's input into a centre's management can be considered minimal, at best. Yet, once designated as a WCC, it often becomes sensitive to withdrawal of this prestigious designation.

In a recent survey , it was found that half of these Centres are barely in existence.

The Committee focussed on the criteria used for the selection of a WCC, the expectations anticipated and the degree of interaction and input needed to ensure effectiveness. Collaboration, interaction, involvement are terms that require strict definition. Some even questioned the need to maintain an official relationship with such Centres. Members were reminded that one of the more successful WHO research programmes (TDR) had decided against this approach and favoured collaboration through Technical Services Agreement (TSA).

An ad hoc task force was set up to consolidate views expressed by the EM/ACMR members on the criteria for selection of WCC. The group met immediately and proposed the following criteria in addition to those given in the WHO Manual and that could be adopted to ensure the effectiveness of the WCC:

1. A clearly expressed desire by the Government of the country concerned to have an institute/centre designated as a WCC within the framework of national health development.
2. The institute/centre should have a well developed infrastructure, and effective links with the national decision-making process in the health sector
3. The institute should be playing a leadership rôle in the development of research and training in the country
4. The institute should have functional links with one or more operational national health programmes
5. The institute should have the ability or the potential to effectively collaborate with various health-related sectors such as planning, finance, education, agriculture, and to undertake multidisciplinary research.
6. It should have a demonstrated ability to attract, absorb and manage financial resources both from national and international sources.

7. The institute should have either on site or have easy access to necessary supportive facilities, e.g. library, data processing facilities, etc. In addition, the institute should be in a position to have full access to national statistics connected with the relevant operational health programme.

8. The institute should be able to accept trainees for short and long periods from countries within the Region.

9. The institute should be willing to depute its staff members for collaborative activities within the Region.

After an institute has met the above criteria, assessed through the filling up of a detailed questionnaire or any other suitable means, and prior to its formal designation, a plan of operation for four years (the period covered by the designation) and a plan of action for the first year should be worked out jointly by representatives from WHO and the WCC. The plan of action should spell out the various activities to be undertaken and the resources required.

The WCC should submit an annual report based on the plan of action for the preceding year and submit the plan for the following year.

These plans should form the basis for monitoring the activities of the WCC and where required could be supplemented by site visits. A site visit may be necessary before redesignation.

The group felt that few institutions at the moment would be able to strictly meet the above criteria. Consideration should therefore be given to allocating WHO country and intercountry resources for strengthening institutions with potential for further development.

It was also felt that instead of designating individual institutions as WCC, WHO could promote and support the building up and maintaining of networks, serving specific programme needs at the national and regional levels.

Ultimately, WCC may develop into centres of excellence in specific specialities that serve the Region. They may be sponsored by EMRO special funds, if these become available.

The above criteria were adopted by the Committee, and it was recommended that while designating new Centres, due attention be paid to these criteria.

Discussion then centred on the management of research promotion and whether this is better achieved by developing elaborate infrastructures rather than through the support of "prime-movers" who could themselves build up the required institutions in a more optimal fit. The committee felt that both strategies are complementary, provided that end result is a dynamic institution, strong enough to weather individual turnover, and resilient enough to adopt innovation and change.

Against the background of the progress report and the issues that have been generated by the discussion, the committee members felt that the time is right to develop a new plan of action, a "new look" at research development and promotion within the Region. This newer approach will be developed based on the experience of the past ten years and the review of the impact of WHO-supported research projects, and will call for a more targeted and possibly concerted approach to support efforts expanded to reach HFA/2000.

Agenda item 5: Review of the Impact of WHO-Sponsored Research Activities in the Region

Following the recommendation of the 10th meeting of the EM/ACMR, to determine the impact of EMRO-sponsored research activities during the last decade in the countries of the Region, a team was formed to visit six countries of the Region for this purpose, and to recommend ways and means for further strengthening of research in these countries. The report of this group was presented and discussed in the meeting. Part of the report which discusses general aspects of health research in these countries is given in Annex V.

It is clear from the report that in the countries visited, research is generally carried out in universities. These have better facilities and possibilities for research. However, research still tends to be concerned mostly with biomedical topics. Health systems research is not perceived at par with biomedical research, and hence not always considered suitable for justifying promotion of university and research staff.

In all the countries visited, Ministries of Health, scientists in various institutions and faculties acknowledged the importance of research. However, the importance of health systems research in solving problems faced by the health services was not fully recognized.

The team found that in all the countries visited, some mechanism has been set up for coordination of research, but most of the time it was only concerned with research projects submitted to them for financial support, and did not cover the total research efforts in the country. In many countries these coordinating bodies are part of the Ministries of Higher Education and Scientific Research. The role of the Ministries of Health in these national councils is minimal. In some of the countries, the Ministry of Health has its own separate research committee, which may lead to difficulties in having effective coordination with universities.

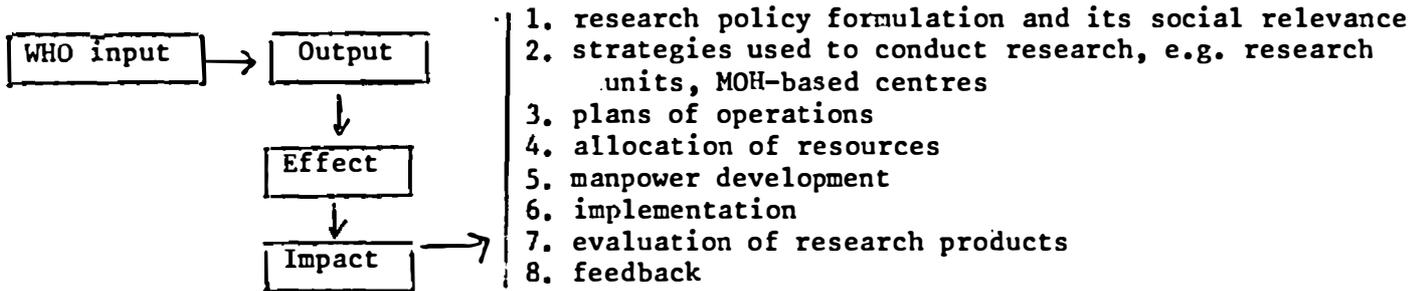
Research training institutions under the Ministries of Health by and large do not have favourable facilities for research.

