

*Meeting report*

## Summary report of the Regional Consultation to follow up on the Mexico Ministerial Summit on Health Research, Rawalpindi, Pakistan, 29–30 November 2005

### Introduction

The 2004 Ministerial Summit on Health Research, Mexico City, Mexico, 16–20 November 2004, emphasized global cooperation to reduce the disparities in health between developing and developed countries. Representatives of 58 ministries of health, half of them ministers, called for greater commitment to health research. It was a global initiative to strengthen national health systems and to increase efforts towards attaining the United Nations millennium development goals [1,2]. The Mexico Summit on Health Research served as a global platform to underscore persisting inequalities in health research (including the 10/90 gap in health research expenditure); it called upon all countries/stakeholders to develop the political will and commitment to share resources, information and experiences to ensure that public health policies are developed according to the real needs of the people [3].

The statement of the Mexico Ministerial Summit, in highlighting the plight of the world's poor, is a global resolve to turn words into action now [4]. The 58th World Health Assembly adopted a resolution calling upon all stakeholders, including World Health Organization (WHO) Member States, to take all necessary steps and

follow the recommendations of the Mexico Summit [5]. The Regional Office for the Eastern Mediterranean held a consultation of experts comprising senior health researchers, scientists, policy-makers, public health specialists, health academics, non-governmental organizations and WHO. Over 20 participants from 10 countries gathered in Rawalpindi, Pakistan to discuss the implications of the summit statement and the World Health Assembly resolution; advise on future strategic directions for health research for the Regional Office and Member States; determine how operational research can best be integrated into the policy development processes; collect evidence to serve as the catalyst for practice and policy changes; and suggest specific choices/options for action.

### Key message from Dr H.A. Gezairy, Regional Director

In his message to the participants, Dr Hussein A. Gezairy, Regional Director, WHO Regional Office for the Eastern Mediterranean, elaborated on the support of the Regional Office to Member States, and called upon Member States to formulate policies and develop strategic directions to chart the future course of action to address specifically the needs of the poor in a way that

would truly capture the spirit of the ministerial summit and the World Health Assembly resolution on Health Research.

This consultation has been organized with the objective to discuss and take forward the health research agenda as spelled out by the World Health Assembly resolution (WHA58.34). The challenge is to steer the direction of future health research within the countries of the Eastern Mediterranean Region towards bridging not only the knowledge gap but also the know-do gap by making sure that proven interventions are implemented where they are needed.

There is a need for clear, empirically driven policy directions and strategic action plans that are strongly focused on priority options and interventions.

### **The consultation**

The consultation format included keynote presentations followed by open discussion, plenary discussions and group work by the participants. The debate was intense. A full report of the Consultation is available from WHO/EMRO.

#### **What did the researchers say (to the policy-makers)?**

We do the best quality research. We publish the information and results in the best journals of the world. You do not read it. You do not implement the findings that we work so hard to obtain. All the knowledge and information is there on the Internet for all to read. Use it.

#### **What did the policy-makers say (to the researchers)?**

But you do not focus on the problems we are faced with. You work in insulated compartments focusing on your own priorities and agendas. You publish your results in a language we do not understand. You protect the validity of your results through things such as *P*-values, confidence limits, and odds ratios, etc. which do not help us. Please tell us better ways of implementing interventions that are effective, what their impacts are, how much they would cost and how we can improve costs, access and equitable distribution.

#### **What did the countries say?**

Health care inequities are forcing people to spend huge sums of money from their pockets, driving them deeper into the abyss of poverty. Rural areas, households with children, the elderly, unemployed breadwinners and the uninsured bear the brunt of catastrophic expenditure for health (Dr H. Salehi, WHO Regional Office for the Eastern Mediterranean, Cairo).

There are huge gaps in the knowledge and understanding of the role of social determinants of ill health, and there is a paramount need to redefine research priority settings from the disease burden perspective to include societal influences and population behaviours that adversely affect health. Greater emphasis is needed on population-based research and its thorough analysis (Professor H. Rashad, American University in Cairo, Cairo).