Research in most countries of the Region is suffering from lack of trained manpower, technicians and technologists, satisfactory career structure for research workers and migration of research staff.

Bilateral cooperation plays a very important role in research activities of many countries, but in certain cases the donor agencies knowingly or unknowingly impose their own preference of topics which may not have priority for the country.

The committee expressed its thanks to the task force for this insightful report and proceeded to highlight the following points:

1. In view of the various discrepancies and differences between the Member States in the Region the impact of WHO's support to research remains delicate and difficult to assess. The assessment of an impact has to be done against a background of well-formulated national and regional research policies, leading to the defined strategies to promote research. It is not clear whether priorities have been defined and what resources have been committed to support research. Basic support to research such as <sup>an</sup> information base has often been lacking. The impact of research products has to be measured against efforts made to utilize these findings. This process of evaluation is difficult and requires time that has not been available to the task force.
2. Another framework to plan for a systematic assessment of the impact of WHO support for research which may be used by countries was put forward as follows:



3. Discussion focussed on additional measures that would be adopted to promote research activities. It focussed on the following:

3.a. The WHO Representative could become more involved in research promotion. Possible avenues include: determining the priorities of research with the national authorities, in-country linkages between parties interested in research including bilateral inputs, diffusion of information of interest to researchers and the inclusion of research, particularly HSR in country programme. In fact, ACMR members may be invited to join the country programme biennial reviews to define and support research plans.

3.b. The Universities' and other research institutions' - notwithstanding current and greater attempts to involve them in health systems research - efforts ought to be expanded to support the acceptance of valid and sound action-oriented research for the promotion of academicians and researchers at par with their colleagues undertaking basic and biomedical research.

3.c. Publications: The committee agreed that WHO could play a role in the publication of research products in a widely circulated and respected publication. This may be a current journal that needs upgrading or a WHO EMRO publication. Although this publication will assist in publicizing the research findings, care should be taken to ensure that results are related in a timely manner to benefit decision-makers and programme managers.

3.d. It is well known that most HSR studies are usually published in "grey literature" which has the advantage of reaching interested researchers in much shorter time than the well established journals. The need for a specialized

journal directed to HSR researchers is of utmost importance in this phase of development of HSR in the EMR. Such journal should be considered as complementary to rather than as a substitute for other journals.

3.e. The role of ACMR members in promoting research in their respective countries was debated. Whereas some members advocated an active role in research promotion, concern was expressed that ACMR members are selected on their individual merits and not necessarily as officers responsible for research in their countries. Furthermore, ACMR members have not been invested with the necessary authority to shoulder this responsibility, as yet. It was agreed nevertheless that ACMR members could play an important role in the diffusion of information and in developing linkages to support research. Their potential role may be further defined in a revised plan of action for the Region.

3.f. Linkages and Networks: linkages represent pivotal anchor points for research development, whether within a Member State, across the Region, or internationally. Such networks may discover new patterns of illness and possible association and will contribute to elicit comparative research topics and methods. It was pointed out that RSWG's have fulfilled this function within their area of research interest. Linkages have to be developed intersectorally within each country as well, in view of the multi-dimensional facets of health and illnesses. Attention was drawn to the role of networks in supporting research through the facilitation of access to a data base and to bibliographies.

4. The committee highlighted the need to channel bilateral aid for research to meet the health priorities of the Member States. WHO may play a part in orchestrating this linkage to ensure the social relevance of research to the country's needs.

5. A suggestion was put forward to develop an endowment fund, whose annual returns could support research in the Region. The committee felt that while this suggestion could certainly ease financial pressure and ensure stable levels of funding, it may not be forthcoming or even possible given the current fiscal situation in the Region.

6. Finally the committee members recommended that the issues raised in this report and the ensuing discussions be consolidated into a new strategy to support research in the Region. The strategy might be based on a well defined policy to support basic research as well as operational or health systems research, to meet the national goals of HFA/2000 (reference agenda item 11).

Agenda item 6: Progress Report on Research Activities in Diarrhoeal Diseases

The report of the RSWG on diarrhoeal diseases research was presented. The ACMR noted that the national programmes for diarrhoeal diseases control (CDD) are progressing well in practically all the countries of the Region. They are based on the application of oral rehydration therapy (ORT) as a main strategy. It was noted that some problems and constraints are encountered by national CDD programmes in the area of the acceptability and application of ORT by mothers, and hence the need for operational research to solve these problems.

The ACMR noted with satisfaction the approach adopted in identifying national priority areas for research, and that supported research is mainly problem-oriented operational research directly related to the effectiveness and efficiency of national CDD programmes. The ACMR re-emphasized previous recommendations that particular attention be given to promoting and carrying out research projects related to specific cultural and epidemiological situations prevailing in the countries of the Region.

The necessity for rapid formulation and execution of operational studies relevant to national CDD programmes was stressed. Rapid dissemination of information on studies undertaken, holding national consultations and providing assistance to principal investigators in preparation of research protocols, were considered essential for the success of the national control programmes.

The committee endorsed the recommendations of the RSWG, particularly in relation to future needs of the EMR for continued WHO support to research, addressing innovative, culturally relevant and managerially feasible approaches to increase the effectiveness of national CDD programmes. It was felt that this could only be effectively achieved through a Regional mechanism rather than a global one.

The committee recommended that the Regional CDD research plan outlined by the RSWG be supported as it represents an essential component for the control and prevention of diarrhoeal diseases in the Member States of the Region.

Agenda item 7: Progress Report and Workplan of Research Activities in Behavioural Sciences

It was recalled that the EM/ACMR at its eighth session in 1983 had discussed the contribution of behavioural sciences to the various elements of PHC, and had identified priority areas for research.

In September 1985, a Consultation on Behavioural Sciences was convened in EMRO, to review the problems and constraints in the application of behavioural sciences to health services in the EM Region, and to develop a programme for initiating research in this field. Some of the constraints identified were the poor linkages between behavioural scientists and health personnel, limited opportunities to incorporate behavioural sciences material into the curricula of health personnel training institutions and misperceptions regarding behavioural sciences knowledge, methodology and technologies.

The programme proposed by the Consultation included actions aimed at improving communication between behavioural sciences educators and health service planners and practitioners, and the development of curricula and training material on this subject. In addition, the Consultation developed an outline of two research proposals dealing with psychosocial skills for improving the effectiveness of PHC workers, and psychosomatic symptoms and psychosocial problems in PHC services. Detailed proposals on these two topics are now in the process of being developed, and will be sent to selected Member States for eliciting their interest and undertaking these studies with possible WHO assistance. It is also proposed to sponsor national training courses in behavioural sciences for mid-level health personnel in two to three countries during the current biennium.

The Committee also noted that as a result of these initiatives, appreciation for the potential application of behavioural sciences has increased in several programme areas such as MCH, Information and Education for Health, control of diarrhoeal diseases and in environmental health.

It was felt that introducing changes in the curriculum, especially in the medical school, may not be easy, and therefore it may be appropriate to teach pertinent elements related to behavioural sciences as a part of a continuing education programme. Reference was made to resources existing in certain institutions within the Region, which could be utilized for developing activities in this area.

Cultural factors are among the principal determinants of human behaviour; therefore knowledge of cultural and religious forces can be utilized by the health workers in their efforts to reduce health-damaging modes of life.

It was recommended that WHO should work closely with higher training institutions within the Region, having all the disciplines related to behavioural sciences, to develop and implement a programme in this field. This could then be used as a model for other countries.

Agenda item 8: Review of Reports of WHO-Sponsored Scientific Meetings in the Region

1. Conference on Acquired Immune-Deficiency Syndrome (AIDS)

This Conference was organized in response to a Regional Committee resolution, and attended by delegates from twenty Member States. It had the objectives of briefing participants about the most up-to-date information about the disease and to exchange views among participants on the best methods to minimize the danger of spread of the disease in the Region, and the necessary control measures to limit its propagation and consequences.

The EM/ACMR took note of the recommendations made by the participants and discussed a variety of aspects related to diagnosis and screening of blood and emphasized that:

- While keeping close observation on the occurrence of the disease in the Region, it is recommended to avoid creation of unwarranted fear among the public. This can be achieved through making available to the public appropriate and balanced information on the disease, especially on the modes of transmission and methods of prevention
- Efforts be made to promote the development of national capabilities for surveillance including preliminary diagnosis of infection and for ensuring safety of blood and blood products. The possibility of a different epidemiological picture in this Region has been raised.
- The present plan for the development of regional reference/Collaborating Centre(s) for confirmatory diagnostic tests for AIDS and for training of nationals, should be promoted.

2. Regional Symposium on the Epidemiology and Strategy for Prevention and Control of Viral Hepatitis

This symposium was organized with the objectives of reviewing the situation of viral hepatitis in the Region, and to develop Regional and national strategies for prevention and control.

The Committee noted that even though epidemiological surveillance of viral hepatitis is still poorly developed in many countries of the Region, there is evidence that hepatitis A is hyperendemic and hepatitis B is endemic all over the Region. There is also evidence that other viral hepatitises are spreading in the Region.

The ACMR noted the recommendations made by the participants in the meeting and specifically endorsed those related to promoting capabilities for the production of diagnostic reagents and hepatitis B vaccine in the Region to achieve self-sufficiency,

In addition, it emphasized the role of safe blood and blood products in preventing the transmission of infections. It was also recommended that due attention be given to promoting safe techniques of blood-handling, as well as the application of necessary precautions to this effect in all health institutions.

With respect to hepatitis A, in view of its spread by oral-fecal route, the ACMR re-emphasized the need to strengthen the general measures for control of water and food-borne diseases.

3. Working Group on Viral Haemorrhagic Fevers (VHFs) and Rickettsial Diseases in the EMR

VHFs and rickettsial diseases often receive fewer resources and attention than parasitic and bacterial diseases. This is partly because of weak facilities for diagnosis and lack of effective intervention strategies in some of them.

In the near past, some diseases have assumed epidemic proportions in the Region and caused high case fatality. In view of the above, a working group on VHFs and rickettsial diseases in EMR met, to review the situation in the Region and the strategies for prevention and control. It made several recommendations in this regard.

The ACMR reviewed the recommendations and endorsed them in general, and particularly those related to promoting the production of laboratory reagents for diagnosis and surveillance.

The ACMR has noted that in the three groups of diseases discussed, the need to stimulate and support research, particularly in relation to undertaking situation analysis, through the initiation of serum-surveys, to determine the epidemiological features of the problem, and the need for any further actions was emphasized. It endorsed this approach and emphasized the need to develop national technical competence through training of staff in serological, microbiological and epidemiological techniques.

Agenda item 9: Review of the Research Activities Supported in the Region  
by WHO/HRP

In his opening address, the Regional Director highlighted the need for research to find ways to control high rates of population growth within the context of the religious and cultural values of peoples in the Region. Moreover, family planning programmes have also reduced maternal and infant mortality rates by providing women the choice to have children within the safest years and to adequately space their pregnancies.