### Key messages from the technical sessions

- WHO establishes evidence-informed policies networks (EVIPNets). The aim is to bridge the research-to-policy gaps through improved access to quality evidence by decision-makers influencing partnerships and stakeholders through shared knowledge (Dr U. Panisset, WHO, Geneva).
- Millions of children are dying each year in the developing countries, including many Member States in the Region, because existing, known and proven interventions do not reach them. Research must inform health systems which in turn must deliver. Only then will the countries meet their millennium development goals targets (Professor Z. Bhutta, Aga Khan University, Karachi).
- Developing countries that are investing in research are gaining ground. Health systems development is intrinsically linked to increased investment in research, with a particular focus on health problems of the poor (Dr Abdul Ghaffar, Global Forum for Health Research, Geneva).
- There is urgent need for research to focus on improving equity and reducing poverty. Decision-making on health policies and interventions should be based on conscientious, explicit and judicious use of best evidence (N. Valentine, Commission on the Social Determinants of Health, WHO, Geneva).
- For effective utilization of research and its contribution to the development of society, researchers and decision-makers must strive to balance the need for attaining excellence and relevance in health research (Dr J. Simon, Boston University, Boston, Massachusetts).
- Nongovernmental organizations can play a significant role in national health

research through influencing the processes of priority setting, advocacy, stimulating political commitments and capacity-building. Procedural clarity in public-private partnerships is central for the effectiveness of this relationship (Dr S. Nishtar, Heartfile, Pakistan).

- People affected by disasters, conflicts and crisis have special needs that have to be met by urgent humanitarian relief and development. This requires special research (Dr K. Bile, WHO, Pakistan).

### Recommendations of the Regional Consultation

The Group emphasized the need to make recommendations actionable, pragmatic and feasible on the one hand, and on the other sufficiently flexible to allow for local adaptation.

The participants called upon the Regional Office and the Member States to focus on:

- enhancing research capacities to undertake health research in order to improve the performance of their health systems to meet Millennium Development Goals.
- improving linkages between researchers and policy-makers to enable empirical evidence-based policy development and practices.

### Role of WHO

- WHO support for Health Policy and Systems Research (HPSR) should aim to:
  - advocate for mainstreaming HPSR in the health agendas of countries at policy and operational levels and generate evidence relating to the benefits of HPSR in the context of overall human development;

- increase resource allocations to support sustainable development of HPSR in Member States with a particular emphasis on capacity building;
  - utilize its normative function in order to develop an overarching policy position and norms for HPSR and an associated code of ethics;
  - assist with the dissemination of information and foster experience-sharing relating to capacity-strengthening and research results;
  - promote and assist with the identification of HPSR priorities at country level.
- WHO country offices should be strengthened with dedicated staff to coordinate health research efforts with all the national stakeholders and other partners.

### Role of countries

- High-level political commitment is required for HPSR within Member States and the national leadership should take the responsibility of putting into place conducive environments to foster research.
- Capacities of stakeholders should be mapped to integrate the role of the entire spectrum of stakeholders involved to make national research relevant to national needs.
  - Increased investments should be made in building dedicated capacity and a supportive environment, including appropriate incentives for HPSR.
  - Proactive efforts should be made in order to demonstrate the critical linkages of HPSR with internationally agreed targets such as the Millennium Development Goals.

### Action points

The participants of the consultation strongly suggested to the WHO Regional Office to undertake the following two activities.

- Develop a dedicated training programme to sensitize the media on health and development.
- Support strategic research in HPSR within Member States to improve the performance of national health systems, to be reported at the next summit scheduled to be held in Africa in 2008.

### References

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2. The Mexico Statement: strengthening health systems. *Lancet*, 2004, 364(9449):1911–2.
3. Bell S. From practice research to public policy—the Ministerial Summit on Health Research. *Annals of pharmacotherapy*, 2005, 39(7–8):1331–5.
4. Abbasi K. The Mexico summit on health research 2004. *British medical journal*, 2004, 329(7477):1249–50.
5. *Resolution WHA58.34*. 58th meeting of the World Health Assembly on the Mexico Ministerial Summit, Geneva, 16–25 May 2005.