The structure of HRP has recently been reorganized. HRP's goals related to the strengthening of research institutions in developing countries is managed by a Committee on Resources for Research (CRR) which provides training grants for the training of researchers in developing countries and institutional grants to enable institutions to acquire equipment, supplies and other resources required for the performance of research relevant to human reproduction. Since its inception in 1972 HRP has provided about 1000 training grants and supported the development of about 30 institutions. Some of these institutions are now playing important Regional roles. The three centres in EMR located in Tunis, Alexandria and Karachi now have good research capacity to initiate and carry out research of relevance to national family planning programmes.

The research and development activities of HRP are managed by nine task forces, which carry out research related to the safety and efficacy of contraceptives, behavioural and social determinants of fertility regulation, long-acting contraceptives, birth-control vaccines, male contraception, post-ovulatory methods, natural methods, antifertility agents from plants and treatment of infertile couples.

The ACMR endorsed the new orientation of HRP towards the strengthening of research institutions in developing countries. It recommended that EMRO widely advertise to the scientists in the Region the availability of the new types of grants for training and institution-strengthening, so as to promote the collaboration of more researchers and institutions from the Region in the work of HRP.

Agenda item 10 : Review of the 27th Session of the Global ACMR

The 27th session of the Global ACMR focussed on three major topics: health research strategy, transfer of technology with special reference to health and health services research with special emphasis on maternal and child health.

The subcommittee on health research strategy presented its final report which incorporated discussions with the regional ACMRs and staff of WHO. The report now includes an assessment of the scope and prospects of biomedical research, the significance of behaviour in relation to health and of the contribution that health systems research can make to the delivery of health services.

It was felt that formulation of a research strategy should not be allowed to obscure the fact that a great deal of the knowledge required for Health for All was already available. What was needed now for the achievement of an acceptable minimum standard of health throughout the world was effective managerial procedures and above all political will. The Global ACMR commended the report of the subcommittee and expressed its full agreement with the strategy outlined in it.

Concerning transfer of technology, the subcommittee presented a progress report on its work and recommended the development of national policy on health technology in developing countries to determine priorities and establish mechanisms for technology transfer. Appropriate selection and maintenance of equipment in developing countries could be a lasting problem, and the subcommittee considered that the establishment in such countries of research and development units to advise on equipment, emphasizing factors such as simplicity of design, reliability, availability of spare parts and ease of maintenance, would facilitate successful transfer.

The subcommittee recommended transfer of vaccine production technology as a high priority. The discussion of the progress report focussed on the mechanisms and the process of the technology transfer.

The subcommittee on health systems research which was established in 1982 presented its final report. The main objective of this subcommittee had been to assist the development of national research capability. In order to mobilize resources outside the Organization and to achieve long-term support, the subcommittee had chosen to create a partnership between countries, north and south, with WHO facilitating the process. This tripartite partnership approach was applied to those projects with WHO and Botswana, Ethiopia and Sri Lanka on one hand and Norway, Sweden and Canada respectively on the other hand.

The ACMR expressed the hope that WHO would continue to fulfil its catalytic role in pursuing this HSR experiment and extending it to other countries.

A special review of WHO research activities in the field of Maternal and Child Health was also presented. Three things were described as being essential to MCH and family planning in PHC and thus critical in orienting and setting priorities for research within countries:

- family and community self-reliance
- facilities for screening and referral
- equity.

Health systems research, particularly its social and behavioural applications, was considered an important element in realizing all three.

The ACMR commended the report and felt that MCH offered a field of application for many concepts proposed in the global research strategy proposal, for example: emphasis on control of the factors contributing to maternal mortality and morbidity, and low birth weight. Among other issues raised by ACMR were the implications of malnutrition, which in turn were also related to low birth weight in terms of irreversible impairment of mental development.

As in the previous sessions, a summary of the report of the regional ACMRs was presented, and proposals for improving integration within the ACMR system were discussed. The question of the title of the advisory committees was considered, and the need for all the committees to adopt the same title was stressed.

Concerning future ACMR initiatives, research on ageing was considered with particular interest. A combined neurological and immunological approach was presented. It was generally recognized at the present time that disturbances of the immune and neuroendocrine systems occurring with age were at the origin of or strongly influenced by a number of diseases affecting elderly people. After discussion, a broad proposal for planning a coordinated research programme was agreed upon. This in the first stage, would be an epidemiological study to analyze the well-being of the elderly in different countries and define the main problems facing them, their causes and the possibilities for intervention.

Other proposals for future initiatives included: research on nutrition, means of educating the public in health matters, research on health economics, emergency health care, education, behaviour and technology for water supply and sanitation.

Agenda item 11: Discussions on the Regional Strategies for Health Research  
in the Context of Approved Global Strategies

In the 27th meeting of the Global ACMR, the final report of the sub-committee on Health Research Strategy for HFA/2000 was presented.

In one of its recommendations, the committee mentioned that "Regional ACMRs would undoubtedly wish to consider their own more specific strategies and tactics in the light of the concepts described in the Global ACMR report. There should be close contact and effective communication between regional ACMRs and the sub-committee on research strategy". The content of the above-mentioned "final report" was essentially the same as the preliminary report, which was discussed in the tenth meeting of the EM/ACMR in 1985.

Regional strategies have already been discussed in the first, fifth and ninth meetings of the EM/ACMR, and also in a consultation meeting arranged for this purpose in 1981.

In revision of the Regional research strategies in the context of approved global strategies, the main line of strategies remains the same as discussed in the above-mentioned meetings.

Priority Research Topics : These may be divided into three broad groups:

1. research activities in the area of HSR such as determination of health profile, policy-making process, management, health manpower research, accessibility and acceptability of health services, financing of health sector, environmental sanitation services, ways and means of ensuring community participation;
2. behavioural research in relation to the other two groups as well as specific researches in the field of human behaviour as determinants of health, e.g. health impacts of rapid socio-technological changes, health effects of life style, fertility behaviours, positive protecting behaviours, problems such as smoking, alcohol or drug abuse, ...etc.

3. Health problems of importance in the Region such as endemic tropical diseases, diarrhoeal diseases, vaccine-preventable diseases, other important parasitic and infectious diseases (e.g. tuberculosis, soil-transmitted helminths, brucellosis, hepatitis, sexually transmitted diseases, hydatidosis), nutritional disorders especially those affecting children and women in child-bearing age, other health problems affecting mothers' health and child survival, chronic diseases (e.g. cardio-vascular diseases, cancer, diabetes), human reproduction, health aspects of ageing, drug research etc. Research priorities in this group should be determined separately for each country because of differences in geographical, climatic, social and cultural conditions.

#### Approaches

As decided in the ninth meeting of the EM/ACMR the underlying principles in WHO's research promotion activities are: optimum utilization of available facilities and resources, focussing on priority areas of research and helping Member States to work towards self-reliance in health research.

Activities of the Regional Office in the area of research will include holding regular meetings of the EM/ACMR and meetings of directors of medical research councils, awarding research grants and research training grants, dissemination of research results, strengthening research institutions in Member States, organization and support of national and intercountry workshops/courses on research methodology, research management and HSR, promotion of training of research manpower, provision of library support, and support of meetings, workshops, expert committees and similar meetings for the promotion of research in each programme area.

All technical units of the Regional Office, WRs, and members of the EM/ACMR should work hand in hand for the implementation of the above-mentioned activities.

In discussing Research research strategy, some members of the committee pointed out that the greater part of priority research topics and WHO approaches are the same as decided years ago. It seems that optimum implementation has not taken place while the Region is full of health problems and rich in potential research workers. The committee expressed the opinion that the time has come to work harder for the implementation of research strategies. For this purpose, it was recommended to establish a task force consisting of a few members of the EM/ACMR and one or two other experts to work in a few countries with the following terms of reference:

- a. the development of a rational policy and strategy for research in support of national health development
- b. preparation of a plan of operation for research
- c. allocation of resources for research
- d. any other action that may be necessary in collaboration with the Global ACMR in this regard.

This task force will work with the collaboration of national authorities in selected countries and the report of its activities will be presented to the next meeting of the EM/ACMR. In future years, the outcome of the work of this task force can be used for the implementation of research strategies in other countries of the Region as well.

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Agenda item 12: Suggestions for the Agenda, Time and Place of the twelfth Meeting of the EM/ACMR

It was decided to recommend that the twelfth meeting of the EM/ACMR be convened during the last week of March or the first week of April 1987. As for the Agenda of the Meeting, the Regional Office was asked to prepare the Agenda according to the needs of the Region, and in relation to the results of research promotion activities in the coming year. Also, the Regional Office was asked to decide in due time about the most convenient venue for the meeting in 1987.

Agenda item 16: Closure of the Meeting

In this session, the EM/ACMR reviewed the draft report and made the necessary amendments. Dr. A. Khogali, Director, Programme Management, on behalf of Dr. Hussein A. Gezairy, Regional Director, thanked the members of the Committee for their valuable contributions in the discussions of the Committee. He once again thanked the Government of Kuwait and H.E. Dr. Abdel Rahman Abdullah Al Awadi, Minister of Health, for their help in the arrangements for the meeting in Kuwait. He assured the Committee that the Regional Office will make all efforts for the implementation of the recommendations of the meeting.

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Recommendations:

1. The committee expressed its satisfaction with the progress of WHO-sponsored research activities in the Region, and with the steps taken to implement the recommendations of its tenth session.
2. While reviewing the report on the impact of WHO-sponsored research programmes in the countries of the EMR, the committee reiterated recommendations made in its earlier sessions, regarding the promotion and strengthening of research capabilities in the Member States and made the following recommendations:
  - Senior staff in the Ministries of Health should be closely involved in the selection of priorities and in topics for research
  - WHO should organize a suitable training course for such staff members to enhance their understanding of the need for and use of research for solving the problems, and their capacity for utilizing the results of research.
  - WHO should continue to sponsor and support training of various categories of health personnel in research methods
  - Research-related information systems should be strengthened. The results of research, especially of HSR, should be disseminated in a form which is easily comprehensible and utilizable by health personnel.

The EM/ACMR members and the WRS should assist in disseminating information about WHO support for research and research training to potential investigators in their respective countries.

- Wherever possible, EM/ACMR members should assist WHO missions related to research visiting their countries, and if possible participate in the Government/WHO Programme Review missions. Such missions should give consideration to allocation of both national and WHO resources for research in support of national strategies for HFA/2000.

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- Research should not be viewed in isolation, but be a component of all WHO collaborative programmes.
  - WHO should support the publication of a Regional journal devoted to issues of health development.
3. While designating new WHO Collaborating Centres, attention should be given to the criteria laid down by the committee at this session.
  4. WHO resources should be allocated for strengthening institutions with potential for development.
  5. WHO should work closely with a higher training institution within the Region to develop and implement a programme of training and application of behavioural sciences techniques on health services.
  6. To maintain the present system of giving the responsibility for promotion of applied research to the RSWG on diarrhoeal diseases research with special emphasis on promoting research related to specific cultural and epidemiological situations prevailing in the countries of the Region.
  7. While keeping close observation on the occurrence of AIDS in the Region, it is recommended to avoid creation of unwarranted fear among the public.
  8. Promotion of national and Regional capabilities for the production of diagnostic reagents for hepatitis, viral haemorrhagic fever and rickettsial diseases.
  9. Promotion of national and Regional capabilities for the production of hepatitis B vaccine to achieve self-sufficiency for the Region.
  10. Information on the availability of new types of WHO/HRP-supported grants for training and institution-strengthening should be disseminated within the Region, in order to increase the collaboration of more research and institutions in HRP activities.

ANNEX I

LIST OF PARTICIPANTS

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ANNEX II

Agenda

1. Opening of the Meeting
2. Election of Vice-Chairman and Rapporteur
3. Adoption of the Agenda and Programme of Work
4. Progress Report of the Eastern Mediterranean Research Programme  
(April 1985 - April 1986)
5. Report of the Review of the Impact of WHO Sponsored-Research Activities  
in Member States of the Region
6. Progress Report on Research Activities in Diarrhoeal Diseases
7. Progress Report and Workplan of Research Activities in Behavioural Sciences
8. Review of the Scientific Meetings:
  - i. AIDS
  - ii. Hepatitis
  - iii. Rickettsial and Haemorrhagic Fevers
9. Review of Research Activities Supported in the Region by WHO/HRP
10. Review of the Discussions of the 27th Session of the Global ACNR
11. Discussions on Regional Strategies for Health Research in the Context of  
the Approved Global Strategies
12. Suggestions for the Agenda, Time and Place of the 12th meeting of the EM/ACNR
13. Review of the draft Report
14. Any other business
15. Recommendations
16. Closure of the Meeting

ANNEX III

EM/RC32/R.6.

REPORT ON THE NINTH AND TENTH MEETINGS OF THE EM/ACMR

The Regional Committee,

Having considered the report on the Progress of WHO-supported Research Activities during the period 1983-1985, and

Recalling resolution EM/RC30A/R.8, in which Member States were urged to include health research in their national policies and plans related to HFA/2000, and to collaborate with the Organization in strengthening their capabilities,

Reiterating the importance of biomedical, health services and health-promoting research to the implementation of national strategies for HFA/2000,

1. URGES Member States to:

- 1.1. establish and/or strengthen appropriate national mechanisms for managing and coordinating medical research;
- 1.2. focus the content and scope of the research activities on problems related to the national strategies of HFA/2000 and to continue collaborating with the Organization for this purpose;
- 1.3. create effective links between health personnel and research workers and planners, and
- 1.4. establish a just career structure for research workers, with the provision of appropriate incentives.

2. COMMENDS the Regional Director and EM/ACMR for their continuing support of the activities aimed at improving the management and upgrading the quality of research, training health personnel in research methodology, strengthening institutions' research capabilities, and ensuring rapid dissemination and utilization of the results of the research;

3. REQUESTS the Regional Director to:

- 3.1. carry out a study on the impact of various Regional research activities on the development of medical research in Member States;
- 3.2. present a report on the progress of research activities to the Thirty-fourth Session of the Regional Committee in 1987.

**Annex IV**

**Review of Health Research Activities and  
The Impact of WHO-Sponsored Research Programmes  
in Countries of the Eastern Mediterranean Region**

**Professor M. Abdussalam, Professor J.M. Bishop  
WHO Consultants**

**Dr. A. Nadim  
WHO Regional Office for the Eastern Mediterranean**

## PART I : GENERAL CONSIDERATIONS

### 1. Introduction

#### Purpose of the Study

At the 10th meeting of the EM/ACMR<sup>(1)</sup>, the members of the Committee discussed research activities in their respective countries which could be ascribed to the activities of the EM/ACMR. It was generally agreed that, qualitatively speaking, some progress has taken place during the last decade, though not uniformly, in all Member States, but a thorough analysis consisting of a detailed review of materials available related to the activities of the last ten years and also site visits to countries of the Eastern Mediterranean Region were considered essential. In view of this, the Committee recommended that a study 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.

Another purpose of the study was to sensitize decision-makers in the countries about the importance of health research, especially about the need of research to find solutions to problems related to the implementation of national strategies of HFA/2000 in these countries.

#### Composition of the Team

The team was made up of:

- Professor M. Abdussalam, Consultant, Robert von Ostertag Inst., Berlin (West), WHO Consultant
- Professor J.M. Bishop, WHO Consultant and
- Dr A. Nadim, Regional Adviser, Research Promotion and Development, WHO/EMRO.

#### Selection of Countries for Visit

It was decided to review research activities in those countries with a substantial number of WHO-related research projects, and those with better potentials for health systems research. As members of the team had some recent knowledge of research activities in Pakistan and Jordan, it was decided to

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(1) Report WHO-EM/RSR/32

visit Egypt, Iran, Iraq, Kuwait, Sudan and Tunisia, to find out the research situation in larger countries of the Region, as well as some representative countries with smaller size of population. In drawing up this report, members of the study team have used some personal knowledge they had about other countries of the Region, not visited in this study.

### Methods of Work

In visiting each country, at first a programme of visit was prepared in the Ministry of Health. According to this programme, there were discussions with some authorities in that Ministry, followed by visits to some selected faculties of medicine, institutes and national councils for health research or analogous bodies, if existing.

Beside the authorities in the Ministry of Health and institutes and universities mentioned above, in some countries visits were arranged to meet authorities in the Ministry of Higher Education and Ministries or Academies of Science and Technology.

The team did not have sufficient time to visit all universities and institutions involved in health research. but, in the first place, they tried to visit those institutions involved in research sponsored by WHO. Every effort was made to site-visit all WHO Collaborating Centres in the countries visited. A summary of the findings in each country will come in the second part of the report.

### 2. Importance of Research

The Ministries of Health and scientists in various institutions and faculties in all the countries visited are aware of the importance of research. There is, however, some confusion about the usefulness of research in solving problems especially those encountered by managers of health services, and health care systems. In some quarters, biomedical and laboratory research is still considered to be the only type of research, and health service research is not recognized as such. This point of view tends to separate the faculties from the health service in what should be their common goal of solving the actual health problems in the country.

Some faculties are still reluctant to accept health services research or field epidemiological studies as suitable fields for thesis work required for postgraduate degrees. In other faculties teaching community medicine, this attitude is changing.

The importance of different categories of research and selection of priorities is judged differently in relation to the health needs of the country. The various categories of research are therefore very unevenly developed in all the countries visited. This aspect is influenced in an important manner also by other factors such as the availability of researchers and their interests and inclinations.

The orientation of research to the fuller development of primary health care for the attainment of HFA/2000 is still weak in almost all the countries visited. Kuwait is representative of a group of countries where an extended health coverage of the population has already been achieved and research is concentrated on assessment of the quality of services provided.

### 3. Research Policy, Coordination and Management

One of the most important requirements for the organization of research in a country would be a mechanism for the formulation of policy, strategy and coordination of research. All the countries visited have set up some kind of a committee or a council for this purpose, but, with the possible exception of Kuwait, none of these bodies covers the entire medical research in the country. Often, they only concern themselves with research projects submitted to them for financial support. Because of budgetary constraints these projects may represent only a small part of the total research effort in the country. Other features of these bodies which interfere with their usefulness in focusing research on actual problems of health care may be as follows:

(a) In many cases the medical research committee or council functions in Ministries of Higher Education and Scientific Research and tends to be academically oriented. The role of the Ministries of Health in their functioning is minimal or inadequate.

(b) In at least three of the six countries visited the Ministries of Health have set up their own separate committees for research. This tends to widen the gulf between the academic research in the medical faculties and applied research in health services, and their specialized institutes.

(c) The problems of health care delivery in the field are often considered unsuitable as subjects for research and even non-researchable.

(d) Health services research is beginning to be recognized as "research" but there is still very little of it in most of the countries visited.

(e) Health service managers generally fail to appreciate the value of research in solving their problems and helping to improve the quality of the service. They have very little say in formulating research policy and almost no part in evaluating research projects.

(f) Mechanisms for translation of the results of research into practical measures applicable in the field are generally weak or non-existent. Where information on research is disseminated to field workers, it is left to their individual initiative to apply it in their work.

It cannot be stated too strongly that the absence of satisfactory mechanisms for formulation of research policy and utilization of research in solving practical problems is a serious handicap for effective and systematic cooperation with WHO in research promotion and development. Special efforts on the part of WHO in cooperation with the countries are needed to strengthen or reorganize these mechanisms in all countries.

#### 4. Organs of Research

In general, research in the countries visited is carried out in the faculties of universities, in a unit of the Ministry of Health or in institutes. Each of these has characteristics which can favour or discourage research, and these are worth considering carefully, since it may be possible to modify them in such a way as to encourage research.

University faculties, particularly faculties of medicine, provide conditions for research which are in many ways favourable. The staff consists of individuals who have generally had some experience of research even if they have not had a formal training. There is an incentive to undertake research since this provides the principal way of gaining promotion. Facilities are provided in the form of laboratories, equipment, technical support and libraries. The general academic atmosphere allowing regular contact with colleagues also fosters a climate of enquiry.

Unfortunately, this picture is not always a true representation of conditions. In some faculties the number of students has increased so much that teaching occupies almost all of the time of staff members, who have been depleted in many instances by migration out of the country or by a rapid expansion of faculties. Funds in support of research are often not available or are insufficient, so that a trained research worker with a good project may be unable to work because of lack of often quite simple and inexpensive materials.

Finally, although the requirements for academic promotion act as an incentive to do research, they also bias the selection of topic in a way that is detrimental to the interests of the health service. The requirement for promotion is generally the publication of scientific papers in internationally recognized journals. Such journals are predominantly in the biomedical area, so that in his own interest a staff member will decide to do biomedical research, rather than operational or health service research because of the difficulty of publishing the latter in international journals, even when the work is sound and of good quality.

Institutes, which may be purely research institutes or may in addition have other service functions, possess many of the favourable features of university faculties without some of the disadvantages. The climate of research is fostered by the presence of a well-trained group working together on a fairly narrow range of topics. They often have more time since service commitments are limited. Some institutes are relatively well funded, by one means or another, so that their staffing levels may be better and individual staff members may be better paid than in the universities and health service.

All of these influences may draw to such institutes some of the best and most strongly motivated research workers.

Research in units of the health service faces many difficulties by comparison. Most health workers are already busy and occupied with a heavy load of clinical or related work. In addition, many of them have to undertake private practice in order to meet financial needs. There is little time for research, even for someone who is strongly motivated. Generally, there are no funds available for research within the health service from Ministry sources, and exceptional efforts are needed to obtain the necessary support. There are normally no incentives for someone in this situation to do research, and little credit is given in relation to career advance and promotion. It is particularly unfortunate that there should be so much to discourage research within the health service, since the health worker being as it were at the heart of health care is in a good position to see what is needed and well placed to ensure that research is relevant to need.

#### 5. Manpower for Research

Ultimately the quality of research depends upon the quality of research workers. Research is not an activity in which all will wish to be involved, although everyone can contribute to the process in some way. It is important that some of the best and most able graduates are attracted to do research, and this requires motivation and opportunity. In the course of basic training, there should be exposure to the ideas of research and whenever possible the student should have an opportunity of some practical involvement in a research activity. The lifelong interest of many successful research workers has been started as a student by such an experience.

Training in the methods of research cannot be standardized and needs to remain flexible. Although there are elements which are common to all disciplines, others are specific to the particular subject to be studied. Accordingly, there can be no formal courses to train research workers, and the essential requirement is that the individual should learn by doing his own

research under the careful supervision of an experienced research worker, gradually becoming more independent.

Much research requires highly skilled technical work, in which the assistance of a technician or technologist is required. Any programme must take account of this and provide for the training of such technologists, and their subsequent employment under conditions which give them satisfaction in their work. They must feel that they are partners in the work, and not the servants of the academic staff.

Having ensured that research workers and technologists are well trained, at a very high cost, it is essential that they be provided with working conditions and a career structure which satisfies and encourages them. This means that they need physical facilities, equipment, support of technical staff and time to do research. It does not mean that highly sophisticated expensive apparatus is necessarily required, this depending upon the kind of research being undertaken which should to a large extent have been decided in relation to the country's needs before training commenced. It is however essential that once the planned training is finished, a suitable post is available in which the individual can carry out the kind of work and practise the skills he has learned. It is very demoralizing for the individual and wasteful for the system, if instead he is offered unrelated duties.

As research workers gain experience and seek promotion, it is the quality of their work, judged largely by its publication in international journals, that is the main criterion. As already indicated, there is a strong tendency for this to deviate research towards the biomedical area at the expense of health service research. It is important that a way should be found for universities and other institutions to give due credit for these kinds of research which are of importance to the country and its health services, but which are not suitable for international publication. The regulations sometimes need to be reviewed and, where appropriate, the opinions of external referees used to judge the quality of work.

Research in some countries has suffered severely from migration of staff to other countries. While this cannot be totally prevented, and is not in any case wholly harmful, it is a problem which needs careful study in order to clarify exactly the causes. It may be that some action could be taken which would substantially reduce the pressures to migrate, although realistically considered, the causes cannot be removed.

## 6. Cooperation with Bilateral Agencies

Bilateral cooperation in research constitutes a very substantial contribution to health research in the countries of the Region. It takes various forms such as research training, exchange of scientists and materials and other means of strengthening institutions including supply of equipment and financial support.

In general, bilateral cooperation plays a very important role in research promotion but in certain cases the donor agencies or cooperating research workers may knowingly or unknowingly impose their own preferences of topics, thus interfering with the established priorities of the country. A strong research council or a similar body could prevent such interference.

WHO has also a responsibility for coordinating bilateral cooperation in research with multilateral inputs, but this cannot be done centrally from the Regional Office. The WHO Representative can play a very useful role in this respect and channel the cooperative research towards the solution of important health problems of the country.

## 7. Role of WHO

The following activities have been determined as approaches of WHO in research promotion and development:

1. identify priority areas for research and promote collaboration between the countries;
2. foster the creation or further development of national health research council or analogous groups;
3. develop the exchange of appropriate information to facilitate international research coordination;

4. stimulate collaboration between countries for the conduct of research;
5. pay particular attention to research on priority areas in developing countries which are not being adequately supported;
6. promote the rapid transfer of information on research findings through the use of appropriate information system;
7. develop research programmes through a variety of mechanisms including network of collaborating centres and research task forces;
8. foster close contact and collaboration between national health research organization, institutions and health administration.

It is clear that WHO has taken action on all of these matters in the countries of the Region, but our observations suggest that greater emphasis needs to be given to some of them, and that in addition there are other activities which should be given high priority.

(a) In almost all countries, there is a lack of involvement of senior managers of health services in selecting topics for research. Research is seen as an activity peripheral to the function of planning, administration and evaluation of health care delivery. There is a great need to develop in these managers an understanding of the place of research in solving some of the problems with which they are faced. They need to be able to identify those problems that are susceptible to research and those that are not, to formulate the questions to be answered by research, and subsequently to interpret the results and make use of them in planning and administration. WHO should play an active role in developing these abilities in senior managers.

(b) Since the success of research depends heavily on the availability of well-trained research workers, more attention should be given to improving the effectiveness of their training and subsequent employment. This is part of the general strengthening of institutions for research, to which WHO should also give attention.

(c) The coordination of research at national level needs to be improved in almost all countries, and priority should be given, as suggested in (2) and (8) above, to strengthening national medical research councils, so that their work is more effective. WHO should assist in this process by organizing workshops or similar activities which bring together those concerned in order to determine the most suitable form for the council and its way of working.

It is important that research should be more closely integrated into programmes in which WHO collaborates. At the time these are designed, the question of whether a research component is appropriate should be considered and, if so, provision should be made in the programme budget. In a similar way, whenever a meeting, seminar or workshop is held, consideration should be given to including a section in which the possibilities for research on the topic are examined, and questions suitable for research are formulated.

WHO has a specific role to help countries in their negotiations with other countries in their bilateral cooperation.

The role of WHO Representatives in the countries of the Region is very crucial for the implementation of these policies and WRs should act as local coordinators of research activities, watch bilateral research agreements and direct them to the right channels, to respond to the real health needs of the country.

Finally, members of the EM/ACMR should be an active focal point for health research and collaboration with WHO in their respective countries and their contribution should not be limited to the participation, once a year, in a 2-3 day's meeting of the ACMR.

The function of all WHO Collaborating Centres should be reviewed so that those which have become inactive should cease to be designated, and others should, as appropriate, be added to the list. WHO should ensure that full use is made of the facilities provided by these centres for the benefit of member countries.

B. Recommendations

(a) Recommendations to Countries:

1. Continue to collaborate with WHO on the lines recommended in this report, in order to increase the utilization of research to solve problems in the delivery of health care.
2. Improve the management of research by strengthening the medical research council or similar body. Action should include establishing clearly its responsibilities and powers, ensuring strong effective representation from the Ministry of Health and providing the council with an adequate budget.
3. Encourage staff in the health service to engage in research by providing facilities and suitable incentives and giving appropriate credit for research achievements. This would require a regular budget allocation for research from the Ministry of Health funds.
4. As a means of encouraging health services research, universities and institutes should review the current requirements for appointment and promotion in order to give credit for good quality research which is not suitable for publication in international journals.

(b) Recommendations to WHO

5. Assistance should be provided through national and intercountry workshops to improve the ability of senior health service managers to utilize research in solving problems in health care delivery.
6. Assistance should be given to countries in improving the management of research through the establishment or strengthening of medical research councils or similar bodies. This could be achieved by activity in the workshop mentioned in (5), by the use of consultants and through study visits by officers of the research councils.
7. Further meetings of national officers responsible for the management of research should be held, but their format should be examined with a view to increasing their impact in relation to clear objectives.

8. Prepare and distribute learning materials related to the conduct of health services research.
9. Review and revise the list of WHO activities and priorities in research promotion in the light of this report.
10. Ensure that a research element is included whenever appropriate in programmes and activities of all kinds in which WHO collaborates.
11. Review the possible mechanisms and take necessary action to improve the publication and dissemination of the results of research, in the light of issues raised in this report.